

May 17, 2019

James Jarvis Radiation Regulation Health Physicist Radiation Program Colorado Department of Public Health and Environment

Dear Mr. Jarvis:

On behalf of its 100 hospital and health system members statewide, Colorado Hospital Association (CHA) thanks the Colorado Department of Public Health and Environment (the Department) for the continued opportunity to provide feedback on draft proposed changes to Part 2 (Registration of Radiation Machines, Facilities and Services) and Part 6 (X-Ray Imaging in the Healing Arts).

Last summer, the Association solicited input from member hospitals and health systems to better understand the operational and financial impact of the proposed changes on health care facilities across Colorado. CHA originally provided formal comment regarding proposed changes in Aug. 2018, outlining that while CHA supports the overall intent of Part 2 and Part 6, the Association was concerned about the resources needed to operationalize some of the key proposed provisions. CHA appreciates the Department's evaluation of concerns outlined in the Aug. 2018 formal comment letter, and the Department's subsequent elimination of the proposal for diagnostic computed tomography (CT) system accreditation requirement. CHA also appreciates the continued proposal to expand the scope of persons able to supervise and authorize an x-ray exam, provided that such an activity is within the acceptable scope of practice and authorized by regulations and requirements of the licensing body (6.3.1.6).

CHA recognizes the Department's statutory constraints, which require Colorado radiation regulations to be consistent with the Conference of Radiation Control Program Directors model regulations unless the burden on the community outweighs the intended benefits. With this recognition, the Association still has concerns regarding flexibility and financial constraints associated with some proposed changes, especially for Colorado's 32 critical access hospitals (CAHs) and 10 rural hospitals.

Specifically, the implementation of the CT Radiation Protocol Committee (6.9.3.3) and Fluoroscopically-guided Interventional Procedure Committee (6.5.15) requires committee membership that is not reasonable for some CAHs and rural hospitals. Most rural hospitals do not have required committee staff (e.g., lead CT radiologist, medical physicist) and many struggle to afford administrative costs not incorporated into other payment methodologies (e.g., a medical physicist's hourly rate for equipment inspection). Further, some services, like pain management injections under FGI guidance, generate very little revenue, but are needed for community members who cannot travel to metro areas to receive care. One hospital reported that such revenue from such a service would not cover the cost of a physicist and proposed changes may force them to stop providing needed community services. CHA appreciates the Department's consideration of the Association's previous formal comment, but still asks the Department to consider changes that account for the different types of services provided and ensure sufficient flexibility to allow hospitals to develop committee membership based on a facility's unique staffing, services provided, safe practices and financial limitations.

The Association also continues to gather feedback from members, particularly rural members, regarding new proposed requirements concerning shield design and control booths. Similarly, there are concerns that these requirements may be cost prohibitive and ultimately threaten access to care in rural and frontier areas of the state and therefore may outweigh potential benefits of the proposed change.

Colorado hospitals and health systems remain dedicated to providing quality imaging care to their patients. CHA commends the Department's undertaking of this significant regulatory overhaul of Colorado's radiation regulations. The Association, however, urges the Department to fully evaluate the potential adverse outcomes of the proposed changes before moving forward. CHA appreciates the continued opportunity to engage on this topic and can provide more information as it is collected. Thank you for your consideration of our comments and your continued partnership.

Sincerely,

Amber Burkhart

Policy Analyst, Colorado Hospital Association

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