BalladHealth
It's your story. We're listening.

February 13, 2025

Logan Grant
Executive Director
Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: MRI/PET Recommendations

Director Grant:

Thank you for the opportunity to provide public comment on the technical advisory group (TAG) recommendations for the new Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET) licensure process.

Ballad Health is an integrated community health improvement organization serving 29 counties of the Appalachian Highlands in northeast Tennessee, southwest Virginia, northwest North Carolina and southeast Kentucky. At Ballad, we are dedicated to improving the health of the people we serve. Our system of 20 hospitals, post-acute care, behavioral health services, and a large multi-specialty group physician practice works closely with an independent medical community and community stakeholders to improve the health and well-being of close to one million people.

While we appreciate the work that members of the TAG put in during this process, we do have some concerns regarding some of the recommendations. The first concern is the requirement that existing providers comply with the new licensure requirements within a year. Ballad Health recommends that existing providers be "grandfathered" into the new requirements. This is especially important for rural communities, like ours, where MRI and PET could be considered extra services provided to the area. Changing the existing models and business structures could be difficult and, in some cases, could lead to those services going away. This would leave many rural regions without access all together. In addition, accreditation is a requirement by payers and the Centers for Medicare and Medicaid Services (CMS) in some cases.

The minimum staffing requirements are also a concern for Ballad Health. All accreditations in these services offer guidance and direction when it comes to staffing which should be taken into account in these TAG recommendations. Staffing is already an extremely difficult

challenge in regions like ours and if those minimum staffing requirements cannot be achieved, then the services will not exist for an already underserved population.

Similarly, we also have concerns regarding the recommendation that pediatric MRI units have a board-certified pediatric technician or one trained in pediatric radiology. This again, is addressed by the accreditation process and we are not aware of any specific registry for pediatric radiology technician. While this recommendation is well intentioned, this will be a major challenge in rural communities where these services are currently being provided.

Finally, an important aspect that was not included in these recommendations is compelling new providers to have minimum requirements for seeing patients with public payer coverage, like TennCare, and charity care. As we have seen with many times over the years, applicants who are granted a certificate of need (CON) for these services will attest that they will see these patients but, in the end, they "cherry pick" those with higher paying commercial coverage and refer the rest to those, like Ballad Health, who do not have the option to do the same. This hurts us financially since public payers do not cover the full cost of care hurting our bottom line and the ability to continue providing in rural regions. In addition to minimum requirements, it is important that these are enforced by fines and other means to ensure they meet the standard. This was communicated by Ballad Health to the legislative workgroup before passage of the bill and has also been communicated to Health Facilities Commission on multiple occasions.

Thank you again for the opportunity to provide comment on these recommendations. Should you have any questions, please feel free to reach out to me at john.goetz@balladhealth.org or 615-448-8313.

Sincerely,

John Goetz
Vice President of Community and Government Relations
Ballad Health

From:	HSDA Staff
To:	Alecia L. Craighead
Cc:	Phillip M. Earhart; Holly Vickers; Katie Thomas
Subject:	FW: [EXTERNAL] MRI PET proposed Rules
Date:	Thursday, February 13, 2025 10:44:51 AM

From: Lynn Imel <lynn_imel@chs.net>
Sent: Thursday, February 13, 2025 8:54 AM
To: HSDA Staff <HSDA.Staff@tn.gov>
Subject: [EXTERNAL] MRI PET proposed Rules

CHS
4000 Meridian Blvd
Franklin, TN 37067

Health Facilities Commission
Andrew Jackson Building 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: MRI and PET Recommendations

To Whom It May Concern,

We are writing to express our concerns regarding the proposed rules and regulations recommended for MRI and PET licensure in Tennessee planned for implementation on December 1, 2025. We are a collection of imaging professionals consulting and directing over 60 hospitals in the United States. We have cared for over 60 million patients and our Radiological corporate team has an average of approximately 35 years of radiological experience in operations, clinical applications, safety, quality, etc.

We appreciate the time and effort to attempt to apply quality standards to MRI and PET for the state of Tennessee and the spirit in which the proposed rules were written. In review, we have some concerns. First, we understand that there would be a requirement for identification of minimum staffing requirements for each MRI and PET scanner. Minimum staffing is already a requirement for the Joint Commission and therefore is redundant and not necessary in a hospital setting. In an outpatient setting ACR accreditation or JC accreditation is required for CMS and this also requires minimum staffing. Secondarily the requirement for accreditation is likely not needed because, unless you do not accept Medicare patients accredited.

