

March 17, 2025

Re: Docket: CDC-2024-0103; NIOSH-355 - Expansion of NIOSH B Reader Eligibility: Request for Information

The Radiological Society of North America (RSNA) is a non-profit professional association representing over 48,000 medical imaging professionals spanning the full breadth of radiologic subspecialties in more than 150 countries around the world. Our mission is to promote excellence in patient care and healthcare delivery through education, research, and technological innovation. RSNA is committed to advancing the field of radiology through continuous education and professional development and offers a comprehensive suite of educational resources designed to support radiologists and medical imaging professionals at every stage of their careers.

RSNA appreciates the opportunity to provide comments in response to the Centers for Disease Control and Prevention (CDC) National Institute for Occupational Safety and Health (NIOSH) Request for Information (RFI) on Expansion of NIOSH B Reader Certification Eligibility (Docket: CDC-2024-0103; NIOSH-355). The NIOSH B Reader program certifies physicians in the ability to classify chest radiographs for pneumoconiosis and is used by the agency in its health surveillance programs for workers whose jobs expose them to mineral dust. In an effort to increase the number of certified B Readers and ensure that such certified readers are available in all U.S. states and territories, NIOSH is considering allowing Nurse Practitioners (NP) and Physician Assistants (PA) to become eligible to become certified B Readers.

As an organization dedicated to maintaining the highest standards in radiologic interpretation and patient care, RSNA recognizes the importance of having a sufficient number of certified B Readers. However, the classification of pneumoconiosis using the International Labour Organization (ILO) system is a highly specialized skill requiring advanced knowledge of chest radiography and occupational lung disease pathology. Radiologists undergo extensive formal training in medical image acquisition and interpretation, including a minimum of four years of residency following medical school, which uniquely equips them to detect and classify complex lung pathologies. While NPs and PAs play an essential role in patient care and healthcare delivery, their training does not typically include the same depth of radiology education that is essential for accurate and consistent application of the ILO system to chest radiograph classification. Expanding eligibility to practitioners without formal imaging and radiology training could reduce the reliability of pneumoconiosis classifications, which could have medical and legal consequences for affected individuals participating in federal health surveillance programs. As a general principle, RSNA recommends that when non-physician providers (NPP) are involved in medical imaging and radiologic care, these NPPs contribute as part of a radiologist-led team and do not focus on independent image interpretation, which necessitates additional training and expertise in radiology and medical imaging to ensure proper patient care. For example, one aspect of interpreting chest radiographs from workers participating in federal health surveillance programs is the detection and communication of unexpected findings like lung cancer, which these individuals, even when they are nonsmokers, are at greater risk of developing. Failing to detect such findings could have a significant negative impact on patient care and outcomes.

RSNA recognizes the workforce challenges facing NIOSH and understands the agency's concern regarding the availability of certified B Readers, especially in geographic regions currently lacking certified readers. However, rather than expanding B Reader eligibility to non-physicians, we recommend that NIOSH consider initiatives to better promote the B Reader certification program and incentivize more radiologists to become B Readers. Such initiatives might include (1) expanding B Reader certification training opportunities tailored to radiologists;

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(2) increasing efforts to promote B Reader certification among radiologists, especially those in earlier stages of their careers; and (3) providing financial incentives for participating physicians that allow them to recoup investments made to obtain and maintain certification. NIOSH should target these efforts to those geographic regions currently experiencing an unmet need for B Readers. In addition, NIOSH should explore mechanisms to better match certified B Readers with opportunities to read cases. Many certified B Readers report underutilization, noting that they do not routinely receive cases to read. Furthermore, the current online phone directory is challenging to use and still emphasizes filtering certified B Readers by state, despite the digital nature of radiographic images, making transmission of images from regions lacking certified B Readers accessible for remote reading by certified readers located elsewhere.

RSNA proudly hosts the world's largest and most influential radiology conference each November in Chicago, IL, drawing tens of thousands of radiologists, researchers, and industry leaders from around the globe. This premier event serves as a hub for medical imaging advancements, professional development, and interdisciplinary collaboration. Given our commitment to excellence in radiologic interpretation, we would welcome the opportunity to partner with NIOSH in promoting the B Reader program. Through our extensive network of radiology professionals and educational sessions we can help raise awareness, encourage participation, and ensure that the program continues to uphold the highest standards in detecting and monitoring occupational lung diseases.

Federal occupational health surveillance programs are critical to ensuring the health and well-being of workers across a variety of industries. RSNA strongly encourages NIOSH to uphold the highest standards of radiologic interpretation within the B Reader program while seeking to optimize the utilization of existing certified B Readers through technological innovation and continued engagement with the radiology community. We welcome further discussion of how RSNA might support NIOSH in meeting current challenges and enhancing the B Reader program. For additional information or questions, please contact RSNA's director of government relations, Libby O'Hare (eo hare@rsna.org).

Sincerely,

A handwritten signature in black ink that reads "Jeffrey Klein". The signature is written in a cursive, flowing style.

Jeffrey Klein, MD
Chair of the Board
Radiological Society of North America