



## Final Regulation Agency Background Document

<b>Agency name</b>	Board of Medicine, Department of Health Professions
<b>Virginia Administrative Code (VAC) citation</b>	18VAC85-101-10 et seq.
<b>Regulation title</b>	Regulations Governing the <del>Licensure of Radiologic Technologists and Radiologists-Limited</del> Practice of Radiologic Technology
<b>Action title</b>	Licensure of Radiologist Assistants
<b>Date this document prepared</b>	4/5/11

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 14 (2010) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

### Brief summary

*Please provide a brief summary (no more than 2 short paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation. Also, please include a brief description of changes to the regulation from publication of the proposed regulation to the final regulation.*

Amendments to Chapter 101, Regulations Governing the Licensure of Radiologic Technologists and Radiologists-Limited will change the title to Regulations Governing the Practice of Radiologic Technology to encompass the new profession of radiologist assistants RA's. Amendments are adopted to specify the requirements for licensure of RA's, including the education and examination that will assure minimum competency to practice; provisions for applicant and licensure fees; requirements for renewal and reinstatement to include some evidence of continuing competency to practice; and provisions for scope of practice, including supervision by a doctor of medicine or osteopathic medicine with a specialty in radiology. Current regulations, such as requirements for unprofessional conduct and renewal schedules, are amended to be applicable to RA's as well as radiologic technologists and radiologic technologists, limited.

### Statement of final agency action

Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency or board taking the action, and (3) the title of the regulation.

On April 1, 2011, the Board of Medicine adopted final regulations for 18VAC85-101-10 et seq., Regulations Governing the Practice of Radiologic Technology.

### Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., agency, board, or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Medicine the authority to promulgate regulations to administer the regulatory system:

**§ 54.1-2400 -General powers and duties of health regulatory boards**

*The general powers and duties of health regulatory boards shall be:*

1. *To establish the qualifications for registration, certification or licensure in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
2. *To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
3. *To register, certify or license qualified applicants as practitioners of the particular profession or professions regulated by such board.*
- ...
6. *To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ [54.1-100](#) et seq.) and Chapter 25 (§ [54.1-2500](#) et seq.) of this title. ...*

Specific regulatory authority for the Board of Medicine is found in §§ 54.1-2900 and 54.1-2956.8:1:

*"Radiologist assistant" means an individual who has met the requirements of the Board for licensure as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients*

*undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.*

*§ [54.1-2956.8:1](#). Unlawful to practice radiologic technology without license; unlawful designation as a radiologist assistant, radiologic technologist, or radiologic technologist, limited; Board to regulate radiologist assistants and radiologic technologists.*

*Except as set forth herein, it shall be unlawful for a person to practice or hold himself out as practicing as a radiologist assistant, radiologic technologist, or radiologic technologist, limited, unless he holds a license as such issued by the Board.*

*In addition, it shall be unlawful for any person who is not licensed under this chapter whose licensure has been suspended or revoked, or whose licensure has lapsed and has not been renewed to use in conjunction with his name the words "licensed radiologist assistant," "licensed radiologic technologist" or "licensed radiologic technologist, limited" or to otherwise by letters, words, representations, or insignias assert or imply that he is licensed to practice radiologic technology.*

*The Board shall prescribe by regulation the qualifications governing the licensure of radiologist assistants, radiologic technologists, and radiologic technologists, limited. The regulations may include requirements for approved education programs, experience, examinations, and periodic review for continued competency.*

*The provisions of this section shall not apply to any employee of a hospital licensed pursuant to Article I (§ [32.1-123](#) et seq.) of Chapter 5 of Title 32.1 acting within the scope of his employment ] or engagement as a radiologic technologist.*

*§ [54.1-2956.8:2](#). Requisite training and educational achievements of radiologist assistants, radiologic technologists, and radiologic technologists, limited.*

*The Board shall establish a testing program to determine the training and educational achievements of radiologist assistants, radiologic technologists, or radiologic technologists, limited, or the Board may accept other evidence such as successful completion of a national certification examination, experience, or completion of an approved training program in lieu of testing and shall establish this as a prerequisite for approval of the licensee's application.*

## Purpose

*Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Detail the specific reasons it is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.*

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The goal of this action is to comply with provisions of Chapters 83 and 507 of the 2009 Acts of the Assembly, which require the Board to promulgate regulations for the licensure of radiologist assistants. Criteria for licensure, supervision and practice are adopted to ensure individuals licensed as radiologist assistants are competent to practice as advanced practitioners in radiology, assisting the radiologist in patient care and treatment.

