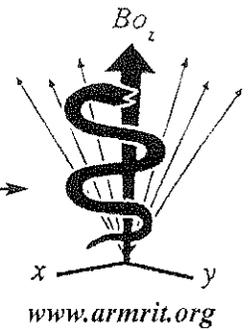




American Registry of Magnetic Resonance Imaging Technologists
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July 11, 2012

President:

James F. Coffin, ARMRIT

Oregon Board of Medical Imaging
800 NE Oregon St., Suite 1160A
Portland, OR 97232

Executive Director:

Wilfrido M. Sy, MD

To the honorable members of the Oregon Board of Medical Imaging:

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Alberto L. Cayton, MD

July 12 & 13, 2012 Session.

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The American Society Radiologic Technologists (ASRT) Practice Standards are presented before this august Board for adoption and therefore legislation to become the parameters to determine who can practice and deliver MRI health care services to the citizens of Oregon. The American Registry of MRI Technologists (ARMRIT), a 21 year old independently recognized autonomous certifying body which we represent strongly object and take direct issues with the specific standards that have been detailed, outlined and required, pages MR 4 and MR 5, because they are arbitrary, exclusionary, unfair, unjustified, prejudicial and directly favor and benefit one single and only one group of individuals in the delivery of MRI technology health care to patients who need the service, namely members of the ARRT.

The exclusion of ARMRIT as a bonafide group of certified technologists to practice the technological aspect of MRI health care delivery has been addressed and fully resolved when the Board of the American College of Radiology, the mother organization, in effect of ARRT (since four of its nine-member governing Board are appointed by the American College of Radiology) fully recognized without qualification, ARMRIT, as an autonomous certifying organization for MRI technologists in 2008. In the paraphrased words of the ACR Board, ARMRIT has met all the standards of excellence and parameters to be an autonomous MRI technology certifying body and is so recognized by the ACR. Leonard Lucey, Esq., long standing ACR Counsel and Senior Director and Theresa Branham, the ACR Manager of MRI and CT accreditation and ARRT member, have been alternately guests speakers at the ARMRIT annual seminar since 2008 and have nothing but positive comments in the way our meetings are held as to the faculty, venue, and substance of lectures for CME credits.

To the honorable members of the Oregon Board of Medical Imaging:

We concur with all other statements that expand on the standards of excellence and the technical paradigms detailed that are not exclusionary and delimited to a single and one group as these, as written in the submitted documents, do jibe with our own credo of standards of excellence and practice, for to believe otherwise is akin to be against "motherhood and apple pie."

Our main area of contention and basis of our strong objection are contained in the pages MR 4 and MR 5 regarding as to who can and who is not included by direct inference eligible to practice MRI technology; if these are adopted as proposed it would clearly and arbitrarily disenfranchise all qualified, bonafide, credentialed, and experienced technologists in the field of MRI because they opted to obtain their expertise and certification in the field through a non-radiologic pathway.

The expertise of becoming an MRI technologist is accessible through a radiologic path and a non-radiologic path and is not a monopoly of one interest group. We submit that the hours of didactic and hands-on clinical training which are fully focused only on MRI as required by ARMRIT, exemplify the high standard requirements we espoused of any training program requirements. The number of hours directly expended during their clinical internship at certified sites is manifold longer and more extensive or at the minimum at par with training requirements of their other counterparts. The graduates of dedicated and licensed MRI programs must pass the rigorous but fair 4-hour exam administered by ARMRIT in order to be certified.

Incidentally, perhaps it is a typo but the word "radiopharmacology" as it appears on page MR 4, as far as we know is either unintended or incorrectly used. No radioactive material is used in MRI, that is why it is correctly a non-radiologic modality, just as the discipline of ultrasonography is also a non-radiologic procedure. These latter two disciplines do not use any ionizing radiation as the source of obtaining the resultant medical imaging, plain x-rays do, as CAT scan does and other permutations such as spiral CT procedures.