The greatest concern, from our team, are the proposed rules around the qualifications of the staff. While we always encourage certification or registry as appropriate, in current years some of our greatest problems operationally is for lack of qualified available candidates and a shortage of personnel. In fact, in a recent document from the AHRA, the premiere organization of radiology management, estimates for shortages of qualified personnel is at approximately 15% for any given modality. Additionally, to reach credentialed status, the ARRT and the NMTCB both have a two year certification process for currently licensed technologists of other specialties. The proposed rule only allows one year for those who would like to be certified. These requirements for becoming certified also include a clinical piece for hours of clinical training or number of examinations. This is especially concerning for rural and critical access hospitals where technologists are expected to do as many as three or four different modalities. Requiring certification for modalities that have traditionally been approved by medical staff boards and accepted by accrediting bodies like the Joint Commission seems counterproductive in times of under-availability of staffing options. This also does not address the problem of staff who are in training or staff who quite frankly have been doing these for 15 years or more without a certification who may not desire to go back for another certification.
Licensure also creates a financial burden as well as an administrative burden. Finally and most importantly, there is not consistent literature to support that licensed technologists have better quality than un-licensed technologists.

Finally, we would mention that the rule also states that there is a requirement for reporting. We understand that the requirements for reporting currently exist so this is also duplicity in rules.

In summary, we appreciate the efforts of the board but find the rules to be somewhat of a duplication of efforts to current existing standards. Most concerning, is the requirements for technologists who have been practicing for decades who will now be required to be certified within a timeframe that is less than required by the certifying or registering bodies. There will be a financial and administrative burden for licensure and in today's market the availability of qualified technologists it is too challenging to bring another burden to an already heavily regulated industry. We pray that this is taken into consideration and these requirements for CON and proposed rules for licensure are seen as duplicative efforts and therefore not necessary. Please know that additional burdens for this market will likely result in reduced access to services, especially in our rural and at risk communities.

Sincerely,

Lynn M Imel, MHA, CRA, RT(R)(M)(ARRT), RVT(ARDMS)
Senior Corporate Director of Radiology

--
Regards,
Lynn

Lynn Imel, MHA, CRA, RT(R)(M)(ARRT), RVT(ARDMS)
Community Health Systems
Sr Dir Radiology Clinical Services
615-651-2385

244 Fort Sanders West Blvd.
Knoxville, TN 37922
865-374-1000
covenanthealth.com

To: Logan Grant, Executive Director, Health Facilities Commission

From: Cody Garland, Director Radiology, Parkwest Medical Center

Date: February 13, 2025

RE: MRI/PET Technical Advisory Group Recommendations

The intent of this communication is to express opposition to the recommendations proposed by the Tennessee Advisory Group in response to CON requirements for MRI and PET units as related to Public Chapter 985 of 2024.

Covenant Health was not represented on the MRI/PET Tennessee Advisory Group and, as such, was unable to contribute to the formulation of the group's recommendations. While many components of the recommendations are reasonable and raise little to no concern from Covenant Health's perspective, there are five items of significant concern.

1. "*A minimum number of staff requirements stated within an accreditation organization must be maintained.*" **Due to variations in accreditation organization standards, staffing strategies, and the recruitment of specialized imaging technologists, this recommendation would create barriers to MRI and PET technology for various patients. This impact is especially significant for patients in rural counties across the state. Staffing decisions should remain at the discretion of those with visibility to these barriers, rather than being subject to a blanket approach.**

2. *"The TAG has recommended that all providers, existing and new, be required to follow the licensing requirements. Existing units will be given 1 year to comply or be in the process of compliance."* **Units installed prior to the effective period of this recommendation should be held to the standards that were in effect at the time of installation, as these were the conditions that guided the decision-making for that significant investment. This recommendation has the potential to alter the viability of a limited number of these units, which could again threaten access to care for various patients across the state, especially those in rural counties.**

In addition to the areas of concern, there are three items where further explanation is requested.

