Significant Legislative Rule Analysis

WAC 246-926-140, -310, and -410 and Creating New Section 246-926-145
Rules Concerning Military Training and Experience Equivalency for the Imaging Professions (Radiologic Technology)

March 31, 2017
SECTION 1:
Describe the proposed rule, including a brief history of the issue, and explain why the proposed rule is needed.

The proposed rule implements Chapter 32, Laws of 2011 (Engrossed Substitute Senate Bill 5307), codified for the imaging professions under RCW 18.84.095. That law stipulates that military training or experience satisfies credentialing requirements for specific health care professions unless a health profession regulatory entity determines that it is not substantially equivalent to Washington licensure standards.

Background
A 2013 joint White House/Department of Defense report states, “The United States has the most highly trained military in the world, sustained by individuals who have skill sets with enormous breadth and depth because of their military education, training, and experience. The members of our Armed Forces and their families make great sacrifices in the service of our Nation, and when their service is concluded, we owe it to our veterans and their families to help them accomplish a successful transition into the civilian labor market.” This report encourages states to support legislative efforts that will transition veterans into the civilian workplace.

There are 18 military bases and installations in Washington State. It appears many military personnel choose to stay here when they retire or are discharged from service, and it is estimated that one out of every nine residents in Washington is a veteran. However, making the change from a military to a civilian career can present challenges and, as a result, veterans often experience higher rates of unemployment and underemployment than their civilian counterparts. Many service members have been required to repeat education or training received in the military in order to receive certifications and state occupational licenses, even though much, and in some cases all, of their military training and experience overlaps with credential training requirements. As a result, there have been numerous lost opportunities to fully utilize highly trained veterans in the civilian healthcare system.

Washington state Engrossed Substitute Senate Bill 5307 (ESSB 5307) stipulates that military training or experience satisfies credentialing requirements for health care professions unless a health profession regulatory entity determines that it is not substantially equivalent to Washington licensure standards.

The health professions identified in ESSB 5307 relevant to this rule-making, and codified as RCW 18.84.095, are:

- Cardiovascular invasive specialists
- Radiologist assistants; advanced level diagnostic radiologic technologists
- Radiologic technologists
  - Diagnostic/radiographer
  - Therapeutic
  - Nuclear medicine

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2 Department of Defense, Assessment of Service Credentialing Programs, October 24, 2012
• X-ray technicians

Other professions identified in ESSB 5307 not relevant to this rule-making, with their corresponding regulatory authority are:

• Dental Quality Assurance Commission
  o Dental assistants
  o Expanded dental function auxiliary personnel
• Board of Denturists
  o Denturists
• Board of Osteopathic Medicine and Surgery
  o Osteopathic physician assistants
• Pharmacy Quality Assurance Commission
  o Pharmacy assistants
  o Pharmacy technicians
• Board of Physical Therapy
  o Physical therapists
  o Physical therapist assistants
• Medical Quality Assurance Commission
  o Physician assistants
• Secretary of the Department of Health (department)
  o Dispensing opticians
  o Emergency medical technicians/first responders
  o Health care assistants (now called medical assistants)
  o Nursing assistants (certified and registered)
  o Ocularists
  o Respiratory care practitioners
  o Surgical technologists

Since ESSB 5307 passed in 2011, the department, on behalf of itself and the boards and commissions mentioned above, has consulted with representatives of the military\(^3\) to develop a comprehensive analysis of military training, education, and experience for all identified health professions. Based on that analysis, each regulatory entity is to decide when and how military education, training, and experience are, or are not, substantially equivalent to Washington State credentialing standards.

The department and boards/commissions will consider separate rule-making, but this proposal is intended to be a template for other military equivalency rules for health care professions.

These proposed rules address recommended equivalency decisions for cardiovascular invasive specialists, radiologist assistants, and the three types of radiologic technologists: diagnostic-radiographer, therapeutic, and nuclear medicine. X-ray technician-limited scope is a registered credential under Washington law, which means there are no education or experience requirements to obtain the credential, so there is no equivalency decision needed for this profession.

