



The VOICE for the Vascular Ultrasound Profession since 1977

March 23, 2017

The Honorable Tony Thurmond
Chair, Assembly Labor and Employment Committee P.O. Box 942849
Sacramento, CA 95814-0015

Delivered via email to: Isabella.GonzalezPotter@asm.ca.gov

RE: OPPOSITION TO ASSEMBLY BILL 387

Dear Mr. Chairman:

I am writing on behalf of the 250 California members of the Society for Vascular Ultrasound (SVU) to express our strong opposition to Assembly Bill (AB) 387.

Summary of our position:

Although well-intended, the net result of this bill will be to increase the direct costs to facilities who now volunteer to help with the education of the next generation of medical professionals. These additional costs, on top of the significant administrative burdens already in place, will result in a decrease in the number of clinical training sites, ultimately creating a shortage of qualified medical personnel and potential closure of allied health educational schools state wide. Further, students in clinical training situations are closely supervised, trained and mentored by registered and credentialed healthcare professionals; the notion that these students are somehow replacing higher-qualified personnel is simply false.

Supporting detail:

The Society for Vascular Ultrasound is a professional society comprised of over 5,700 vascular technologists, sonographers, nurses, and physicians nationwide

who provide a variety of high-quality vascular ultrasound services to Medicare beneficiaries and patients throughout California.

Vascular ultrasound is a critical diagnostic tool that offers a highly sensitive, noninvasive, low-cost means of examining blood vessels. Use of vascular ultrasound not only saves healthcare dollars, it is far less risky than other more expensive or invasive diagnostic imaging methods. Clinical experience for vascular ultrasound students is a longstanding, integral part of their education, as it is for all allied healthcare professionals.

AB 387 would require healthcare employers to pay allied health students minimum wage during any clinical training that is required for licensure, registration, or certification. We appreciate the intention of AB-387- to financially support students for work, but in reality, its passage will significantly harm students, patients, educational programs, and ultimately lead to shortages of allied health professionals.

Here's why:

Most allied health professions, including vascular ultrasound, require students to participate in clinical or experiential training at a medical facility (e.g., hospital, clinic, diagnostic lab, physician's office, etc.) to obtain a degree or qualify for licensure, certification, or registration. This clinical experience is critical to the education and training of allied health professionals. Identifying medical facilities willing to offer this educational experience to students is already a challenge for schools, as facilities are reluctant to assume the administrative and training burdens.

If a financial burden is added to the equation, it will discourage facilities from offering future training, severely curtailing the number of sites available for students to acquire hands-on clinical experience. Fewer clinical sites, in turn, exacerbates the travel barriers faced by low-income students, unintentionally preventing them from seeking the well-paid careers in allied health. Fewer sites also means fewer overall training slots, forcing California students to seek schooling out of state which can assure them of their required clinical training.

Further, sonography students are NOT employees of the medical facility where they receive clinical training. Rather, they are students completing the required "supervised work experience" (i.e. clinical experience) necessary for their

professional credential. Unlike Medical Residents and Fellows, they do not yet have a license and they cannot work unsupervised- they are not in any sense performing ‘free labor’ for the medical facility. Rather, they are learning hands-on skills and techniques under the close guidance and supervision of experienced sonographers. Opportunities for students to learn the required clinical skills (e.g., abnormal pathology, image acquisition and optimization, patient and healthcare provider interactions, etc.) are essential to the educational process and simply cannot be replaced by didactic courses. We are preparing them to join the allied health profession. Without this clinical experience, they will not be prepared to care for patients.

It appears the premise of AB 387 is that medical facilities are using students completing their clinical experience as a means of ‘replacement’ - i.e., intentionally avoiding the higher costs of employing certified and registered personnel. Educational programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP – caahep.org), of which SVU is a member, must be **in compliance with federal and state statutes, rules, and regulations** for all activities associated with the program, **including clinical experience.**

Certainly, as students become more experienced, the time required for direct supervision may decrease. However, under CAAHEP guidelines, the student is still not qualified to work unsupervised, requiring time to have their questions answered, review cases, discuss unusual findings, learn advanced techniques, etc, **under the close guidance and supervision of experienced, credentialed sonographers.** In a CAAHEP accredited program, there is no ‘replacement’ of higher skilled workers by students.

