
THIRD READING

Bill No: SB 480
Author: Archuleta (D)
Amended: 1/14/20
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 9-0, 1/13/20
AYES: Glazer, Chang, Archuleta, Dodd, Galgiani, Hill, Leyva, Pan, Wilk

SENATE APPROPRIATIONS COMMITTEE: 7-0, 1/21/20
AYES: Portantino, Bates, Bradford, Durazo, Hill, Jones, Wieckowski

SUBJECT: Radiologist assistants

SOURCE: American Registry of Radiologic Technologists

DIGEST: This bill establishes a Radiologist Assistant Advisory Committee (RA Committee) under the Medical Board of California (MBC) tasked with identifying the appropriate training, qualifications, and scope of practice for individuals providing assistance to radiologists.

ANALYSIS:

Existing law:

- 1) Establishes the Medical Practice Act, which provides for the licensing and regulation of physicians and surgeons by MBC. MBC also has statutory and regulatory authority over medical assistants (MAs). (Business and Professions Code (BPC) § 2000 *et seq.*)
- 2) Defines a MA as a person at least 18 years of age who may be unlicensed, who performs basic administrative, clerical, and technical supportive services, as specified, for a licensed physician and surgeon or a licensed podiatrist, a physician or podiatrist group, a medical or podiatry corporation, a physician assistant, a nurse practitioner, a certified nurse-midwife or for a health care

service plan. Requires a MA to have at least the minimum amount of hours of appropriate training pursuant to standards established MBC. Authorizes a MA to administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or podiatrist. A MA may also perform all these tasks and services upon the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. (BPC § 2069)

- 3) Requires MBC to adopt and administer regulations that establish standards for technical supportive services that may be performed by a MA. Requires MBC to receive recommendations regarding these standards from appropriate public agencies, including, but not limited to, the Department of Public Health (DPH) and healing arts licensing boards, as well as recommendations from professional associations of MAs and healing arts licensees. (BPC § 2071)
- 4) Provides the Radiologic Health Branch within DPH with responsibility for administering and enforcing the Radiologic Technology Act. Requires DPH to approve RT schools, to certify RTs who satisfactorily completed a course in an approved RT school, and prohibits individuals other than those certified by DPH to use the designation “certified RT.” (Health and Safety Code (HSC) §§ 106955 *et seq.*)
- 5) Requires DPH to appoint a certification committee (RT Committee) to assist, advise, and make recommendations on regulations. (HSC § 114855)

This bill:

- 1) Establishes the RA Committee under MBC until January 1, 2023, tasked with identifying the appropriate training, qualifications, and scope of practice for individuals providing assistance to radiologists, defined as MBC licensed physicians and surgeons certified or eligible for certification by the American Board of Radiology. Specifies RA Committee membership and appointing authority, including representatives from the DPH RT Committee, Department of Veterans Affairs, RT and RA training programs, and RT profession.
- 2) Requires the RA Committee to research and recommend potential statutory changes to grant expanded practice authority to certified RTs or MAs working under the supervision of a radiologist. Requires the RA Committee to analyze the effectiveness MA and RA laws and practice; to determine the appropriateness of specialty MA licensure; to determine necessary revisions to MBC’s MA regulations to promote workforce development in the field and

ensure patient access to services; to evaluate, if appropriate, the regulatory recognition of RAs in other states; and to evaluate where equivalencies in military training and experience exist and where the transfer of skills gained through military service may be utilized in determining the requirements for work in radiographic technology, including as a RA, and in the MA field.

3) Requires the RA Committee to submit a report on or before January 1, 2022.

Background

RAs. RAs include individuals registered with the American Registry of Radiologic Technologists and individuals certified by the Certification Board for Radiology Practitioner Assistants. According a 2014 article in the journal *Radiologic Technology* (the scholarly journal of the American Society of RTs), compared with the careers of physician assistants and nurse practitioners, the RA is relatively new to the field of medicine, with the first training programs developed in the 1970s and the first advanced practice imaging program developed in 1996. Discussions among the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists culminated in a 2003 consensus statement that defined a RA as an advanced level RT who works under the supervision of a radiologist by assisting in the diagnostic imaging setting, including performing patient assessment, patient management, and certain imaging procedures. RAs do not interpret radiologic examinations. These are in essence advanced practice RTs with additional educational training and commensurate additional certification beyond that obtained as a RT. Some states in turn allow for expanded practice authority through licensure of RAs that reflects this more advanced level of training, experience, and passage of a certification examination.

MA. Medical assisting professions have been highlighted as some of the fastest growing employment categories by entities like the United States Bureau of Labor Statistics. MAs are unlicensed personnel who work in health care practitioner offices and are authorized under BPC Section 2069 to administer medication (only by intradermal, subcutaneous, or intramuscular injections), perform skin tests and perform basic administrative, clerical and technical supportive services when conditions regarding supervision, training, specific authorization and records are met.

A MA must receive training either directly from a physician, surgeon, podiatrist, registered nurse, licensed vocational nurse, physician assistant or a qualified MA. Alternatively, a MA may receive training from a secondary, postsecondary or adult education program in a public school authorized by the Department of Education,

in a community college program, or a postsecondary institution accredited by an accreditation agency recognized by the United States Department of Education or approved by the Bureau for Private Postsecondary Education.

While MAs are not required to be licensed or register with MBC like other allied health professionals within MBC's jurisdiction, they may be certified by a national certifying body.

MBC Committees. MBC performs a great deal of work in committees and currently has six standing committees, five two-member task forces or issue specific committees, two panels and one council that assist with the MBC's work. MBC committees may meet on an as-needed basis and may meet outside of the cycle of when quarterly MBC meetings are held, offering an easier pathway for interested parties to weigh in on a particular issue. The committee structure also allows committee members to have an expanded discussion on a noteworthy topic and potentially make a decision that moves forward as a formal recommendation to MBC for consideration at a MBC meeting. Pursuant to the MBC's strategic plan, MBC must convene every other year to discuss the purpose of each committee and reevaluate the need for the committees/subcommittees/task forces created by the MBC.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee, this bill will result in about \$200,000 in costs for staff to coordinate the report and to promulgate regulations.

SUPPORT: (Verified 1/22/20)

American Registry of Radiologic Technologists (source)
California Radiological Society

OPPOSITION: (Verified 1/22/20)

California Nurses Association/National Nurses United

ARGUMENTS IN SUPPORT: The American Registry of Radiologic Technologists believes that SB 480 is an important step and notes that in 31 states, RAs have been a valued member of the medical delivery team as physician extenders for radiologists. The California Radiological Society, some 2000 board certified physicians who provide diagnostic radiology, radiation oncology, and interventional radiology services, writes that RAs have been recognized as valuable physician extenders for radiologists and a valuable tool to address growing radiology workforce issues. The organization states that this bill creates a

process to identify the appropriate training for RTs and helps address the growing issue of workforce capability and the complexity of radiology and imaging practice with the volume of images to be reviewed.

ARGUMENTS IN OPPOSITION: According to the California Nurses Association/National Nurses United, “we do not see this legislation as a contribution to good public policy and we are especially opposed to the use of the [Committee] to recommend the statutory expansion of the role of the unlicensed MA...By establishing licensure for RAs, including new scope of practice, and a supervisory role over RTs, an additional practitioner to provide care to the patient is being considered, thereby further fragmenting the continuum of care.”

Prepared by: Sarah Mason / B., P. & E.D. /
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