\(^3\) Department of Defense, Office of State Liaison and Educational Opportunity
SECTION 2:
Is a Significant Analysis required for this rule?

Yes, a significant analysis is required. RCW 34.05.328 requires a significant analysis whenever a rule sets a requirement for the issuance of a license or credential.

SECTION 3:
Clearly state in detail the general goals and specific objectives of the statute that the rule implements.

The general goal of RCW 18.84.095 is to reduce barriers for members of the military by facilitating the transition of qualified military health care providers to civilian health care professions in Washington State.

Other specific goals and objectives that the proposed rules meet are a reduction in the unemployment rate of veterans in our state, an increase in the availability of health providers, and increased access to health care in Washington communities.

SECTION 4:
Explain how the department determined that the rule is needed to achieve these general goals and specific objectives. Analyze alternatives to rulemaking and the consequences of not adopting the rule.

The objective of the proposed rule changes is to provide sufficient clarity about the types of military education, training, and experience that automatically qualify members of the military for credentialing in our state. In addition, the proposed rules identify when a member of the military does not meet those requirements and lays out the additional coursework necessary to fill that gap.

Without rulemaking, the determinations about the equivalency of qualifications could be subjective, based on which individual was evaluating a particular set of military credentials. This could introduce potential bias and may result in inconsistent approval and denial decisions. Consequently, potential applicants may not trust the department to make appropriate judgments.

SECTION 5:
Explain how the department determined that the probable benefits of the rule are greater than the probable costs, taking into account both the qualitative and quantitative benefits and costs and the specific directives of the statute being implemented.

NON-SUBSTANTIVE AMENDMENTS

Amendments to the following rule sections do not meet the definition of a significant legislative rule as they only direct the reader to where they may find military equivalency requirements.
New Section – WAC 246-926-145 Military Equivalency

Background on military education and training for health care providers

The Department of Defense, Defense Health Agency, Medical Education and Training Campus (METC) was created as a result of the 2005 Base Realignment and Closure Commission congressional legislation. This required the bulk of enlisted technical medical training in the Army, Navy, and Air Force to be co-located at Fort Sam Houston, Texas. METC combined the Army Medical Department Center and School’s Academy of Health Sciences; the Naval School of Health Sciences – San Diego, CA and Portsmouth, VA; Navy Hospital Corps School; and the 882nd Training Group (now the 937th TRG) at Sheppard Air Force Base. METC became fully operational September 15, 2011.

Prior to METC, each branch of the military developed their own health care provider training programs. Some of those programs were accredited by the recognized national accrediting bodies; however, some programs either did not meet the national accrediting standards or the military education division did not seek such accreditation. Those service members who completed these programs faced varying degrees of difficulties when attempting to obtain civilian licensure and/or employment. The creation of METC, along with its alignment with national standards in the health care education arena, all but eliminated these barriers. The only remaining barriers are the disparities within individual states’ health profession laws.

Background on imaging professions in the military

Military equivalency training for the imaging professions is as follows:

<table>
<thead>
<tr>
<th>Professions with corresponding occupations by Branch</th>
<th>Army</th>
<th>Navy</th>
<th>Air Force</th>
<th>Coast Guard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Invasive Specialist</td>
<td>Cardiovascular Specialists</td>
<td>Cardiovascular Technicians</td>
<td>Cardiopulmonary Laboratory(^\text{4})</td>
<td>No equivalency</td>
</tr>
<tr>
<td>Radiologist Assistant</td>
<td>No equivalency</td>
<td>No equivalency</td>
<td>No equivalency</td>
<td>No equivalency</td>
</tr>
<tr>
<td>Radiologic Technologist, Diagnostic/Radiographer</td>
<td>Radiology Specialist</td>
<td>Radiologic Health Services; Advanced X-Ray Technician</td>
<td>Diagnostic Imaging</td>
<td>No equivalency</td>
</tr>
<tr>
<td>Radiologic Technologist, Therapeutic</td>
<td>No current equivalency(^\text{5})</td>
<td>No current equivalency(^\text{5})</td>
<td>No current equivalency(^\text{5})</td>
<td>No equivalency</td>
</tr>
<tr>
<td>Radiologic Technologist, Nuclear Medicine Tech</td>
<td>Nuclear Medicine</td>
<td>Nuclear Medicine</td>
<td>Nuclear Medicine</td>
<td>No equivalency</td>
</tr>
</tbody>
</table>

\(^\text{4}\) Combined with respiratory care duties; service members who obtain journeyman level are respiratory therapists.

