

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 819 CS

Radiologist Assistants

SPONSOR(S): Grant

TIED BILLS:

IDEN./SIM. BILLS: SB 1366

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care Regulation Committee	10 Y, 0 N, w/CS	Hamrick	Mitchell
2) Health Care Appropriations Committee		Money	Massengale
3) Health & Families Council			
4) _____	_____	_____	_____
5) _____	_____	_____	_____

SUMMARY ANALYSIS

Section 11.62, F.S., the Sunrise Act that establishes criteria for new regulation of professions, states that it is the intent of the Legislature that no profession or occupation be subject to regulation by the state unless the regulation is necessary to protect the public health, safety, or welfare from significant and discernible harm or damage; and no profession or occupation be regulated by the state in a manner that unnecessarily restricts entry into the practice of the profession or occupation.

House Bill 819 CS provides for the certification of a relatively new profession called a radiologist assistant. The radiologist assistant functions as a physician extender for a radiologist. Currently only three states regulate radiologist assistants: Montana, Tennessee and Mississippi. The bill incorporates radiologist assistants into the "Radiology Technologist Certification Act" (chapter 468, part VI, F.S.). The bill renames the act as the "Radiological Personnel Certification Act."

A "radiologist assistant" is a person, other than a licensed practitioner, who is qualified by education and certification as an advanced-level radiologic technologist, who works under the supervision of a radiologist to enhance patient care by assisting the radiologist in the medical imaging environment. A radiologist assistant may perform, under the supervision of a radiologist (who is a medical doctor), certain procedures such as arthrograms, upper and lower gastrointestinal tract examinations, placements of feeding tubes, and central venous catheters.

The bill specifies that the scope of practice for a radiologist assistant must be adopted by rule and be consistent with the national scope of practice adopted by the American College of Radiology (ACR), the American Society of Radiologic Technologists (ASRT), and the American Registry of Radiologic Technologists (ARRT). The bill restricts the scope of practice of radiologist assistant such that they may not interpret images, make a diagnosis, or prescribe medications. A radiologist assistant must be under the "direct" supervision of a radiologist who must be present in the office suite and immediately available to furnish assistance and direction throughout a medical procedure. The bill provides for fees and educational requirements to include a clinical preceptorship. The bill adds a radiologist assistant to the Advisory Council on Radiation Protection.

According to the Department of Health, the fiscal impact to the department will be minimal since the fees to regulate the profession would cover their administrative costs.

The bill takes effect on July 1, 2006.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h0819b.HCA.doc

DATE: 4/10/2006

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Limited government and safeguard individual liberty—The bill will allow a radiologist (who is a medical doctor) to use a radiologist assistant as a physician extender, which may allow increased access to radiologic services by consumers.

B. EFFECT OF PROPOSED CHANGES:

Current Situation

The State of Florida currently regulates several general types of individuals who use radiological techniques in health care: basic x-ray machine operators, general radiographers, radiologic technologists and radiologists. Current statute recognizes specializations within each of these categories. For example, a basic x-ray machine operator may specialize in podiatric medicine or a certified radiologic technologist may specialize in nuclear medicine.¹ These professions are not regulated by a board, but an advisory council makes recommendations to the Division of Medical Quality Assurance within the Department of Health concerning the requirements and qualifications for all the professions in the field of radiology.

A person may not use radiation or otherwise practice radiologic technology on a human being unless he or she possesses a license or is certified by the Department of Health. The term “radiation” encompasses x-rays and gamma rays, alpha and beta particles, high-speed electrons, neutrons, and other nuclear particles. If an individual uses radiation on another person and is not in compliance with s. 468.302, F.S., they may be charged with a second degree misdemeanor pursuant to s. 468.311, F.S.

The bill provides for the certification of radiologist assistants (RA). A radiologist assistant will act as a radiologist extender. The proponents for the legislation provided examples of other physician extenders such as anesthesiologist and nurse anesthetists. According to the proponents of the bill, only three states—Montana, Tennessee and Mississippi—have passed laws regulating RAs, while others are seeking legislation.

Sunrise Act

The proponents of this legislation did not submit a sunrise questionnaire for staff to review.

