

HOUSE BILL REPORT

HB 2430

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to cardiovascular invasive specialists.

Brief Description: Concerning cardiovascular invasive specialists.

Sponsors: Representatives Morrell, Driscoll, Hinkle, Blake, Walsh, Green, Roberts, Goodman, Clibborn, Carlyle, Moeller, Kelley and Hurst.

Brief History:

Committee Activity:

Health Care & Wellness: 1/12/10, 1/22/10 [DPS].

<p>Brief Summary of Substitute Bill</p> <ul style="list-style-type: none">• Creates a new credential for cardiovascular invasive specialists.
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HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Cody, Chair; Driscoll, Vice Chair; Ericksen, Ranking Minority Member; Bailey, Campbell, Clibborn, Green, Herrera, Hinkle, Kelley, Moeller, Morrell and Pedersen.

Staff: Jim Morishima (786-7191).

Background:

Cardiac or Vascular Catheterization.

Cardiac or vascular catheterization is the process of inserting a small tube, or catheter, into a person's heart or blood vessel using a fluoroscope (an X-ray device that provides real-time images). This type of catheterization is utilized for a variety of medical purposes, including angioplasty, electrophysiology studies, and pacemaker placement. Cardiac or vascular catheterization is usually carried out in a hospital's catheterization lab or "cath lab."

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Radiologic Technologists.

Radiologic Technologists are professionals certified by the Department of Health and authorized to operate radiologic technology. There are four subcategories of radiologic technologists:

- Diagnostic Radiologic Technologists, who are persons authorized to actually handle X-ray equipment in the process of applying radiation on a human being for diagnostic purposes at the direction of a licensed practitioner;
- Therapeutic Radiologic Technologists, who are persons authorized to use radiation-generating equipment for therapeutic purposes on human subjects at the direction of a licensed practitioner;
- Nuclear Medicine Technologists, who are persons authorized to prepare radiopharmaceuticals and administer them to human beings for diagnostic and therapeutic purposes and to perform in vivo and in vitro detection and measurement of radioactivity for medical purposes at the direction of a licensed practitioner; and
- Radiologic Assistants, who are persons authorized to assist radiologists by performing advanced diagnostic imaging procedures.

Radiologic Technologists are authorized to administer diagnostic and therapeutic agents through intravenous, intramuscular, or subcutaneous injection, but not through arterial injections. These injections may only be performed if:

- the technologist has necessary training and knowledge of the procedure;
- appropriate facilities are available for coping with complications related to the procedure or reactions to the agent;
- competent personnel and emergency facilities are available for at least 30 minutes in case of delayed reaction; and
- the technologist is under the direct supervision of a physician.

Radiologic Technologists must complete minimum education requirements, pass an examination, and have good moral character prior to certification.

Summary of Substitute Bill:

A new type of Radiologic Technologist is created: Cardiovascular Invasive Specialists. Cardiovascular Invasive Specialists are persons who assist in cardiac or vascular catheterization procedures under the personal supervision of a physician. "Cardiac or vascular catheterization procedures" are defined as all anatomic or physiological studies of intervention in which the heart, coronary arteries, or vascular system are entered via a systemic vein or artery using a catheter that is manipulated under fluoroscopic visualization. Cardiovascular Invasive Specialists are also authorized to perform intravenous and arterial injections related to cardiac or vascular catheterization.

In order to be certified, a Cardiovascular Invasive Specialist must:

- complete a Cardiovascular Invasive Specialist program (program) or alternate training approved by the Secretary of Health (Secretary). A program may be approved only if it includes training in cardiovascular anatomy and physiology,

- pharmacology, radiation physics and safety, radiation imaging and positioning, medical recordkeeping. Multi-cultural health students in an approved Cardiovascular Invasive Specialists Program may practice without certification as long as the practice is pursuant to a regular course of instruction or assignments;
- complete a Cardiovascular Invasive Specialist examination approved by the Secretary. The Secretary may approve an examination for these purposes that is administered by a national credentialing organization for Cardiovascular Invasive Specialists; and
 - have good moral character.

Until July 1, 2012, the Secretary must also issue a credential to any other type of health professional with a credential issued by the DOH who has at least five years of experience (with at least 1,000 hours per year) in cardiac or vascular catheterization. A person certified in this manner is not subject to the education and examination requirements for certification as a Cardiovascular Invasive Specialists unless he or she lets his or her certification expire for more than one year without renewal.

Creation of the new Cardiovascular Invasive Specialist credential does not alter the scope of practice of any other credentialed health profession or limit the ability of any other credentialed health professional to assist in cardiac or vascular catheterization if such assistance is within the professional's scope of practice.

Substitute Bill Compared to Original Bill:

The proposed substitute bill:

- clarifies that cardiovascular invasive specialists are authorized to perform parenteral procedures related to *cardiac or vascular catheterization* instead of *radiologic technology*;
- clarifies that the parenteral procedures may involve veins (in addition to arteries);
- changes the definition of "cardiac or vascular catheterization:" language narrowing the term to *diagnostic and therapeutic* anatomic or physiological studies of intervention is removed;
- allows the Secretary of Health to approve alternate training for Cardiovascular Invasive Specialists;
- expands the "grandfather" clause to include any health professional credentialed by the DOH who has at least five years (with at least 1,000 hours per year) of experience in cardiac or vascular catheterization; and
- allows students enrolled in an approved cardiovascular invasive specialist program to practice without a certificate as long as the practice is pursuant to a regular course of instruction or assignments.

Appropriation: None.

Fiscal Note: Fiscal note available on original bill. Fiscal note requested on substitute bill on January 25, 2010.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Cardiovascular Invasive Specialists have been working in this state for years. One of the few schools for this profession in the nation is in this state. These professionals receive extensive education and must pass a national examination. But there is currently no credential for Cardiovascular Invasive Specialists in Washington. Cardiovascular Invasive Specialists, who help take care of the seriously ill, have therefore had to obtain a credential as another type of health professional, which limits what they can do. This has led to a workforce shortage. The credential created in this bill will help these people continue to do their work in the cath lab. It also gives employers the assurance that someone who has this new credential is competent.

(Opposed) Cardiovascular Invasive Specialists in this state have been flagrantly disregarding state statutes and rules. They have been performing tasks related to fluoroscopy even though they are not authorized by law to do so. Cardiovascular Invasive Specialists do not have adequate education in radiation safety and protection. The increase in radiation burns in this state can be traced to the cath lab.

Persons Testifying: (In support) Representative Morrell, prime sponsor; Daniel Fishbein, American College of Cardiology for Washington State; Bill Sims, Virginia Mason Medical Center; and William Corson, Spokane Community College.

(Opposed) Pamela Lee, Washington Society of Radiologic Technologists.

Persons Signed In To Testify But Not Testifying: None.