\(^\text{5}\) Currently oncology treatment is carried out by higher level health professionals (e.g. physicians, medical physicists, etc.).
Background on education accreditation

Accreditation is the primary means of assuring the quality of higher education institutions and programs. In the imaging field, there are several organizations that perform accreditation at varying degrees of scrutiny. All conduct a review of an educational program’s application and self-study; however, there are organizations whose standards are stringent enough to include conducting on-site evaluations. The accreditation levels are either at the school/institution level or, which is the preferred standard, at the actual program level. The organizations and their accompanying levels are:

<table>
<thead>
<tr>
<th>Specific imaging profession types and the corresponding accrediting organizations</th>
<th>Program Level Accreditation</th>
<th>School Level Accreditation</th>
</tr>
</thead>
</table>
| Cardiovascular Invasive Specialist  
• Joint Review Committee on Education in Cardiovascular Technology (JRCCVT)  
• Commission on Accreditation of Allied Health Education Programs (CAAHEP) | XX | XX |
| Radiologic Technologist-Diagnostic/Radiographer and Therapeutic  
• Joint Review Committee on Education in Radiologic Technology (JRCERT)  
• American Registry for Radiologic Technologists (ARRT) | XX | XX |
| Radiologic Technologist-Nuclear Medicine  
• Joint Review Committee for Educational Programs in Nuclear Medicine Technology (JRCNMT)  
• American Registry for Radiologic Technologists (ARRT) | XX | XX |
| Radiologist Assistant  
• American Registry for Radiologic Technologists | N/A\(^6\) | XX |

Background on alternative pathways to accreditation in Washington State

An expedited avenue to close the gaps for pre-METC programs is successful completion of an examination. There are national examinations that the department proposes to accept to close those gaps.

For radiologic technologists, those examinations are:

- the American Registry of Radiologic Technologists (ARRT) for:
  - diagnostic-radiographer radiologic technologists,

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\(^6\) There is only one national accrediting body for radiologist assistants.
therapeutic radiologic technologists,
o nuclear medicine technologists; and

- the Nuclear Medicine Technology Certification Board (NMTCB) for nuclear medicine technologists.

For cardiovascular invasive specialists, the examinations are:

- the Registered Cardiovascular Invasive Specialist (RCIS),
- the Registered Cardiac Electrophysiology Specialist (RCES),
- the Heart Rhythm Society (HRS) through the International Board of Heart Rhythm Examiners (IBHRE), formerly the North American Society of Pacing and Electrophysiology (NASPE), and
- the ARRT post-primary:
  - Cardiac Interventional Radiographer (RTR-CI),
  - Vascular Interventional Radiographer (RTR-VI), and
  - Cardiovascular Interventional Radiographer (RTR-CV).

For radiologist assistants, the examination is the ARRT radiologist assistant examination.

In lieu of one of the radiologic technologist national examinations, Washington State currently contracts with the ARRT to administer a state-specific examination for each of the three types of radiologic technologists. However, there are formal education and training requirements, as well as areas of supervised clinical practice experience, that must be fulfilled in order to qualify for the examination. These requirements may be fulfilled either during or after military service.

Rule Overview

The proposed rule details how various types of training that current and former U.S. Military service members took qualifies them for certification in our state. Some education received by service members would automatically qualify because the educational programs completed are, or were, nationally accredited. In some cases, an educational program does not meet existing requirements, so the proposed rule lays out how to fill that gap. Those additional requirements for the three types of radiologic technologists are identified under existing rules regarding alternative training.