3. "*Become accredited by a nationally recognized and CMS approved accrediting organization within one year of licensure.*" **Does every unit need to be accredited in a department?**

4. "*For pediatric MRI units, it's recommended to have a board certified pediatric technologist or one trained in pediatric radiology.*" **Can clarity be provided to what a board certified technologist would be in addition to what criteria would deem a technologist to be trained in pediatric radiology?**

5. *"Become accredited by a nationally recognized and CMS approved accrediting organization within one year of licensure. Currently, those are The Joint Commission (TJC), American College of Radiology (ACR), RadSite, and Intersocietal Accreditation Commission (IAC)."* **For hospitals that are TJC accredited, can clarity be provided on weather any additional accreditation would be required as a result of these recommendations? Additionally, in circumstances where dual accreditation is present, which accreditation would be the overriding guidance?**

In summary, we appreciate the intent behind this effort. However, please know that the burdens created by these recommendations will likely result in reduced access to services. This will disproportionally impact our rural and at risk communities in East Tennessee.

From: Patrick D. McNeece
To: Alecia L. Craighead
Subject: [EXTERNAL] RE: Public Comment on Technical Advisory Group Recommendations
Date: Wednesday, February 5, 2025 10:57:06 AM
Attachments: image001.png
image003.png

Alecia,
Would it be possible to add language to the rules regarding PET scans and the improper acquisition of diagnostic CT data without a CT order? There are multiple facilities that are actively acquiring diagnostic CT data when performing PET/CT scans as a way to convince doctors to refer to there facility. This is resulting in an increased radiation dose to patients and conflicts with ACR guidelines.

Patrick

From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Sent: Tuesday, February 4, 2025 3:19 PM
To: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Subject: Public Comment on Technical Advisory Group Recommendations

Technical Advisory Group recommendations for Burn Unit, NICU, and MRI/PET services was posted on January 31st to the Health Facilities Commission's website for public comment until February 14, 2025. You can view those recommendations at https://www.tn.gov/hfc/public-hearings-comments.html . To share your comments, please email them to hsda.staff@tn.gov .

There will be a period reserved for public comment prior to posting the proposed Burn Unit rules to the Commission's website on February 12, 2025. The Commission members will consider the Burn Unit Care rules at the February 26, 2025, Commission meeting. The Commission will consider whether to green-light the initiation of the rulemaking process to adopt the Burn Unit Technical Advisory Group's recommendations at that time. The MRI/PET and NICU services will be considered at the Commission's March meeting.

The rulemaking process is time-consuming, and includes the following:

- A Notice of Rulemaking must be filed with the Secretary or Secretary of State's office, 52

days in advance prior to the Rulemaking Hearing.

- Written and a summary of oral comments from the Rulemaking Hearing will be presented to the Commission; the Commission will consider these and either approve, approve with minor revisions, or disapprove the Proposed Rules (Criteria & Standards must be adopted as rules, per law).
- Rulemaking Rules must be submitted to the Attorney General's Office for review; changes may be directed by the AG's office to comply with law, after which Commission staff submits revised Rulemaking Rules for review.
- Rulemaking Rules approved by the Attorney General are submitted by Commission staff to the Secretary of State's office for a 90 day posting period.
- Rules become effective after the 90 day posting.
- The Joint Government Operations Committee will review the rules, and could instruct that changes must be made.

This process tends to take six months or more, so it is important to initiate the process shortly after the Commission's February 26, 2025, meeting.

Alecia Craighead | Data and Analysis Administrator
Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
p. 615-253-2782
alecia.l.craighead@tn.gov
tn.gov/hfc

Covenant Health Diagnostics, LLC
210 Fort Sanders West Blvd.
Bldg. 3, Suite 100
Knoxville, TN 37922

To: Health Facilities Commission MRI/PET TAG

From: Lisa Crowe, Imaging Services Manager, Covenant Health Diagnostics, LLC

Date: February 14, 2025

RE: MRI/PET Technical Advisory Group Recommendations

The intent of this communication is to provide feedback and/or obtain clarification to recommendations proposed by the Tennessee Advisory Group in response to removal of CON requirements and new licensure proposal for MRI and PET units as related to Public Chapter 985 of 2024.

Covenant Health was not represented on the MRI/PET Tennessee Advisory Group and was unable to contribute to the formulation of the group's recommendations. While many components of the recommendations are reasonable and raise little to no concern from Covenant Health's perspective, there are two items of significant concern.

