
SENATE COMMITTEE ON APPROPRIATIONS

Senator Anna Caballero, Chair
2025 - 2026 Regular Session

AB 460 (Chen) - Radiologic technologists: venipuncture: direct supervision

Version: July 7, 2025

Urgency: No

Hearing Date: August 18, 2025

Policy Vote: HEALTH 11 - 0

Mandate: Yes

Consultant: Agnes Lee

Bill Summary: AB 460 would revise the definition of “direct supervision” for purposes of certified radiologic technologists to perform venipuncture to administer contrast materials, as specified.

Fiscal Impact: The California Department of Public Health (CDPH) estimates ongoing annual costs of approximately \$196,000 starting in 2026-27, and additional one-time costs of \$186,000 in 2026-27, and \$91,000 in 2027-28 and in 2028-29 for staffing resources, development of regulations, purchase of a vehicle and radiation test equipment (General Fund).

Background: The CDPH is responsible for the certification and regulation of radiologic technologists. Radiologic technologists perform medical exams using X-rays on patients to create images of specific parts of the body. These images are then interpreted by a doctor for diagnosis and monitoring of disease. Contrast materials are substances used to distinguish between organs, tissues, bones, or blood vessels in medical imaging, such as various types of X-rays and MRIs. Contrast materials help radiologic technologists distinguish between normal and abnormal conditions.

Current law allows a certified radiologic technologist to, under the direct supervision of a licensed physician and surgeon, and in accordance with the facility’s protocol that meets specified requirements, perform venipuncture in an upper extremity to administer contrast materials, manually or by utilizing a mechanical injector, if the radiologic technologist has been deemed competent to perform that venipuncture, as specified. Current law defines “direct supervision,” for this purpose to mean “the direction of procedures authorized by this section by a licensed physician and surgeon who shall be physically present within the facility and available within the facility where the procedures are performed, in order to provide immediate medical intervention to prevent or mitigate injury to the patient in the event of adverse reaction.”

Proposed Law: Specific provisions of the bill would:

- Revise the definition of “direct supervision” for the purpose above, to mean “the direction of procedures authorized by this section by a licensed physician and surgeon who shall be either: physically present within the facility and immediately available to intervene; or available immediately via audio and video communication with access to the patient’s electronic medical records and have the ability to intervene through standing orders or protocols.”

- Require that the facility have safety protocols and personnel onsite who have the appropriate license to respond to adverse events at the physician's direction.

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