Prior to the introduction of legislation, the Advisory Board on Radiological Technology and the Board of Medicine had reviewed the responsibilities and the training of radiology assistants and concluded that the definition and duties for a RA exceed the scope of practice currently stated in law for a radiologic technologist and that it appeared to be a separate profession from radiologic technology. The Virginia Chapter of the American College of Radiology supported licensure for the profession of Radiologist Assistant and the Department of Radiology at VCU Medical Center already has a training program for RA's. Therefore, legislation and regulation for licensure will allow this advanced level practitioner to perform the additional duties for which they are trained and which are currently outside the scope of practice for a radiologic technologist in Virginia. The RA does not perform image interpretation or diagnose, does not dispense medications and works under the supervision of a radiologist; and with the specialized training received in a RA program and the accountability of licensure, the health and safety of patients is adequately protected.

### Substance

*Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. A more detailed discussion is required under the "All changes made in this regulatory action" section.*

Regulations specify qualifications for licensure, including completion of an educational program and certification examination, criteria for renewal and continued competency, requirements for supervision and professional practice and fees for obtaining and maintaining licensure.

### Issues

*Please identify the issues associated with the proposed regulatory action, including:*

- 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;*
  - 2) the primary advantages and disadvantages to the agency or the Commonwealth; and*
  - 3) other pertinent matters of interest to the regulated community, government officials, and the public.*
- If there are no disadvantages to the public or the Commonwealth, please indicate.*

- 1) The primary advantage to the public is an expansion of physician extenders through the licensure and practice of radiologist assistants. Licensure will offer assurance of consistent education, training and minimum competency and oversight by the Board of Medicine. There is no restriction on the current scope of practice of radiologic technologists, there is an opportunity for an advanced practice with additional education and training. There are no disadvantages to the public.

- 2) There are no advantages or disadvantages to the agency or the Commonwealth. The number of licensees is expected to be relatively small, and the disciplinary caseload expected to be minimal. Since RA’s will be regulated under the Board of Medicine and the Advisory Board on Radiologic Technology and will be licensed and disciplined with existing staff, there are few additional administrative costs for licensure.
- 3) There are no other pertinent matters.

**Changes made since the proposed stage**

*Please describe all changes made to the text of the proposed regulation since the publication of the proposed stage. For the Registrar’s office, please put an asterisk next to any substantive changes.*

Section number	Requirement at proposed stage	What has changed	Rationale for change
10	<p>Definition of "Radiologist" means a doctor of medicine or osteopathic medicine specializing in radiology who is certified by the American Board of Radiology, the American Osteopathic Board of Radiology, the British Royal College of Radiology, or the Canadian College of Physicians and Surgeons specialized by training and practice in radiology.</p> <p>"RT-R®" means a person who is currently certified by the ARRT as a radiologic technologist with certification in radiology.</p>	<p>Definition of "Radiologist" is amended to mean a doctor of medicine or osteopathic specialized by training and practice in radiology.</p> <p>" R.T.(R)" means a person who is currently certified by the ARRT as a radiologic technologist with certification in radiography.</p>	<p>The Board was concerned that board certification might be too restrictive in some areas of the state. If a doctor had residency training in radiology and practices radiology, he should be able to supervise an RA.</p> <p>Comment from the American Society of Radiologic Technologists noted that the credential for a certified, registered RT should be R.T.(R) and that the certification for an RT is in <i>radiography</i>, not <i>radiology</i>.</p>