1. "*A minimum number of staff requirements stated within an accreditation organization must be maintained.*" **Due to variations in accrediting organization standards, staffing strategies, and the recruitment of specialized imaging technologists, this recommendation would create barriers to MRI and PET technology for various patients. This impact is especially significant for smaller facilities and patients in rural counties across the state. While prioritizing patient and staff safety are of utmost importance, staffing decisions should remain at the discretion of those with visibility to these barriers rather than being subject to a blanket approach.**

2. *"The TAG has recommended that all providers, existing and new, be required to follow the licensing requirements. Existing units will be given 1 year to comply or be in the process of compliance."* **Units installed prior to the effective period of this recommendation should be grandfathered/held to the standards that were in effect at the time of installation, as**

these were the conditions that guided the decision-making for that significant investment. This recommendation has the potential to alter the viability of a limited number of these units, which could again threaten access to care for various patients across the state, especially those in rural counties. In saying that, I do agree that some form of oversight/accreditation be required for new MRI and PET units installed after the removal of the CON requirement to avoid pop up units on every corner fueled by financial interest instead of quality imaging that would definitely compromise/negatively impact patient care.

In addition to the areas of concern, there are two items where further explanation is requested.

3. "*For pediatric MRI units, it's recommended to have a board certified pediatric technologist or one trained in pediatric radiology.*" **To my knowledge, there is no dedicated pediatric MRI certification. Can clarity be provided as to where/how this can be obtained? In addition, what specific criteria/experience will be used to determine technologist competency in pediatric MRI?**

4. *"Become accredited by a nationally recognized and CMS approved accrediting organization within one year of licensure. Currently, those are The Joint Commission (TJC), American College of Radiology (ACR), RadSite, and Intersocietal Accreditation Commission (IAC)."* **For hospitals that are TJC accredited, can clarity be provided if additional accreditation would be required as a result of these recommendations? Additionally, in circumstances where dual accreditation is present, which accreditation would be the overriding guidance?**

In summary, we appreciate the intent behind this effort and thank you for your consideration. However, please know that the burdens created by some of the recommendations will likely pose a negative impact to our rural and at risk communities in East Tennessee.

Covenant HEALTH
LeConte

742 Middle Creek Road
Sevierville, TN 37862
865-446-7000
LeConteMedicalCenter.com

To: Logan Grant, Executive Director, Health Facilities Commission

From: Teresa Huskey, Radiology Manager, LeConte Medical

Date: February 13, 2025

RE: MRI/PET Technical Advisory Group Recommendations

The intent of this communication is to express opposition to the recommendations proposed by the Tennessee Advisory Group in response to CON requirements for MRI and PET units as related to Public Chapter 985 of 2024.

Covenant Health was not represented on the MRI/PET Tennessee Advisory Group and, as such, was unable to contribute to the formulation of the group's recommendations. While many components of the recommendations are reasonable and raise little to no concern from Covenant Health's perspective, there are five items of significant concern.

1. *"A minimum number of staff requirements stated within an accreditation organization must be maintained."* **Due to variations in accreditation organization standards, staffing strategies, and the recruitment of specialized imaging technologists, this recommendation would create barriers to MRI and PET technology for various patients. This impact is especially significant for patients in rural counties across the state. Staffing decisions should remain at the discretion of those with visibility to these barriers, rather than being subject to a blanket approach.**

2. *"The TAG has recommended that all providers, existing and new, be required to follow the licensing requirements. Existing units will be given 1 year to comply or be in the process of compliance."* **Units installed prior to the effective period of this recommendation should be held to the standards that were in effect at the time of installation, as these were the conditions that guided the decision-making for that significant investment. This recommendation has the potential to alter the viability of a limited number of these units, which could again threaten access to care for various patients across the state, especially those in rural counties.**

Covenant HEALTH
LeConte

742 Middle Creek Road
Sevierville, TN 37862
865-446-7000
LeConteMedicalCenter.com

In addition to the areas of concern, there are three items where further explanation is requested.

3. "*Become accredited by a nationally recognized and CMS approved accrediting organization within one year of licensure.*" **Does every unit need to be accredited in a department?**

4. "*For pediatric MRI units, it's recommended to have a board certified pediatric technologist or one trained in pediatric radiology.*" **Can clarity be provided to what a board certified technologist would be in addition to what criteria would deem a technologist to be trained in pediatric radiology?**

5. "*Become accredited by a nationally recognized and CMS approved accrediting organization within one year of licensure. Currently, those are The Joint Commission (TJC), American College of Radiology (ACR), RadSite, and Intersocietal Accreditation Commission (IAC).*" **For hospitals that are TJC accredited, can clarity be provide on whether any additional accreditation would be required as a result of these recommendations? Additionally, in circumstances where dual accreditation is present, which accreditation would be the overriding guidance?**

In summary, we appreciate the intent behind this effort. However, please know that the burdens created by these recommendations will likely result in reduced access to services. This will disproportionally impact our rural and at risk communities in East Tennessee.