Analysis

Subsection (1) – Statement of acceptance
This subsection is the leading statement that the department accepts military education, training, or experience.

Subsection (2) – Definitions
This subsection only defines terms used in this rule section so no analysis is needed.

Subsection (3) – Documentation
This subsection identifies acceptable documentation that service member applicants must provide to verify their military education, training, and experience.

7 The alternative training requirements are detailed in WAC 246-926-110 and 246-926-110 for diagnostic-radiographer radiologic technologists, 246-926-120 for therapeutic radiologic technologists, and 246-926-130 for nuclear medicine technologists.
Subsection (4) – Diagnostic/radiographer radiologic technologist
This type of radiologic technologist is the most common and accounts for approximately 90 percent of all credentialed radiologic technologists, both nationally as well as in Washington State. The department has set the accreditation requirement for this type of radiologic technologist program as JRCERT accreditation because their standards are the most stringent, the “gold standard” as mentioned earlier.

METC Programs:
- The METC radiography program is fully accredited at the highest level (JRCERT) and has been since its inception. Service members who complete the METC radiography program are eligible for certification in this state without additional requirements.

Formal Pre-METC Programs:
- Many formal pre-METC radiography programs were accredited by either the JRCERT or the ARRT. Pre-METC programs that were JRCERT accredited meet the requirements in the current school approval rule (WAC 246-926-140) and individuals who completed these programs are eligible for certification in this state without additional requirements.
- Pre-METC programs accredited by ARRT were accredited at the school level. Service members who completed one of these programs must also meet the examination requirement, which is either successful passage of the ARRT radiologic technologist radiographer examination or the Washington State examination as identified in WAC 246-926-190.

Informal Programs:
- Prior to the inception of METC, some military branches had developed informal educational programs. One program in particular, the U.S. Navy on-the-job training commonly referred to as “fast track”, is still being utilized. This training track is approximately six-months in length and at the end of the training these service members are allowed to fully function as radiologic technologist radiographers.
- Each fast track program is unique to the individual and the duty station to which the service member is assigned so it is impossible to evaluate each of these programs. For that reason, these service member applicants must meet the alternative training requirements in WAC 246-926-110. These requirements include clinical practice experience and training, as well as formal education in specific subjects.
- Service member applicants who have completed informal programs must also meet the examination requirement, which is either successful passage of either the ARRT radiologic technologist radiographer examination or the Washington State examination as identified in WAC 246-926-190.

Coast Guard:
- There are no equivalent training programs with the Coast Guard so each applicant’s education, training, and experience will be reviewed on a case-by-case basis. These service member applicants must meet the alternative training requirements in WAC 246-926-110. These requirements include clinical practice experience and training, as well as formal education in specific subjects.
Service member applicants who completed a program through the Coast Guard that meets the alternative training requirements must also meet the examination requirement, which is either successful passage of either the ARRT radiologic technologist radiographer examination or the Washington State examination as identified in WAC 246-926-190.

Subsection (5) – Therapeutic radiologic technologists

These radiologic technologists administer radiation as a medical treatment modality, most commonly associated with oncology (cancer) treatment. The department has set the accreditation requirement for this type of radiologic technologist program as JRCERT accreditation; again, the “gold standard”.

METC Programs:

- There is currently no METC therapeutic radiologic technologist program. Within the military environment, these treatment modalities are administered by those with advanced level health care degrees, such as MDs or DOs.

Formal Pre-METC Programs:

- In the past, there were formal pre-METC therapeutic radiologic technologist programs that were accredited by the ARRT. Service members who completed a pre-METC, ARRT accredited program must also meet the examination requirement, which is successful passage of either the ARRT radiologic technologist radiographer examination or the Washington State examination as identified in WAC 246-926-190.

Informal Programs:

- Informal educational programs may be unique to the individual and the duty station to which the service member is assigned. It is impractical to evaluate each of these programs. For that reason, these service member applicants must meet the alternative training requirements in WAC 246-926-120. These requirements include clinical practice experience and training, as well as formal education in specific subjects.