**Public comment**

*Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate.*

Proposed regulations were published in the Virginia Register of Regulations on December 6, 2010. Public comment was requested for a 60-day period ending February 4, 2011. A Public Hearing before the Advisory Board on Radiologic Technology was held on February 2, 2011. The following persons commented:

David Pyle and Everette Williams supported inclusion of the profession of radiologist physician assistants in the licensure law for radiologist assistants. They provided information about federal activity to combine the two professions as “qualified radiologist assistants” and about the organization known as the Society of Radiology Extenders. They supported inclusion of other advanced certification specialties in the proposed regulations.

Dr. Mary Ann Turner, Ron Miller, and Jeff Legg, all of Virginia Commonwealth University, spoke in favor of the regulations as written.

***Board response:***

*The Board did not amend regulations to include the profession of radiologist physician assistants (RPA’s) in the licensure of RA’s. Beginning in 2009, a group of RPA’s participated in the meetings in which regulations were developed and agreed that there was a pathway for that group to become RA’s. Through 2011, the ARRT will allow persons trained as RPA’s to take the examination for a radiologist assistant without the specific educational credentials for a radiographic technologist. To accommodate the RPA’s, the Board set the educational requirement to allow licensure for someone who is a graduate of an educational program that is currently recognized by the ARRT for the purpose of allowing an applicant to sit for the ARRT certification examination leading to the Registered Radiologist Assistant credential, rather than requiring graduation from an ARRT accredited program.*

*Additionally, the Code of Virginia defined an RA as an advanced-level radiologic technologist; it does not include the profession of physician assistant in that definition. If the radiologist physician assistant wish to be licensed as RA’s, the Code will need to be amended accordingly.*

The following comments were received by mail:

**American Society of Radiologic Technologists (Christine Lung)**

- Corrected a word in the definition of RT-R and the use of the term radiology in the definition.
- Requested that regulation be amended to require a radiologist assistant to be a *licensed* radiologic technologist

***Board response:***

*The Board amended the definition of R.T.(R) accordingly.*

*The Board did not amend regulations to require an RA to be a licensed rad tech because in Virginia, there is an exemption from the licensure requirement for rad tech employed by hospitals. Therefore, an RA must either be a licensed rad tech or hold the credential of a R.T.(R).*

**Society of Radiology Physician Extenders (SRPE)**

Provided a position paper on the unification of the “radiology physician extender community” in support of the radiology practitioner assistant (RPA) in seeking amendments to the current radiologist assistant licensure. Suggested a definition of radiologist assistant to

include RPA’s and recognition of the credential by the Certification Board of Radiology Practitioner Assistants. The SRPE provided draft amendments to regulations for the Board’s consideration.

**Board response:**

*See board response to RPA’s who spoke at public hearing.*

The following comments were received on the Virginia Regulatory Townhall:

Jeffrey Legg, Virginia Commonwealth University	Supports proposed regulations
Travis Prowant RT(R)(CV)(CT)	Fully supportive; needed to control costs and provide optimal patient care
Nick Gimmi, Inova Mount Vernon Hospital, Clinical Coord, VSRT Leg.affairs	Supports RA licensure; positive impact on patient care; concern about need for fee schedule (what can be billed for RA services)
Rebecca Keith, MS, RT(R)(CT), VSRT	Supports RA legislation
Lucky J. Freitas R.T.(R)	Supports RA legislation
Lorie Kappeler, Inova Health Systems	Fully supports; great need for the RA program
Jason Barrett RRA/RPA, Society of Radiology Physician Extenders, Inc. (SRPE)	Opposes the proposed regulations because they do not recognize RPA’s (radiology practitioner assistants) and the credential of the Certification Board for Radiology Practitioner Assistants. Changes in federal law are being considered since Va. law was passed in 2009
Scott Malinowski BSRT(R)(CV) RPA	Opposes RA legislation without inclusion of RPA
Rob Tweed R.T.(R), NREMT-P, Tactical Medic-High Threat Operarions Iraq	Opposes RA legislation without inclusion of RPA
Fely Caccam RN	Opposes RA legislation without inclusion of RPA; supports the SRPE
Kris Andre', CST	Opposes RA regulation without inclusion of RPA
Nikki Casteel RT(R)	Opposes RA legislation without inclusion of RPA
Yvonne Briody (RT) (CT)	Opposes RA legislation without inclusion of RPA
Toya Wynn	Opposes RA legislation without inclusion of RPA
Dawn R White RTR	Opposes RA legislation without inclusion of RPA
bruce marancik rtr	Opposes RA legislation without inclusion of RPA
Lynnese Bland	Opposes RA legislation without inclusion of