Tennova™ Healthcare

Health Facilities Commission

Andrew Jackson Building 9th Floor

502 Deaderick Street

Nashville, TN 37243

RE: MRI and PET Recommendations

To Whom It May Concern,

We are writing to express our concerns regarding the proposed rules and regulations recommended for MRI and PET licensure in Tennessee planned for implementation on December 1, 2025. We are a 172-bed acute care facility operating in Powell, TN serving the Greater-Knoxville Region as well as communities in rural Northeast Tennessee and Southeastern Kentucky.

We appreciate the time and effort to attempt to apply quality standards to MRI and PET for the state of Tennessee and the spirit in which the proposed rules were written. In review, we have some concerns. First, we understand that there would be a requirement for identification of minimum staffing requirements for each MRI and PET scanner. Minimum staffing is already a requirement for the Joint Commission and therefore is redundant and not necessary in a hospital setting. In an outpatient setting ACR accreditation or JC accreditation is required for CMS and this also requires minimum staffing.

While we always encourage certification or registry as appropriate, in current years some of our greatest problems operationally is for lack of qualified available candidates and a shortage of personnel. In fact, in a recent document from the AHRA, the premiere organization of radiology management, estimates for shortages of qualified personnel is at approximately 15% for any given modality. Additionally, to reach credentialed status, the ARRT and the NMTCB both have a two-year certification process for currently licensed technologists of other specialties. The proposed rule only allows one year for those who would like to be certified. These requirements for becoming certified also include a clinical piece for hours of clinical training or number of examinations. This is especially concerning for rural and critical access hospitals where technologists are expected to do as many as three or four different modalities.

Requiring certification for modalities that have traditionally been approved by medical staff boards and accepted by accrediting bodies like the Joint Commission seems counterproductive in times of under-availability of staffing options. This also does not address the problem of staff who are in training or staff who quite frankly have been doing these for 15 years or more without a certification who may not desire to go back for another certification.

Licensure also creates a financial burden as well as an administrative burden. Finally, there is not consistent literature to support that licensed technologists have better quality than un-licensed technologists.

In summary, we appreciate the efforts of the board but find the rules to be a duplication of efforts to current existing standards. Most concerning is the requirements for technologists who have been practicing for decades who will now be required to be certified within a timeframe that is less than required by the certifying or registering bodies. There will be a financial and administrative burden for licensure and in today's market the availability of qualified technologists it is too challenging to bring another burden to an already heavily regulated industry. We pray that this is taken into consideration and these requirements for CON and proposed rules for licensure are seen as duplicative efforts and therefore not necessary. Please know that additional burdens for this market will likely result in reduced access to services, especially in our rural and at risk communities.

Sincerely,

Bill Rich

CEO

Nathan Irwin

COO

LaDonna Gadell

Director of Radiology

From: Sampsel, Michelle L
To: HSDA Staff
Subject: [EXTERNAL] Comment Re: MRI / PET TAG Recommendations
Date: Friday, February 14, 2025 5:01:24 PM

To: Logan Grant, Executive Director, Health Facilities Commission

From: Michelle Sampsel, Director of Radiology, Fort Sanders Regional Medical Center

Date: February 14, 2025

RE: MRI/PET Technical Advisory Group Recommendations

The intent of this message is to express concern regarding the recommendations proposed by the Tennessee Advisory Group in response to CON requirements for MRI and PET units as related to Public Chapter 985 of 2024.

Covenant Health was not represented on the MRI/PET Technical Advisory Group and, as such, was unable to contribute to the group's recommendations. While many components of the recommendations are reasonable and raise little to no concern, there are some items of concern.

1. "A minimum number of staff requirements stated within an accreditation organization must be maintained." Due to variations in accreditation organization standards, staffing strategies, and the recruitment of specialized imaging technologists, this recommendation could create access barriers to MRI and PET technology for some patients. This impact could be significant for patients in rural counties across the state. Staffing decisions should remain at the discretion of those with visibility to these barriers, rather than being subject to a blanket approach.

