

HB 7163

Good morning.

Senator Handley, Representative Sayers and members of the Public Health committee:

My name is Cynthia McDonald. I am a radiographer and have been employed in Radiology for 32 years. I have advanced certification in Cardio-Vascular Interventional Technology and am currently the Team Leader for Interventional Radiology at Hartford Hospital. I am a member of the American Society of Radiologic Technologists and the Association of Vascular Interventional Radiographers.

I am here to support the proposed word changes to the Radiographers License bill (Chapter 376c) which is included in the Public Health bill HB ~~7163~~.

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Wording in our license at this time does not include taking verbal orders. The current policy at my hospital is based on the language in our license. I feel no person is more qualified to take verbal orders from a physician for a Radiology exam or procedure than a registered and licensed Radiographer.

On September 27,2001, the Centers for Medicare and Medicaid Services provided additional clarification regarding the ordering of diagnostic tests. CMS describes that an order may include:“ a telephone call by the treating physician or his/her office to the treating facility.” This language does not exclude the involvement of the Radiographer who may be providing the exam or treatment.

There are a number of circumstances that make verbal orders necessary for the prompt care of a patient. In the operating room the physician is scrubbed and the circulating RN may be unavailable. The physician communicates a verbal order for an intra-op x-ray to the technologist directly who documents the order. In the emergency room during a trauma, this scenario is also possible and indicated. In some specialty areas of Radiology such as Interventional urgent orders are communicated via telephone from physicians enroute to the hospital or otherwise unable to utilize conventional means to provide a written order for the emergency treatment of a patient. The phone call is taken and the order documented by the IR triage technologist or the on-call technologist.

I also support the proposed word changes to allow for administering medications by technologists for diagnostic purposes. This is within our scope of practice based on accredited training and certification. These word changes will allow current hospital policy to be modified so that clinical best practices occur within the guidelines of our State licensure.

Thank you for your time and consideration.

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