	RPA
Benjamin Orciga, CNMT, R.T.(R)	Opposes RA legislation without inclusion of RPA; recognize the CBRPA credential
Everette Williams RPA,RA RT(R) Society of Radiology Physician Extenders	Opposes RA legislation without inclusion of RPA; requests the bill include RPA's
Angela Brannock RTR	Opposes RA legislation without inclusion of RPA
Bill Bobrich R.T. (R)	Opposes RA legislation without inclusion of RPA; recognize the CBRPA credential
Sue Midgett	Opposes RA legislation without inclusion of RPA
Rick Sharp R.T. (R) RRA, RPA	Opposes RA draft regulations without inclusion of RPA
Jeff LaPole	Opposes RA legislation without inclusion of RPA
Michell M Holtzscheiter (RTR)(CT)	Opposes RA draft regulations without inclusion of RPA
Honesto F Visque III RT(R)(CT)	Opposes RA legislation without inclusion of RPA
TAMMY CULLIPHER	Opposes RA draft regulations without inclusion of RPA
Carolyn T. Pabustan, RN, BSN	Opposes RA legislation without inclusion of RPA
Monica Bailey RTR	Opposes RA legislation without inclusion of RPA
Michelle Charlton RT (R)	Opposes RA legislation without inclusion of RPA
Kimberly Smith RT R	Opposes RA legislation without inclusion of RPA
RSF	Opposes for personal reasons
cindy gibbs rn cnor	Opposes RA legislation without inclusion of RPA
Lynn Smith	Opposes RA legislation without inclusion of RPA
Ashley Francisco, MA	Opposes RA legislation without inclusion of RPA
Radiology Practitioner Assistant Society	Opposes current language of the law. Supports amendment to include the RPA under the unified name of "qualified radiologist assistant"
Richard Szucs, MD American College of Radiology	Fully supports licensure of RA's and the regulations as written; will help with provider shortages
David May MD	Values the specially trained and experienced technologists



A. John Kuta MD	Opposes legislation to license RA's; radiologists are better trained to provide care to patients; does not believe non-physicians can provide this level of care
Gerry Reece, M.D.	Values the unique expertise that a RA brings to practice of medicine
Karsten F. Konerding, M.D., Commonwealth Radiology, P.C.	Strongly supports the regulations as proposed. Was involved with passage of the legislation and at no time did the RPA community make any comment or raise concerns. Does not prohibit practice by other physician extenders.
Mary Ann Turner, MD - Radilogy Dept - VCU/MCV	Strongly in support of RA licensure as written. RA's are a valuable extension in the specialty of radiology. There is an option for RPA's to take the licensing exam and qualify for licensure as RA's.
David Pyle RPA/RA	Strongly supports state license but requests that the Board recognize the RPA credential; there is an effort at the federal level to use one definition of a "qualified radiologist assistant" RPA's had an opportunity to sit for the RA exam but concern about RPA's from other states in the future.
Stacy Jones	Opposes RA legislation without inclusion of RPA
Michael T. Coleman RPA RRA RT(R)	Supports as written; language inclusive of RPA's could be addressed in the future; these regulations should move forward without further delay
Travis L. Alger RRA RT(R)(CT)	Strongly supports RA licensure as currently
Noma Van RTR	Opposes as written