2. "The TAG has recommended that all providers, existing and new, be required to follow the licensing requirements. Existing units will be given 1 year to comply or be in the process of compliance." Units installed prior to the effective period of this recommendation should be held to the standards that were in effect at the time of installation, as these were the conditions that guided the decision-making for that significant investment. This recommendation has the potential to alter the viability for some units, which could threaten access to care for various patients across the state.

In addition to the areas of concern, there are three items where further explanation is requested.

3. "Become accredited by a nationally recognized and CMS approved accrediting organization within one year of licensure." For facilities with multiple units, will each unit be required to have accreditation?

4. "For pediatric MRI units, it's recommended to have a board certified pediatric technologist or one trained in pediatric radiology." Can clarity be provided to what a board certified pediatric technologist would be? I am not aware of any specific registry for pediatric radiologic technologists. Additionally, what criteria would deem a technologist to be trained in pediatric radiology?

5. "Become accredited by a nationally recognized and CMS approved accrediting organization within one year of licensure. Currently, those are The Joint Commission (TJC), American College of Radiology (ACR), RadSite, and Intersocietal Accreditation Commission (IAC)." For hospitals that are TJC accredited, can clarity be provide on whether any additional accreditation would be required as a result of these recommendations? In circumstances where dual accreditation is present, which accreditation would be the overriding guidance?

In summary, the intent behind this effort is appreciated. However, please know that the burdens created by these recommendations will likely result in reduced access to MRI and PET services across the state. This could disproportionally impact our rural and at risk communities in East Tennessee.

Michelle Sampsel, MBA, R.T.(R)(CT)(ARRT)
Director of Radiology
Covenant Health – Fort Sanders Regional
Telephone: 865-331-1109 | email: mwatson1@covhlth.com

From: Leinart, Tina R
To: HSDA Staff
Subject: [EXTERNAL] Communication with the Tennessee Advisory Group in response to CON requirements for MRI and PET units as related to Public Chapter 985 of 2024.
Date: Friday, February 14, 2025 1:41:04 PM
Attachments: image003.png
image004.png

To: Logan Grant, Executive Director, Health Facilities Commission
From: Tina R. Leinart, Director of Imaging and Cath Lab, Methodist Medical Center
Date: February 14, 2025
RE: MRI/PET Technical Advisory Group Recommendations

The intent of this communication is to express opposition to the recommendations proposed by the Tennessee Advisory Group in response to CON requirements for MRI and PET units as related to Public Chapter 985 of 2024.

Covenant Health was not represented on the MRI/PET Tennessee Advisory Group and, as such, was unable to contribute to the formulation of the group's recommendations. While many components of the recommendations are reasonable and raise little to no concern from Covenant Health's perspective, there are five items of significant concern.

1. *"A minimum number of staff requirements stated within an accreditation organization must be maintained."* **Due to variations in accreditation organization standards, staffing strategies, and the recruitment of specialized imaging technologists, this recommendation would create barriers to MRI and PET technology for various patients. This impact is especially significant for patients in our rural counties which we serve across the state. Staffing decisions should remain at the discretion of those with visibility to these barriers, rather than being subject to a blanket approach.**

2. *"The TAG has recommended that all providers, existing and new, be required to follow the licensing requirements. Existing units will be given 1 year to comply or be in the process of compliance."* **Units installed prior to the effective period of this recommendation should be held to the standards that were in effect at the time of installation, as these were the conditions that guided the decision-making for that significant investment. This recommendation has the potential to alter the viability of a limited number of these units, which could again threaten access to care for various patients across the state, especially those in rural counties.**

In addition to the areas of concern, there are three items where further explanation is requested.

3. "*Become accredited by a nationally recognized and CMS approved accrediting organization within one year of licensure."* **Does every unit need to be accredited in a department?**

4. "*For pediatric MRI units, it's recommended to have a board certified pediatric technologist or one trained in pediatric radiology."* **Can clarity be provided to what a board certified technologist would be in addition to what criteria would deem a technologist to be trained in pediatric radiology?**

5. *"Become accredited by a nationally recognized and CMS approved accrediting organization within one year of licensure. Currently, those are The Joint Commission (TJC), American College of Radiology (ACR), RadSite, and Intersocietal Accreditation Commission (IAC)."* **For hospitals that are TJC accredited, can clarity be provide on whether any additional accreditation would be required as a result of these recommendations? Additionally, in circumstances where dual accreditation is present, which accreditation would be the overriding guidance?**

In summary, we appreciate the intent behind this effort. However, please know that the burdens created by these recommendations will likely result in reduced access to services. This will disproportionally impact our rural and at risk communities in East Tennessee.