The notion of replacement also ignores the significant indirect costs borne by medical facilities offering clinical experience meeting CAAHEP guidelines. In addition to the time commitment involved directly training and instructing students, the supervising sonographers/clinical instructors at the medical facility bear a significant administrative burden as they document, evaluate, and provide feedback to the school regarding the student’s performance. In fact, time investment required to provide a quality clinical experience is the most common reason cited by medical facilities whom choose not to train students in their facility.

Another hidden cost borne by medical facilities who voluntarily train students is the adverse impact to the facility's income. For example, when a student is present, the amount of time required to complete a sonographic examination is increased because of the training and mentoring provided by the supervising sonographer. As a result, the facility is often unable to schedule and perform as many procedures, thereby decreasing revenue.

If a facility receives a benefit from hosting students during their clinical training, it is because the facility values and supports the educational foundations of our healthcare system. In some cases, the facility may also identify promising, talented sonographers for future employment, once they are properly certified and registered. AB 387 would remove these benefits by encouraging facilities to simply terminate their clinical experience opportunities rather than absorb the additional direct costs to the indirect costs outlined above.

What is needed is legislation that encourages, rather than discourages, medical facilities to provide high-quality clinical training to sonographers and other allied health students, and to require compliance with CAAHEP guidelines for such programs. If there are bad actors, we respectfully suggest the state work with educational institutions and CAAHEP to identify, sanction and remedy these rare situations, rather than impose a high-cost solution with multiple unintended adverse impacts on students, schools, and ultimately the health of Californians.

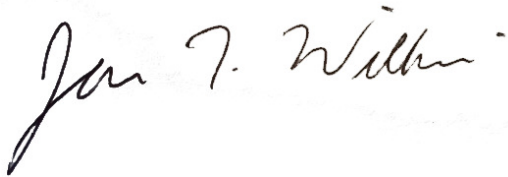
According to the U.S. Department of Labor, employment of sonographers is projected to grow 24 percent from 2014 to 2024, much faster than the average for all occupations. A 2015 study conducted by the Society for Diagnostic Medical Sonography (SDMS) showed that the median salary for sonographers in California was \$46.25/hr (\$96,200/yr). As imaging technology evolves, medical facilities will continue to use ultrasound to replace more invasive, costly procedures and the clinical experience opportunities for sonography students in healthcare facilities must be available to meet the state's growing needs. It simply does not make sense to curtail clinical training opportunities for future sonographers and other allied health professionals as the demand for these professions continues to grow.

In conclusion, the SVU strongly opposes AB 387 and respectfully asks that you vote "NO" on AB 387.

Thank you for helping to protect the patients that vascular technologists and sonographers serve in California. The SVU is available to provide any assistance needed as this bill is considered by the California State Assembly.

Please feel free to contact me at 800-788-8346 or email jwilkinson@svunet.org.

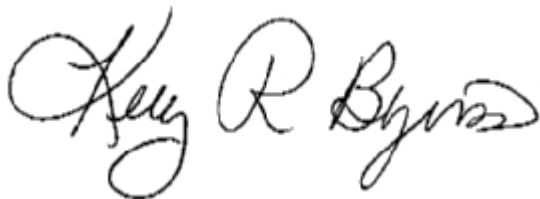
Sincerely,

A handwritten signature in black ink that reads "James Wilkinson". The signature is written in a cursive style with a prominent initial "J".

James Wilkinson, CAE
Executive Director
Society for Vascular Ultrasound

A handwritten signature in black ink that reads "Joseph Hughes". The signature is highly stylized and cursive.

Joseph Hughes, RVS, RVT, FSVU
President
Society for Vascular Ultrasound

A handwritten signature in black ink that reads "Kelly R. Byrnes". The signature is written in a cursive style with a large initial "K".

Kelly Byrnes, BS, RVT, FSVU
Advocacy Committee, Chair
Society for Vascular Ultrasound

Cc: Assembly Labor & Employment Committee Members and Staff

Society for Vascular Ultrasound INFORMATION

**U.S. Department of Labor, Bureau of Labor Statistics at
[bls.gov/ooh/Healthcare/Diagnostic-medical-sonographers.htm](https://www.bls.gov/ooh/Healthcare/Diagnostic-medical-sonographers.htm).**