**Board response:**

*The Board acknowledges the support for the proposed regulations. For those who opposed the regulation and/or the law on licensure of radiologist physician assistants, see response to comment above.*

**All changes made in this regulatory action**

*Please list all changes that are being proposed and the consequences of the proposed changes. Describe new provisions and/or all changes to existing sections.*

*In addition to the changes detailed below, there are editing changes to incorporate radiologist assistant in the regulatory structure.*

Current section	Proposed new section	Current requirement	Proposed change, rationale, and consequences
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number	number, if applicable		
10	n/a	Sets out definitions for words and terms used in regulation	<ul style="list-style-type: none"> <li>• The term “direct supervision” is amended to remove the practice of RA’s from the current definition which is not accurate or adequate for the use of direct supervision in the practice of an RA.</li> <li>• The word “radiologist” is defined to mean a doctor who is specialized by training and practice in radiology. <i>Since the Code requires supervision by a doctor “specializing in the field of radiology,” the board determined that it was necessary to define and clarify who would qualify as a specialist.</i></li> <li>• The acronym “R.T.(R)” is defined as a person currently certified by the ARRT as a radiologic technologist with certification in radiography. The initials of a radiologic technologist-registered are a trademark of the ARRT.</li> </ul>
25	n/a	Sets out the fee schedule for applicants and licensees	<ul style="list-style-type: none"> <li>• The application fee for an RA is the same as the fee for a radiologic technologist - \$130.</li> <li>• The biennial renewal fee will be \$50 for an RA in addition to the fee of \$135 for licensure as a rad tech, since the RA license would be a secondary license. However, there are rad techs working in hospitals who are exempt from the requirement for licensure as a rad tech, so their RA license would be their primary license and would be renewed at a cost of \$150.</li> <li>• Radiology assistants would pay other fees similar to other licensees.</li> </ul>
n/a	27	Sets out the educational requirements for RA licensure	<p>Section 27 requires that an applicant for licensure as a radiologist assistant be a graduate of an educational program that is currently recognized by the ARRT for the purpose of allowing an applicant to sit for the ARRT certification examination leading to the Registered Radiologist Assistant credential.</p> <p><i>The language was carefully crafted to permit those persons who currently hold the title of RPA (Radiologist Physician Assistant) to be able to sit for the ARRT examination to earn the RA credential. There are a group of RPA’s in Winchester who graduated from a RPA program that is not recognized as an approved RA program by the ARRT. However, until December of 2011, the ARRT is recognizing RPA programs for the purpose of allowing those graduates to sit for the RA examination. All of the Winchester RPA’s plan to take advantage of that “grandfathering” opportunity and earn the RA credential. After December of 2011, only those programs that meet the ARRT criteria for RA programs (a baccalaureate program with an internship year) will be approved under the provisions of section 27.</i></p>
n/a	28	Sets out the licensure requirements for RA’s	Subsection A requires an applicant for licensure as a radiologist assistant to: 1) Meet the educational requirements specified in 18VAC85-101-27;