According to s. 11.62(3), F.S., of the Florida Sunrise Act, the Legislature is required to consider the following factors when determining whether to regulate a profession:

- **The unregulated practice of the profession will substantially harm or endanger the public health, safety, or welfare, and whether the potential for harm is recognizable and not remote.**

Currently, an individual who is not certified or licensed by the Department of Health may not use radiation on a human being. A prerequisite for national certification as a radiologist assistant is that the individual be certified as a general radiographer (or radiologic technologist). Currently, if an individual performed the duties of a radiologist assistant in Florida they would be practicing out of the scope of their profession and subject to disciplinary charges. Since this is a new profession, not just to Florida, but across the nation, the potential harm or danger to the public is unknown. The duties outlined in the scope of practice of a radiologic assistant in the bill are currently performed by a licensed medical doctor.

¹ See s. 468.302, F.S.

- **The practice of the profession requires specialized skill or training, and whether that skill or training is readily measurable or quantifiable so that examination or training requirements reasonably assure initial and continuing professional ability.**

Based on the information gathered by staff, the role of a radiologist assistant will require specialized skill and training. According to the American Society of Radiologic Technologists (ASRT) and the American Registry of Radiologic Technologists (ARRT) their training will be readily measurable or quantifiable.

- **The regulation will not unreasonably effect job creation or retention in the state, or place unreasonable restrictions on finding employment by individuals who practice or seek to practice the profession.**

Since this is a new profession and limited schools in the United States offer the program, the impact on other professions such as the radiologic technologist or basic x-ray machine operator is difficult to project. However, the educational backgrounds for both of these professions is substantially different from the radiologist assistant who is required to have at least a bachelors degree. Radiologic technologists and x-ray operators may only have an associates degree or certificate of completion. If passed, this legislation may provide an avenue for individuals in the field to advance their knowledge and skill in the field if they return to school.

- **Whether the public is not, or can not, be effectively protected by other means.**

Currently, the public is receiving the services of a radiologic assistant by a radiologist, who is a licensed medical doctor. Because of workforce shortages in the field of radiology, the provisions of the bill may increase access to radiologic services.

- **Whether the overall cost-effectiveness and economic impact of the proposed regulation, including the indirect costs to consumers, is favorable.**

The bill creates another tier of practitioner in the field of radiology. The services that are currently provided to consumers are performed by a medical doctor (a radiologist) or a technician (radiologic technologist or x-ray operator) who may have an associate's degree. The radiologist assistant (RA) must have at least a bachelor's degree. For this reason, a radiologist assistant may want to be paid at a higher rate than a radiologic technologist.

The Effects of the Bill

The bill provides for the certification of a new profession called a radiologist assistant. The radiologist assistant will function as a physician extender for a radiologist. A "radiologist assistant" is defined as a person, other than a licensed practitioner, who is qualified by education and certification as an advanced-level radiologic technologist who works under the supervision of a radiologist to enhance patient care by assisting the radiologist in the medical imaging environment.

The bill incorporates the radiologist assistant to the entire section that is called the "Radiology Technologist Certification Act" (chapter 468, part VI, F.S.). The bill renames the act as the "Radiological Personnel Certification Act." The bill provides a definition of "certificate holder" to mean any person who holds a certificate and is authorized to use radiation on human beings. This term is used through out the act in a manner that allows for the incorporation of radiologist assistants.

The bill provides that the scope of practice for a radiologist assistant must be adopted by rule and be consistent with the national scope of practice adopted by the American College of Radiology (ACR), the American Society of Radiologic Technologists (ASRT), and the American Registry of Radiologic Technologists (ARRT). The bill restricts the scope of practice of radiologist assistants such that they

may not interpret images, make a diagnosis, or prescribe medications or therapies. A radiologist assistant may not perform nuclear medicine or radiation therapy procedures unless they are certified and trained in those areas.

The bill provides that a radiologist assistant is supervised such that the radiologist (who is a medical doctor) must be present in the office suite and immediately available to furnish assistance and direction throughout a medical procedure. This does not require the radiologist to be in the room while the procedure is performed. The bill provides for fees and educational requirements to include a clinical preceptorship. The bill adds a radiologist assistant to the Advisory Council on Radiation Protection.

