

ASSEMBLY THIRD READING

AB 356 (Chen)

As Introduced February 1, 2021

Majority vote

SUMMARY

Authorizes the Department of Public Health (DPH) to issue a physician and surgeon (MD) or a doctor of podiatric medicine (DPM) a one-time, temporary permit authorizing them to operate or supervise the operator of fluoroscopic X-ray equipment if certain conditions are met.

COMMENTS

- 1) *Fluoroscopy.* According to the federal Food and Drug Administration, fluoroscopy is a type of medical imaging that shows a continuous X-ray image on a monitor, much like an X-ray movie. During a fluoroscopy procedure, an X-ray beam is passed through the body. The image is transmitted to a monitor so that the movement of a body part or of an instrument or contrast agent ("X-ray dye") through the body can be seen in detail. Fluoroscopy is used in a wide variety of examinations and procedures to diagnose or treat patients. Some examples are: barium X-rays and enemas (to view the gastrointestinal tract); catheter insertion and manipulation (to direct the movement of a catheter through blood vessels, bile ducts or the urinary system); placement of devices within the body, such as stents (to open narrowed or blocked blood vessels); angiograms (to visualize blood vessels and organs); and, orthopedic surgery (to guide joint replacements and treatment of fractures).

Fluoroscopy carries some risks, as do other X-ray procedures. The radiation dose that a patient receives varies depending on the individual procedure. Fluoroscopy can result in relatively high radiation doses, especially for complex interventional procedures (such as placing stents or other devices inside the body) which require fluoroscopy to be administered for a long period of time. Radiation-related risks associated with fluoroscopy include: radiation-induced injuries to the skin and underlying tissues ("burns"), which occur shortly after the exposure; and, radiation-induced cancers, which may occur sometime later in life.

The statistical probability that a person will experience these effects from a fluoroscopic procedure is very small. Therefore, if the procedure is medically needed, the radiation risks are outweighed by the benefit to the patient. In fact, the radiation risk is usually far less than other risks not associated with radiation, such as anesthesia or sedation, or risks from the treatment itself. To minimize the radiation risk, fluoroscopy should always be performed with the lowest acceptable exposure for the shortest time necessary.

- 2) *California requirements.* In California, the Radiology Technology Act defines a fluoroscopy as a technique for obtaining, continuously or periodically, a sequence of X-ray patterns and presenting them directly, or through a transfer and optional processing, simultaneously and continuously as visible images. To use fluoroscopy equipment, one must obtain either a radiologic technologist fluoroscopy permit, a fluoroscopy supervisor and operator permit, or a Physician Assistants fluoroscopy permit. One of the requirements to obtain a permit is to pass an examination administered by the American Registry of Radiology Technologists (AART). A fluoroscopy supervisor and operator permit is also issued to a licentiate of the healing arts defined as a licensed physician and surgeon, licensed podiatrist, or licensed chiropractor. To supervise a radiologic technologist in the operation of fluoroscopy equipment or to operate

fluoroscopy equipment, a physician, podiatrist or chiropractor must pass the examination administered by AART. DPH states that generally applications are processed within 30 days of receipt and on average permits are being issued around 4.5 months. If an application is complete and includes all the required documentation, the applicant receives permission to schedule and register with the AART to take the examination. However, due to the pandemic there has been limited seating at testing sites and is contributing to the delays in the issuance of permits. As of January 1, 2021, there were approximately 12,530 licensed MDs, DPMs or Doctors of Osteopathic Medicine who hold a current and valid fluoroscopy permit.

According to the Author

This bill helps patients by allowing MDs and DPMs who have used fluoroscopy in their practice in another state to have a one-time, temporary permit to use fluoroscopy to give them time to complete the requirements for a California fluoroscopy permit. Because California is one of only two states to require doctors and podiatrists to have an additional permit to use fluoroscopy in surgery, many doctors who have practiced in other states do not know they need to get a permit until they get to California. The process to get a permit can take up to nine months. Since patients need their doctors to be able to use fluoroscopy in surgery, this bill will help surgical patients by letting out of state doctors who have used fluoroscopy get a one time temporary permit to use fluoroscopy while they complete the requirements for a California permit.

Arguments in Support

According to the sponsors of this bill, the California Orthopaedic Association and the California Podiatric Medical Association, California has the most stringent and burdensome regulations regarding doctors performing fluoroscopy and radiography across the country. Since California's certification process is unique, when out-of-state practitioners come to California, they often do not anticipate the need for fluoroscopy certification. The certification process is antiquated and takes six to nine months to obtain. During that time, the doctor cannot use fluoroscopy in surgery. They conclude that this bill creates a one-time, temporary permit allowing physicians and doctors of podiatric medicine, who have used fluoroscopy in another state, to use fluoroscopy in California while they go through the process to receive fluoroscopy certification.

The California Radiological Society writes in support that this bill provides a solution by allowing the Radiologic Health Branch to issue a temporary permit for a physician or podiatrist coming to California from another state where they were utilizing fluoroscopy.

Arguments in Support if Amended

The California Society of Radiologic Technologists requests an amendment to change from a 12-month temporary license to a six-month temporary license. This would not delay patient care as a doctor moves to California from out of state, however, does not allow enough time to delay the credentialing exam or the potential to repeat the exam a second time while working under the temporary permit.

Arguments in Opposition

There is no known opposition.

FISCAL COMMENTS

According to Assembly Appropriations Committee, costs to DPH in the hundreds of thousands of dollars for the first two to three years to develop regulations establishing the new permit and

application forms and ongoing costs, likely in the \$100,000 to \$200,000 range, to process additional permits (Radiation Control Fund).

VOTES**ASM HEALTH: 15-0-0**

YES: Wood, Mayes, Aguiar-Curry, Bigelow, Bonta, Burke, Carrillo, Flora, Maienschein, McCarty, Nazarian, Luz Rivas, Rodriguez, Santiago, Waldron

ASM BUSINESS AND PROFESSIONS: 19-0-0

YES: Low, Flora, Arambula, Berman, Bloom, Chen, Chiu, Cunningham, Megan Dahle, Fong, Gipson, Grayson, Holden, Irwin, McCarty, Medina, Mullin, Salas, Ting

ASM APPROPRIATIONS: 16-0-0

YES: Lorena Gonzalez, Bigelow, Calderon, Carrillo, Chau, Megan Dahle, Davies, Fong, Gabriel, Eduardo Garcia, Levine, Quirk, Robert Rivas, Akilah Weber, Holden, Luz Rivas

UPDATED

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