- Service member applicants who have completed informal programs must also meet the examination requirement, which is either successful passage of either the ARRT radiologic technologist radiographer examination or the Washington State examination as identified in WAC 246-926-190.

Coast Guard:

- There are no equivalent training programs with the Coast Guard so each applicant’s education, training, and experience will be reviewed on a case-by-case basis. These service member applicants must meet the alternative training requirements in WAC 246-926-120. These requirements include clinical practice experience and training, as well as formal education in specific subjects.

- Service member applicants who completed a program through the Coast Guard that meets the alternative training requirements in WAC 246-926-130 must also meet the examination requirement, which is either successful passage of either the ARRT radiologic technologist radiographer examination or the Washington State examination as identified in WAC 246-926-190.
Subsection (6) – Nuclear medicine radiologic technologists

The department has set the accreditation requirement for this type of radiologic technologist program as JRCNMT accreditation because their standards are the most stringent, the “gold standard” as mentioned above.

METC Programs:

• The METC nuclear medicine radiologic technologist program is currently accredited by the ARRT. Service members who complete the METC nuclear medicine radiologic technologist program must also meet the examination requirement, which is successful passage of the NMTCB examination, the ARRT nuclear medicine radiologic technologist examination, or the Washington State examination as identified in WAC 246-926-190.

Formal Pre-METC Programs:

• The formal pre-METC nuclear medicine radiologic technologist programs through the U.S. Army, Navy, and Air Force were accredited by the JRCNMT from June 1972 through August 2012. Service members who complete a pre-METC nuclear medicine radiologic technologist program accredited by the JRCNMT are eligible for certification in this state without additional requirements.

• Some pre-METC programs were accredited by ARRT. This accreditation is done at the school level. Service members who completed one of these programs must also meet the examination requirement, which is either successful passage of the ARRT nuclear medicine radiologic technologist examination or the Washington State examination as identified in WAC 246-926-190.

• Non-accredited formal nuclear medicine radiologic technologist programs have been evaluated and determined to be substantially equivalent. Service members who completed one of these programs must also meet the examination requirement, which is either successful passage of the ARRT nuclear medicine radiologic technologist examination or the Washington State examination as identified in WAC 246-926-190.

Informal Programs:

• Some military branches had developed informal educational programs. One program in particular, the U.S. Navy on-the-job training commonly referred to as “fast track”, is still being utilized. This training track is approximately six-months in length and at the end of the training these service members are allowed to fully function as a nuclear medicine radiologic technologist.

• Each fast track program is unique to the individual and the duty station to which the service member is assigned so it is impossible to evaluate each of these programs. For that reason, these service member applicants must meet the alternative training requirements in WAC 246-926-130. These requirements include clinical practice experience and training, as well as formal education in specific subjects.

• Service member applicants who have completed informal programs must also meet the examination requirement, which is successful passage of the NMTCB examination, the ARRT nuclear medicine radiologic technologist examination, or the Washington State examination as identified in WAC 246-926-190.
Coast Guard:

- There are no equivalent training programs with the Coast Guard so each applicant’s education, training, and experience will be reviewed on a case-by-case basis. These service member applicants must meet the alternative training requirements in WAC 246-926-130. These requirements include clinical practice experience and training, as well as formal education in specific subjects.

- Service member applicants who completed a program through the Coast Guard that meets the alternative training requirements must also meet the examination requirement, which is successful passage of the NMTCB examination, the ARRT nuclear medicine radiologic technologist examination, or the Washington State examination as identified in WAC 246-926-190.

Subsection (7) – Cardiovascular invasive specialists

The department has set the accreditation requirement for cardiovascular invasive specialist programs as CAAHEP, which uses the standards and criteria established by JRCCVT. JRCCVT accreditation standards are the most stringent, the “gold standard” as mentioned above.

METC Programs:

- The METC cardiovascular invasive specialist program is currently accredited by CAAHEP. Service members who complete the METC cardiovascular invasive specialist program must also successfully pass the RCIS, RCES, HRS/IBHRE/NASPE, RTR-CI, RTR-VI, or RTR-CV examination.

