

Significant Legislative Rule Analysis (SA)

WAC 246-926-020 Definitions

WAC 246-926-180 Parenteral procedures for a diagnostic or therapeutic radiologic technologist, or a cardiovascular invasive specialist

WAC 246-926-400 Cardiovascular invasive specialist scope of practice

WAC 246-926-410 Requirements for cardiovascular invasive specialist certification

WAC 246-926-420 Alternate certification process – time limited

WAC 246-926-990 Radiologist assistants; diagnostic, therapeutic, and nuclear medicine radiologic technologists; cardiovascular invasive specialists; x-ray technicians – certification and registration fees and renewal cycle

Section 1. What is the scope of the rule?

The proposed rules implement Substitute House Bill (SHB) 2430 (chapter 92, Laws of 2010) and create a new profession in the State of Washington, known as cardiovascular invasive specialists. The proposed rules establish the new profession's scope of practice, education and examination requirements, and program fees. The bill also creates an exemption process that allows health care practitioners to be eligible to apply for certification if they have been performing the duties of a cardiovascular invasive specialist for the past five years.

Background

While the area of cardiovascular technology had its beginnings as early as the 1960s, it wasn't until 1981 that the American Medical Association (AMA) Council on Medical Education (CME) officially recognized cardiovascular technology as an allied health profession. The area of medical cardiac intervention has become more and more specialized and made great leaps in terms of knowledge and technology.

An ad-hoc committee was created to develop essential criteria for development of educational programs. This committee, among others, included the American Medical Association, the American College of Cardiology, the American College of Radiology, the American Society of Radiologic Technologists, and several colleges and educational institutions. When the essential standards were finalized, the Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT) was established to provide accreditation to educational programs.

The cardiovascular technologist is an allied health professional who assists physicians with procedures on patients with cardiac and peripheral vascular disease. The technologist is proficient in the use of analytical equipment and devices, which includes placing such equipment on or into the patients' body, or placing the patient on the equipment; as well as obtaining diagnostic images and performing data measurement.

Section 2. What are the general goals and specific objectives of the proposed rule’s authorizing statute?

The general goal of chapter 18.84 RCW is to provide the people of this state protection by licensing only appropriately educated and trained cardiovascular invasive specialists.

The statute’s objectives the rule implements are:

1. Establish criteria for acceptable education programs
2. Establish criteria for an acceptable examination
3. Establish acceptable practice standards
4. Establish a process for issuing a cardiovascular invasive specialist certificate.

Section 3. What is the justification for the proposed rule package?

SHB 2430 (2010) requires the Department of Health (department) to create rules setting requirements for education and examination, and enforceable standards of practice. The proposed rules achieve the authorizing statute’s goals and objectives by setting criteria for education and examination, as well as establishing enforceable standards of practice and fees.

The department has assessed and determined that there are no feasible alternatives to rulemaking because standards for education, examination, and practice must be enforceable, and therefore must be in rule.

If these rules are not adopted, individuals could not be credentialed as cardiovascular invasive specialists as there would be no criteria upon which the department could base certification.

Section 4. What are the costs and benefits of each rule included in the rules package? What is the total probable cost and total probable benefit of the rule package?

1. Identification of total number of rules in package and split between significant and non-significant rules

There are a total of 6 rules in this package: 5 non-significant and 1 significant.

2. Non-Significant Rule Identification Table

Table: Non-Significant Rule Identification

#	WAC Section	Section Title	Section Subject	Reason
1	WAC 246-926-020	Definitions	Definitions	The proposed amendments define or clarify terms used within the chapter. They do not contain substantive provisions of law or specify requirements that must be met for receiving a certification.

2	WAC 246-926-180	Parenteral Procedures	Parenteral Procedures	The proposed amendment adds the new profession to this section and does not specify additional requirements.
3	WAC 246-926-990	Fees	Fees	This rule change adds the new profession and corresponding fees. (Note: The fee analysis was completed separately.)
4	WAC 246-926-410	Requirements for cardiovascular invasive specialist certification	Certification requirements	The law requires cardiovascular invasive specialists to complete an educational program that includes training in subjects identified in the law. It also requires completion of an examination administered by a national credentialing organization. This rule identifies the schools and examination organizations that meet the requirements established in law.
5	WAC 246-926-420	Alternate certification process – time limited.	Alternate certification process	This rule reflects the statutory requirements for a time-limited process for certification and does not specify additional requirements.

3. Significant Rule Analysis

WAC 246-926-400 – Cardiovascular invasive specialist scope of practice.

Rule Overview: This new section details the standard scope of practice for cardiovascular invasive specialists. This section outlines the tasks and procedures approved by the department for this profession, which align with the nationally accepted standards. These standards are current practice in facilities in Washington State.

Rule Cost/Benefit Analysis – Since these standards are current practice there will be no added costs to employ cardiovascular invasive specialists.

4. Rule Package Cost-Benefit Conclusion

As stated previously, hospitals and clinics have already been using these individuals to provide assistance to physicians in cardiovascular interventional procedures. These rules establish the scope of practice, education and examination requirements, and program fees for the newly regulated profession. The rules ensure enforceable standards so that individuals practicing this profession are adequately educated and trained, and can demonstrate their knowledge, competence, and expertise by passing the national certification exam. Therefore, the benefits of these rules exceed the costs.

Section 5. What alternative versions of the rule did we consider? Is the proposed rule the least burdensome approach?

Descriptions of alternatives considered

Alternative version: The department developed these proposed rules in a collaborative process with cardiovascular invasive specialists and the Washington Society of Radiologic Technologists (WSRT). The department and these groups considered requiring state specific educational program accreditation because a concern expressed during the 2010 legislative session suggested that cardiovascular invasive specialist educational programs may not provide adequate training in radiation physics and safety. However, a significant portion of the national examinations cover these subject areas, and since the educational programs structure their curriculum to align with examination content, it follows that they provide adequate education and training. The decision was ultimately made to accept national accreditation by Commission on Accreditation of Allied Health Education Programs (CAAHEP), which uses standards and criteria established by the Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT).

Least burdensome determination

The proposed rules are less burdensome than the alternative because the standards and criteria established by the JRC-CVT for educational programs align with the detailed examination content developed by the Cardiovascular Credentialing International (CCI) for the Registered Cardiovascular Invasive Specialist (RCIS) examination, which tests the examinee's knowledge in multiple aspects of radiation safety and diagnostic imaging techniques.

Section 6. Did you 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 7. Did we determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless the difference is required in federal or state law?

The department has determined that the rule does not impose more stringent performance requirements on private entities than on public entities.

Section 8. Did you determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, did we 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 9. Did we demonstrate that the rule has been coordinated, to the maximum extent possible, with other federal, state, and local laws applicable to the same activity or subject matter?

There are no other applicable laws.