

March 9, 2015

House Health Care Committee

Gregg Kosloff, PA-C

Chair Greenlick and members of the committee,

I am Gregg Kosloff, PA-C, and I am here today to testify in support of House Bill 2880.

I currently work for Radiology Associates, an interventional radiology practice in Eugene, and this legislation will allow me to provide efficient, effective care while ensuring patient safety.

Fluoroscopy is live, moving X-ray that is used during a wide array of medical procedures. Among other things, we use fluoroscopy to guide the placement of needles, wires, and catheters, and to take detailed images of blood vessels and other dynamic structures. Fluoroscopy allows us to perform these procedures much more safely and quickly than would otherwise be possible.

PAs practice medicine in a variety of settings where fluoroscopy is routinely used, including but not limited to orthopedics, interventional radiology, cardiology, and vascular/endovascular surgery. While many PAs never will need the use of fluoroscopy within their practice setting, for a limited set this ability is proving to be more and more valuable. As technology pushes towards more minimally invasive procedures in medicine the use of fluoroscopy plays a critical role.

My inability to utilize fluoroscopy has led to delays in care for our patients. I have been trained and credentialed to insert hemodialysis catheters, IV port devices, and other central lines, but because I cannot use fluoroscopy my ability to perform these procedures is limited. I often have to choose between placing a central line without the use of fluoroscopy or delaying the procedure until a radiologist becomes available. In many cases, the procedure cannot be done without fluoroscopy and we have no choice but to delay the procedure. Fluoroscopy utilization reduces complications

associated with these procedures, and delays in the placement of lines leads to delays in patient care.

There are additional aspects to our practice where a PA would be a valuable asset, but my inability to use fluoroscopy has made this impossible. Less complex cases such as gastrostomy or jejunostomy tube exchanges could safely be performed by a PA, but they require the use of fluoroscopy. The same is true for joint injections and aspirations. Allowing me to perform these procedures will free the physician to treat more complex patients. This will improve the timeliness of care to all of our patients, while preserving patient safety.

As I have worked with our interventional radiologists, I have developed a respect both for the utility of fluoroscopy as well as the dangers associated with ionizing radiation. It is always my goal to provide care as safely as possible, and this is why I support the approach of House Bill 2880, which has a robust educational component. I believe that a trained, appropriately supervised PA will help deliver safe, timely, and effective care to patients in my practice. I urge you to approve this legislation and bring Oregon into line with the 32 other states that already allow PAs to use fluoroscopy.

Thank you.