Formal Pre-METC Programs:

- The formal pre-METC cardiovascular invasive specialist programs that were accredited by the CAAHEP, known formerly as the Committee on Allied Health Education and Accreditation (CAHEA), must also successfully pass the RCIS, RCES, HRS/IBHRE/NASPE, RTR-CI, RTR-VI, or RTR-CV examination.

- Non-accredited cardiovascular invasive specialist programs have been evaluated and determined to be substantially equivalent. Service members who completed one of these programs must also successfully pass the RCIS, RCES, HRS/IBHRE/NASPE, RTR-CI, RTR-VI, or RTR-CV examination.

Informal Programs:

- Some military branches had developed informal educational programs. One program in particular, the U.S. Navy on-the-job training commonly referred to as “fast track”, is still being utilized. This training track is approximately six-months in length and at the end of the training these service members are allowed to fully function as a nuclear medicine radiologic technologist.

- Each fast track program is unique to the individual and the duty station to which the service member is assigned so it is impossible to evaluate each of these programs. For that reason, these service member applicants must meet the requirements in WAC 246-926-410(1)(a) and (b).

Coast Guard:
• There are no equivalent training programs with the Coast Guard so each applicant’s education, training, and experience will be reviewed on a case-by-case basis and must also successful pass the RCIS, RCES, HRS/IBHRE/NASPE, RTR-CI, RTR-VI, or RTR-CV examination.

Subsection (8) – Radiologist assistants

There is currently no equivalent occupation in any of the military branches. Service member applicants’ training and experience will be evaluated on a case-by-case basis; however, these applicants must meet the examination requirement, which is successful passage of the ARRT radiologist assistant examination.

Rule Cost/Benefit Analysis

The proposed rules would help current or former members of the military determine what elements of their military occupation education and training are equivalent and do not need to be duplicated in order to qualify for a Washington state credential.

The proposed rule changes may impose some costs, however, those costs are no higher than for their civilian counterparts. Members of the military who have completed education, training, and experience that automatically qualify them for certification would not incur additional costs. Those service members on active duty who elect to obtain the national certification in addition to their military education and training are eligible for reimbursement of out-of-pocket expenses related to their military occupation.

Those individuals whose education, training, and experience are not sufficient for automatic qualification have a gap that needs to be filled that may necessitate additional coursework. These individuals would need to meet the existing requirements outlined under the alternative training provisions. The alternative routes allow greater flexibility in meeting credentialing requirements while maintaining Washington’s high-level minimum standards for education and training. The additional costs these individuals would incur are no higher than their civilian counterparts.

Those costs are outlined in the table below:

| American Registry of Radiologic Technologists (ARRT) Examination Fee | $200  
|---------------------------------------------------------------------|------  
| (This fee is for the national certification examination for diagnostic-radiographer, therapeutic, or nuclear medicine. These examinations are accepted in every state.) |      
| Nuclear Medicine Technology Certification Board Examination Fee | $175  
| (This fee is for the national certification examination for nuclear medicine. This examination is accepted in every state.) |      
| Alternative Training Process (for those not meeting the national standards) Washington State-Specific Examination Fee: | $140  
| (This fee is in addition to the Department of Health Radiologic Technologist application fee and is paid to the ARRT to administer the state-specific examination. This licensing examination has been developed for those individuals who do not meet the criteria for national certification but do meet the |      
| Total costs: |      

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standards set for Washington State. This licensing examination is NOT accepted by any other state.)

Estimated costs of formal education requirements:
(These figures are for those who have not met any of the formal education requirement prior to desiring to obtain a Washington credential; however, many individuals could access education funds through the G.I. Bill, student loads, and other types of financial aid.)