Thank you for your time,

Tina R. Leinart, BSHA, R.T. (R)(MR)
Director of Imaging Services/Cath Lab/Central Transport
Methodist Medical Center
990 Oak Ridge Turnpike
Oak Ridge, TN 37830
865-835-4614 (Office)
865-835-4609 (Fax)
865-567-1587 (Cell)
tleinart@CovHlth.com

From: Rolli, Alice G
To: HSDA Staff
Subject: [EXTERNAL] CHAT - Comments for Imaging (Pet/MRI) TAG
Date: Friday, February 14, 2025 4:54:57 PM
Attachments: image.png

Dear Director Grant and HFC Staff:

Thank you for providing the opportunity for feedback on the work conducted by the HFC TAG on Imaging, reference link document, here: https://www.tn.gov/content/dam/tn/hfc/documents/HFC-MRI-PET-TAG_Recommendatrions.pdf

The Children's Hospital Alliance of Tennessee represents the state's non-profit children's hospitals. All of our members participate in the Solutions for Patient Safety - a pediatric-specific network of hospitals committed to the highest standards of quality and care. In this work we operate within a framework of sharing best practices and teaching and learning to continually improve care outcomes for children. It is with this spirit that we provide the following comments for your consideration:

While the gold standard, of course, is to have a requirement of board-certified pediatric specialists we understand the national realities of provider shortages.

Given Tennessee's leadership in the work of protecting and advancing the health of children, we believe that while these recommendations remain permissive, the HFC should take a bolder position in its guidance to facilities. *Specifically, at the bottom of Page. 3, Section: Certifications/ Training*:

- For pediatric MRI units, if anesthesia or sedation is required, then pediatric board-certified anesthesia staff, is strongly recommended. Sedation services provided by advanced practice providers should be required to have PALS (Pediatric Advanced Life Support) certification.

- For pediatric MRI units, it is strongly recommended to have board certified pediatric radiologist or one trained in pediatric radiology.

Thank you for the opportunity to submit these suggestions and for your work ensuring high standards of quality care is available for our state's children.

Sincerely,

Alice

Alice Rolli
Executive Director
Children's Hospital Alliance of Tennessee
E: Alice.Rolli@tnchat.org
M:615.347.7433

From:	Felts, Ginna
To:	HSDA Staff
Cc:	Hall, Clisby L; Scanlan, Matthew J; Logan Grant; Holly Vickers; Thomas P. Pitt
Subject:	[EXTERNAL] Vanderbilt University Medical Center -- Comment re: MRI and PET TAG Recommendations
Date:	Friday, February 14, 2025 10:05:46 AM

Good morning. Vanderbilt University Medical Center greatly appreciates the opportunity to participate in the Technical Advisory Group for MRI and PET as well as provide additional comments to the proposed draft. Please find these edits/ additional comments below in red.

Section ***Accreditation:***

- All MRI and PET units must adhere to all federal and state regulations including the registration and policy adherence relating to radiation used in imaging. **Specifically for PET, facilities must also adhere to the Nuclear Regulatory Commission requirements.**

Section ***Certifications/ Training***:

- For pediatric MRI units, if anesthesia or sedation is required, then pediatric board-certified **anesthesia** staff, is **strongly** recommended. **Sedation services provided by advanced practice provides do not require specific pediatric credentials beyond ANCC (American Nurses Credentialing Center); they do need PALS (Pediatric Advanced Life Support) certification in addition to BLS (Basic Life Support).**
- For pediatric MRI units, it is **strongly** recommended to have board certified pediatric **radiologist** ~~technologists~~ or one trained in pediatric radiology. **This individual(s) will oversee protocol development, quality control, and the interpretation of imaging studies**. **Please note that board certification relates to physicians not to technicians.**

Thank you again for this opportunity. We are more than happy to answer questions and/ or discuss in more detail. We look forward to working with you.

Ginna Felts, MBA
Vice President, Business Development
Vanderbilt University Medical Center
(615) 936-6005
ginna.felts@vumc.org