

X-RAY OPERATOR FACT SHEET

CURRENT LAW:

In order to perform any x-ray procedure, an operator must pass a 75 question test with no pre-requisite education, experience or training.

Topics of the current exam include: basic radiation safety, proper use of the equipment, darkroom and film processing and quality assurance procedures. There are no questions involving anatomy, positioning of the body part or knowledge of technical factors to insure a proper exposure.

BENEFITS OF USING A NATIONALLY RECOGNIZED EXAM

Affords more opportunity for reciprocity

Would be a step in bringing Minnesota standards up to a national standard

Psychometrically sound

Computer based testing that is offered at any time in a number of locations

Assurance that operator demonstrates knowledge in all aspects of obtaining a quality exam

STATES CURRENTLY USING A NATIONALLY RECOGNIZED EXAM

Arizona, Arkansas, California, Colorado, Delaware, Florida, Hawaii, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Montana, Nebraska, New Jersey, New Mexico, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Wyoming. Some have used a nationally recognized exam since 1985.

COSTS

The cost of current Minnesota specific exams (three available, none are nationally recognized), \$45.00-\$55.00, cost of a nationally recognized exam currently \$70.00.

In California and New York, states with long standing operator requirements, there have been no appreciable increases in salaries for radiologic technologists. (ASRT)

Using Medicare statistics, Minnesota would conservatively save 1.8 million dollars per year.

IMPACT

Decrease cost of medical care by decreasing repeated films, which decreases the cost of time and materials.

Decrease the need for additional exams in order to make a diagnosis, allowing faster treatment.

NOT an attempt to legislate anyone out of a job. There are over 12,000 x-ray machines in Minnesota and about 4000 registered technologists.

NOT a proposal to license or certify x-ray operators. There is currently a mechanism in the

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Minnesota Department of Health's inspection process to assure that those taking x-rays have met the current requirements. There is no proposal to change that mechanism.

The new language would include all aspects of obtaining an anatomically correct diagnostic radiograph.

COMPARISON TO INDUSTRIAL RADIOGRAPHY

In Minnesota, the requirements to do industrial radiography, (airplane wings, water towers, gas lines, manufacturers) are more stringent than the requirements to do medical radiography. Those using radioactive materials for industrial purposes must re-examine every five years, it is proposed that those doing radiography in an industrial setting also re-examine every five years.

Industrial radiographers must receive specific training on topics outlined in the rule; complete a minimum of two months on-the-job training; and pass an exam provided by an independent certifying organization that is incorporated, nationally recognized, and is involved in setting national standards of practice within its fields of expertise. There are twelve additional requirements for this nationally recognized certifying organization and seven specific requirements for the certification training for industrial radiographers. (Rule 4731.4140, 4731.4360).

01/2007

Minnesota Statute 144.121

Current Language:

Subd. 5. Examination for individual operating x-ray equipment. After January 1, 1997, July 1, 2006, an individual in a facility with x-ray equipment for use on humans that is registered under subdivision 1 may not operate, nor may the facility allow the individual to operate, x-ray equipment unless the individual has passed an examination approved by the commissioner of health, or an examination determined to the satisfaction of the commissioner of health to be an equivalent national, state, or regional examination, that demonstrates the individual's knowledge of basic radiation safety, proper use of x-ray equipment, darkroom and film processing, and quality assurance procedures. The commissioner shall establish by rule criteria for the approval of examinations required for an individual operating an x-ray machine in Minnesota.

Proposed Language:

Subd. 5. **Examination for individual operating x-ray equipment.** After (date) an individual in a facility with x-ray equipment for use on humans that is registered under subdivision 1 may not operate, nor may the facility allow the individual to operate, x-ray equipment unless the individual has passed a national examination determined to the satisfaction of the commissioner of health. The commissioner shall establish by rule criteria for the approval of examinations based on national standards, such as the examination in radiography from the American Registry of Radiologic Technologists, the examination for Limited Scope of practice in radiography from the American Registry of Radiologic Technologists for limited x-ray machine operators, and the American Registry of Chiropractic Radiography Technologists for limited radiography in spines and extremities; or equivalent examinations approved by other states. Equivalent examinations are to be determined by the commissioner, and must be consistent with the standards for educational and psychological testing as recommended by the American Education Research Association, the American Psychological Association, the National Council on Measurement in Education, or the National Commission for Certifying Agencies. Any costs incurred in determining the extent to which examinations meet the examining standards of this subdivision shall be paid by the individual or organization proposing the use of such examination.

Subd. 6. **Limited x-ray machine operator examination.** The examination for limited x-ray machine operators shall include, but not be limited to:

Radiation protection, equipment maintenance and operation, image production and evaluation, patient care and management; and

At least one of the following regions of the human anatomy: Chest, Extremities, Skull and Sinus, Spine, or Ankle and Foot. These examinations would include the anatomy of, and position for, the specific regions.

Subd. 7. **Limited x-ray machine operator practice.** A limited x-ray operator may practice medical radiography on limited regions of the human anatomy for which they have successfully passed an examination outlined in subdivision 6. They may practice using only routine radiographic procedures, for the interpretation by and under the direction of a licensed practitioner, excluding computed tomography, the use of contrast media, and the use of fluoroscopic or mammographic equipment.

Subd. 8. **Exemptions.** X-ray machine operators who have met current regulations promulgated by the commissioner prior to (date) or a state of Minnesota license to practice medicine, osteopathy, chiropractic, podiatry, dentistry, and dental hygiene.

Subd. 9. **Procedures.** The commissioner shall promulgate by rule procedures to be followed for examinations.

Subd. 10. **Variance of scope of practice.** The commissioner may grant a variance according to Minnesota Rule 4717.7000 to 4717.7050 of the scope of practice of an x-ray operator in cases where the scope of practice would impose an extreme hardship on the registrant. The request for a variance must be in writing, state the circumstances that constitute extreme hardship, state the period of time the registrant wishes to have the variance for the scope of practice in place, and state the alternative measure that will be taken if the variance is granted. The commissioner shall set forth in writing, the reasons for granting or denying the variance. Variances granted by the commissioner shall specify in writing, the time limitation and required alternative measures to be taken by the registrant. A request for the variance shall be denied if the commissioner finds the circumstances stated by the registrant do not support a claim of extreme hardship, the requested time period for the variance is unreasonable, the alternative measures proposed by the registrant are not equivalent to the scope of practice, or the request for the variance is not submitted to the commissioner in a timely manner.