- Diagnostic/Radiographer (258 contact hours or 16 semester hours) $6,000
- Therapeutic (603 contact hours or 38 semester hours) $14,250
- Nuclear Medicine (154 contact hours or 10 semester hours) $3,750

Compensation versus costs
The comparison of the costs for estimated private sector formal education requirements and costs for credentialing versus average annual employment compensation are as follows:

<table>
<thead>
<tr>
<th>Profession Type</th>
<th>Education Costs</th>
<th>Credentialing Costs</th>
<th>Average Annual Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiologic Technologist – Diagnostic/Radiographer</td>
<td>$6,140</td>
<td>$150</td>
<td>$67,420</td>
</tr>
<tr>
<td>Radiologic Technologist – Therapeutic</td>
<td>$14,390</td>
<td>$150</td>
<td>$67,420</td>
</tr>
<tr>
<td>Radiologic Technologist – Nuclear Medicine</td>
<td>$3,890</td>
<td>$150</td>
<td>$87,350</td>
</tr>
<tr>
<td>Cardiovascular Invasive Specialist</td>
<td>$5,088</td>
<td>$150</td>
<td>$66,730</td>
</tr>
<tr>
<td>Radiologist Assistant12</td>
<td>$27,284</td>
<td>$150</td>
<td>$87,950</td>
</tr>
</tbody>
</table>

Rule Package Cost-Benefit Conclusion
The proposed rules implement chapter 32, Laws of 2011 (ESHB 5307), codified as RCW 18.84.095, by clearly stating when and how military education, training, and experience meet the requirements for obtaining a credential in the radiologic technology field. In outlining

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8 Average cost per semester hour calculated at $375; based on the difference between the low end ($161 at Brigham Young University) and the high end ($588 at the University of Nebraska at Lincoln)
9 Per WAC 246-926-100, one semester credit hour equals sixteen contact hours.
10 As stated previously, this particular type of radiologic technologist is not utilized in the military community; all radiation treatment modalities are administered by those with advanced health care degrees such as MD or DO.
12 The USDOL/BLS does not have a category for radiologist assistants (who are advanced level radiologic technologists; virtually equivalent to a physician assistant but in the imaging field) so this estimated compensation is an average of the difference between regular radiologic technologist compensation ($67,420) and physician assistant compensation ($108,480).
qualifications for members of the military, every effort was made to ensure evaluation of current military educational programs, as well as those programs no longer in existence. Establishing military equivalency education, training and experience criteria lets current or former military service members avoid the additional costs of all, or in some cases part of, private sector formal education tuition.

The proposed rules also clarify when that education, training, and experience do not meet requirements and identify necessary additional coursework that may be needed to meet credentialing requirements.

Based on this analysis, the department has determined the probable benefits of the proposed rule exceed the total probable costs.

SECTION 6:
Identify alternative versions of the rule that were considered, and explain how the department determined that the rule being adopted is the least burdensome alternative for those required to comply with it that will achieve the general goals and specific objectives state previously.

Description of alternative considered
The department worked closely with representatives of the military to identify those programs, both pre-METC and post-METC, that meet the requirements for certification in Washington State. A suggestion was made that rule changes were not needed as most military program qualifications meet existing rules and other rules govern when programs do not meet qualifications. However, that suggestion was rejected in favor of clearly outlining expectations for military applicants. As mentioned earlier, rule changes eliminate the high burden placed on military applicant to determine whether or not their education, training, and experience qualify in Washington State. The proposed rules also eliminate the potential for inconsistent decisions.

Least burdensome determination
The proposed rules are less burdensome than the alternative because the standards and criteria are stated clearly in rule and potential military applicants can be certain as to which education, training and experience meet the requirements for Washington State. Because the intent of the proposed rules is to reduce barriers for transitioning veterans into civilian health care systems, the department determined the proposed rules are the least burdensome alternative and will achieve the goals and objectives of the statute being implemented.

SECTION 7:
Determine that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.

The rule does not require those to whom it applies to take an action that violates requirements of federal or state law.
SECTION 8:
Determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.

The rule does not impose more stringent performance requirements on private entities than on public entities.

SECTION 9:
Determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.

The rule does not differ from any applicable federal regulation or statute.

SECTION 10:
Demonstrate that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.

There are no other applicable laws affecting the naturopathic physician profession.