BACKGROUND

American Society of Radiologic Technologists (ASRT) Radiologist Assistant Certification Program

The concept of a radiologist extender was first explored in the early 1970s and revived in the mid-1990s. In early 2002, the American Society of Radiologic Technologists (ASRT) convened a panel to explore the concept of a physician extender in radiology. Representatives from the American College of Radiology (ACR), the American Society of Radiologic Technologists (ASRT, or the Society), the American Registry of Radiologic Technologists (ARRT, or the Registry), state licensing agencies, the National Society of Radiology Practitioner Assistants, and the industry produced a consensus document proposing the positions title and definition and addressing educational preparation, roles and responsibilities, level of supervision, and regulatory issues. Building on the panel's concept and consensus, the Registry developed certification standards. The radiologist assistant program incorporates educational, ethical and exam standards.

According to the Society, educational standards for a radiologist assistant are designed to address the didactic and clinical components of the field, as well as a national certification and registration in radiography. Clinical education is provided through a preceptorship with a radiologist. Radiologist assistant programs provide a baccalaureate degree or higher. In 2005, six universities offered radiologist assistant educational programs. An individual must be certified as a radiographer by the registry, as a prerequisite to enrollment in a radiologist assistant program. Graduates of a radiologist assistant program may sit for the radiologist assistant certification examination administered by the Registry.

The Radiologist Assistant and National Scope of Practice Outlined by the ACR, ASRT and ARRT

A radiologist assistant works under the supervision of a radiologist to provide patient care as a radiologist extender in the diagnostic imaging environment. Radiologist assistants (RAs) have three major areas of responsibility.

First, they have a leading role in patient management and assessment. Duties in this area may include determining whether a patient has been appropriately prepared for a procedure, obtaining patient consent prior to beginning the procedure, answering questions from the patient and his or her family, and adapting exam protocols to improve diagnostic quality. The radiologist assistant is expected to serve as a patient advocate, ensuring that each patient receives quality care while in the radiology department or clinic.²

Second, the radiologist assistant performs selected radiology examinations and procedures under the supervision of a radiologist. A RA's responsibilities may include assisting radiologists with invasive procedures such as arthrograms, upper and lower gastrointestinal tract examinations, urinary tract examinations, lymphangiograms, performing fluoroscopy for noninvasive procedures under direct supervision of the radiologist, placement of nasoenteric and oroenteric feeding tubes, and performing

² American Society of Radiologic Technologists. The Radiologist Assistant.

http://www.asrt.org/content/RTs/SpecialtySpecific/RadiologistAssistant/Radiologist_Assistant.aspx (March 25, 2006).

selected peripheral venous diagnostic procedures such as venograms, paracentesis, thoracentesis or the insertion of central venous catheters.³

Third, the radiologist assistant may be responsible for evaluating image quality, making initial image observations and forwarding those observations to the supervising radiologist. The supervising radiologist remains responsible for providing a final written report, an interpretation or a diagnosis.⁴

Current Professions in the Field of Radiology that are Regulated in Florida

Basic X-ray Machine Operator is Certified

A basic x-ray machine operator may perform general diagnostic radiographic and general fluoroscopic procedures under the direct supervision of a licensed practitioner (doctor, podiatrist, or chiropractor), excluding radiation therapy and nuclear medicine. They are limited to the locations they may work such that they are not allowed to work in a hospital with less than 150 beds or a walk-in emergency center.⁵

Radiologic Technologist is trained to Operate Equipment and is Certified

A radiologic technologist is trained to operate radiographic equipment to produce images. The radiologic technologist may explain the imaging procedure to the patient and assist in positioning the patient for imaging specific areas of the patient's body as prescribed by the referring physician.⁶ A radiologic technologist may use radiation on human beings under the specific direction and general supervision of a licensed practitioner as defined in s. 468.301(14), F.S.