It is clear to us that the standards referred to in MR4 and MR 5 are written to exclude a group of qualified technologists who are not ARRT certified but nonetheless duly qualified and certified by ARMRIT. To disenfranchise these individuals from their rightfully earned vocation, is tantamount to a restraint of trade and can be viewed as nothing else but prejudicial, unfair, exclusionary, slanted to benefit a group, at the exclusion of another. To this we say, we need more qualified and well-trained individuals in the field of MRI technology, not restrict or restrain their growth because they opted to take the venue outside of radiology. It should be duly noted that there are individuals who genuinely have a phobia for radiation, more specifically young women of child bearing-age, but nevertheless have chosen this field as their vocation and ARMRIT is their venue to this.

To the honorable members of the Oregon Board of Medical Imaging:

In conclusion we petition that this august Board include an ARMIRIT representative in the deliberation of this paramount issue and be represented in this Oregon Board of Medical Imaging. It further behooves this august Board, to include representatives of ARMIRIT in the deliberations, discussion and formulation of the MRI Practice Standards. For reasons already given we further petition that this Board does not allow the practice of MRI technology to one interest group in its deliberations at the expense and exclusion of another group. In the practice of MRI, as in other health delivery systems, no one interest group should be allowed to control the market.

Thank you for your time.

Sincerely,

Wilfrido M. Sy, MD
Chairman and Executive Director
Clinical Prof. of Radiology,
Weill School of Medicine
University of Cornell

James Coffin ARMIRIT
President

With concurrence and cc: ARMIRIT Board Members

ARRT Governance: A nine-member Board of Trustees establishes ARRT policies, including: Five Trustees are appointed by the American Society of Radiologic Technologists (ASRT) — the national professional membership organization representing all areas of the radiologic sciences — and four are appointed by the American College of Radiology (ACR) — the principle membership organization of radiologists, radiation oncologists, and clinical medical physicists in the United States.

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Education and Certification

Magnetic resonance technologists prepare for their role on the interdisciplinary team by successfully completing an accredited educational program in radiologic technology. Two-year certificate, associate degree and four-year baccalaureate degree programs exist throughout the United States. Accredited programs must meet specific curricular and educational standards.

Upon completion of a course of study in radiologic technology from an accredited program recognized by the American Registry of Radiologic Technologists, individuals may apply to take the national certification examination. Those who successfully complete the certification examination in radiography may use the credential R.T.(R) following their name; the R.T. signifies registered technologist and the (R) indicates radiography. Those who successfully complete the certification examination in radiation therapy may use the credential R.T.(T) following their name; R.T. signifies registered technologist and the (T) indicates radiation therapy. Those who successfully complete the certification examination in nuclear medicine may use the credential R.T.(N); the R.T. signifies registered technologist and the (N) indicates nuclear medicine.

To maintain ARRT certification, radiographers must complete appropriate continuing education requirements in order to sustain a level of expertise and awareness of changes and advances in practice.

The Nuclear Medicine Technology Certification Board (NMTCB) also is a certifying agency. Once the NMTCB determines an applicant is eligible for the examination, the applicant must take the certification examination within the prescribed time period established by the NMTCB. Those who successfully complete this certification examination may use the credential CNMT, indicating certified nuclear medicine technologist.

Eligibility to take the post-primary examination in magnetic resonance requires registration in radiography, radiation therapy or nuclear medicine technology at the time of examination and documentation of clinical experience in specific procedures. Since Jan. 1, 2001, certificates issued by the NMTCB are recognized as meeting the eligibility requirements for magnetic resonance certification and continued magnetic resonance registration through the ARRT. After successfully completing the magnetic resonance imaging post-primary examination, the credentials R.T.(R)(MR), R.T.(T)(MR) or R.T.(N)(MR) may be used if registered by the ARRT and CNMT, R.T.(MR) ARRT if certified by the NMTCB.