			<p>2) Submit the required application, fee and credentials to the board;</p> <p>3) Hold certification by the ARRT as an R.T.(R) or be licensed in Virginia as a radiologic technologist; <i>In §54.1-2900, a radiologist assistant is defined as “an advanced-level radiologic technologist. If a person holds a radiologic technologist license in Virginia, it is clear that he meets that qualification. However, there are persons practicing in Virginia hospitals who do not have a rad tech license, so the ARRT credential as a registered radiologic technologist is necessary to provide evidence of competency as rad tech.</i></p> <p>4) Submit evidence of passage of an examination for radiologist assistants resulting in national certification as an Registered Radiologist Assistant by the ARRT; and <i>The ARRT provides the only examination for the RA credential, so it is the standard for competency. Persons who are licensed as RA’s in other states would have passed the ARRT certification examination.</i></p> <p>5) Hold certification in Advanced Cardiac Life Support (ACLS). <i>Since the RA is an advanced level practitioner, knowledge of rescue techniques is essential and required for practice.</i></p> <p>B. If an applicant has been licensed or certified in another jurisdiction as a radiologist assistant or a radiologic technologist, he shall provide information on the status of each license or certificate held. <i>The board will require information from other states to determine whether there has been disciplinary action taken against a licensee.</i></p> <p>C. An applicant who fails the ARRT examination for radiologist assistants shall follow the policies and procedures of the ARRT for successive attempts.</p>
n/a	91	Sets out general requirements for RA practice.	<p>Subsection A lists the activities within the scope of practice for a licensed radiologist assistant:</p> <ol style="list-style-type: none"> <li>1. Assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures;</li> <li>2. Perform patient assessment, assist in patient management and patient education;</li> <li>3. Evaluate image quality, make initial observations, and communicate observations to the supervising radiologist;</li> <li>4. Administer contrast media or other medications prescribed by the supervising radiologist; and</li> <li>5. Perform, or assist the supervising radiologist in performing, imaging procedures consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.</li> </ol> <p><i>The five areas of practice for which an RA is authorized are taken from the definition of a radiologist assistant in</i></p>

			<p><i>§54.1-2900 of the Code of Virginia with the addition of #2, which is standard practice for RA's.</i></p> <p>B. A licensed radiologist assistant is not authorized to:</p> <ol style="list-style-type: none"> <li>1. Provide official interpretation of imaging studies; or</li> <li>2. Dispense or prescribe medications.</li> </ol> <p><i>It is not within the scope of practice of radiologist assistants to interpret imaging studies; that is the role of the radiologist. Dispensing and prescribing are also not in their scope of practice nor authorized by the Drug Control Act in Virginia.</i></p>
n/a	92	Sets out requirements for supervision of RA's	<p>A radiologist assistant shall practice under the direct supervision of a radiologist. Direct supervision shall mean that the radiologist is present in the facility and immediately available to assist and direct the performance of a procedure by a radiologist assistant. The supervising radiologist may determine that direct supervision requires his physical presence for the performance of certain procedures, based on factors such as the complexity or invasiveness of the procedure and the experience and expertise of the radiologist assistant. <i>In the Role Delineation document of the ARRT, the 42 procedures/tasks within the scope of practice of an RA are assigned the appropriate level of supervision – general, direct or personal. However, §54.1-2900 specifies that an RA works under the “direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology.” Consistent with the ARRT definition, direct supervision means the radiologist is present in the facility and immediately available to assist and direct the performance of a procedure. In the development of the regulations, the 42 roles were reviewed and members concluded that those listed as appropriate for “general” supervision (without the physical presence of the radiologist) could be performed under a radiologic technologist license, so practice would not be restricted to a RA. To accommodate for those roles/procedures that ARRT designates as requiring persons supervision, the regulation allows the supervisor to determine, based on specified factors, that direct supervision requires his physical presence for the performance of those tasks.</i></p>
150	n/a	Sets out renewal requirements for licensees	<p>Subsection F establishes the continuing education requirement for biennial renewal of licensure. Consistent with the requirement to maintain the ARRT credential as an RA, 50 hours of CE acceptable to the ARRT would be required to maintain licensure in Virginia. At least 25 of those hours must be intended for RA's and specific to the RA's area of practice. CE hours earned for the RA license would satisfy the CE requirement for a radiologic technologist, who currently have to obtain 24 hours of CE.</p> <p><i>The board's CE requirement for radiologic</i></p>

		<p><i>technologists is consistent with ARRT requirements for maintaining the credential, so the same regulatory structure was applied to RA licensure. If one is to maintain the ARRT credential (which most licensees do for employment, professional development and portability), there are no additional continuing competency requirements to maintain one's license.</i></p>
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**Regulatory flexibility analysis**

*Please describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.*

There are no alternative regulatory methods; regulations for licensure of RA's are mandated by the Code of Virginia.

**Family impact**

*Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

There is no impact on the family or family stability.