A Radiologist is a Licensed Medical Doctor

A radiologist is a licensed medical or osteopathic physician trained to diagnose diseases by obtaining and interpreting medical images through the use of imaging techniques such as X-rays, ultrasound, computed tomography, and magnetic resonance imaging. A radiologist must have graduated from an accredited medical school, passed a national licensing examination, and completed a residency of at least four years. Such health care practitioners are usually board-certified to practice in the field of radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.

Advisory Council on Radiation Protection

In Florida, there is an Advisory Council on Radiation Protection, not a board, that oversees the practice of radiology. The council consists of 15 specified professionals and consumers appointed by the Secretary of Health:

- Certified radiologic technologist-radiographer.
- Certified radiologic technologist-nuclear medicine.
- Certified radiologic technologist-therapy.
- Basic X-ray machine operator or a licensed practitioner who employs such an operator.
- Board-certified radiologist.
- Board-certified nuclear medicine physician.
- Certified health physicist.
- Representative from the administration of a hospital affiliated with a radiologic technology educational program.
- An expert in environmental radiation matters.
- Chiropractic radiologist, a board-certified podiatric physician.
- Board-certified radiological physicist.
- Board-certified therapeutic radiologist or board-certified radiation oncologist.
- Two persons, neither of whom has ever been certified as a radiologic technologist or been a member of any closely related profession.

³ Ibid.

⁴ Ibid.

⁵ See s. 468.302(3), F.S.

⁶ Ibid.

C. SECTION DIRECTORY:

Section 1. Amends s. 468.3001, F.S., redesignating part IV of chapter 468 as the “Radiological Personnel Certification Act.”

Section 2. Amends s. 468.301, F.S., providing a definition for certificate holder, radiologist and radiologist assistant.

Section 3. Amends s. 468.302, F.S., providing identification and duties of a certified radiologist assistant; rulemaking authority to the Department of Health; and specify limitation on the duties of a radiologist assistant.

Section 4. Amends s. 468.304, F.S., providing certification criteria for an applicant seeking a radiologist assistant certificate.

Section 5. Amends s. 468.306, F.S., exempting radiologist assistants from examination requirements as long as they possess a current certification granted by the American Registry of Radiologic Technologists.

Section 6. Amends s. 468.3065, F.S., extending licensure by endorsement provisions to radiologist assistants if they remit a fee and possess a current certification granted by the American Registry of Radiologic Technologists.

Sections 7 through 12 to amend s. 468.307, 468.309, 468.3095, 468.3101, 468.311, and 468.3115 F.S., including radiologist assistants in provisions that deal with certificate display, certificate renewal, change of certificate status, grounds for disciplinary action, violations, penalties, and injunctive relief.

Section 13. Amends s. 468.314, F.S., providing for an additional member to the Advisory Council on Radiation Protection.

Section 14. Provides that the bill will take effect on July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Radiologist assistant applicants for certification by endorsement must pay a nonrefundable application fee no greater than \$50.

D. FISCAL COMMENTS:

According to the Department of Health, the fiscal impact to the department to enforce regulatory provisions relating to the certification of radiologist assistants will be minimal since the fees to regulate the profession will cover their administrative costs. According to the Bureau of Radiation Control within DOH, only about 10 radiologist assistants become certified in the nation on an annually. This number may increase to 20 if the exam is offered biannually.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or take action requiring the expenditure of funds. This bill does not reduce the percentage of state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides the Department of Health with adequate rule-making authority to implement the provisions provided for in the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

On March 28, 2006, the Health Care Regulation Committee adopted a strike-all amendment offered by the bill's sponsor. The Committee Substitute differs from the original bill as filed in that it:

- Incorporates the radiologist assistant to the entire section of statute that is called the "Radiology Technologist Certification Act" (chapter 468, part VI, F.S.).
- Renames the act as the "Radiological Personnel Certification Act."
- Provides a definition of "certificateholder" to mean any person who holds a certificate and is authorized to use radiation on human beings.
- The term "certificateholder" and "radiologist assistants" is used through out the act to incorporate radiologist assistants into all of the provisions within the practice act.

The bill, as amended, was reported favorably as a committee substitute. This analysis is drafted to the committee substitute.