
THIRD READING

Bill No: AB 460
Author: Chen (R)
Amended: 9/4/25 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 7/2/25

AYES: Menjivar, Valladares, Durazo, Gonzalez, Grove, Limón, Padilla,
Richardson, Rubio, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/29/25

AYES: Caballero, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 77-0, 6/3/25 - See last page for vote

SUBJECT: Radiologic technologists: venipuncture: direct supervision

SOURCE: California Radiological Society

DIGEST: This bill revises the definition of “direct supervision,” for purposes of venipuncture by radiologic technologists, to permit physician supervision through audio and video communication. Requires a facility to have safety protocols and personnel onsite who have the appropriate license to respond to adverse events at the physician’s direction.

Senate Floor Amendments of 9/4/25 specify that, in the revision of direct supervision via audio and video communication for purposes of venipuncture by radiological technologists, the physician must have access to the patient’s medical imaging records and have the ability to intervene by directing other onsite personnel. The amendments also define the onsite personnel who have the appropriate license to respond to adverse events at the physician’s direction.

ANALYSIS:

Existing federal law requires some diagnostic X-ray and other diagnostic tests to have either direct or personal supervision. Defines direct supervision in the office

setting to mean the physician, or other supervising practitioner, must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the service. Specifies that it does not mean that the physician, or other supervising practitioner, must be present in the room when the service is performed. Through December 1, 2025, the presence of the physician or other practitioner includes through audio and visual real-time communications technology, excluding audio-only. Defines “personal supervision” to mean a physician must be in attendance in the room during the performance of the procedure. [42 Code of Federal Regulations §410.32]

Existing state law:

- 1) Establishes the Radiologic Technology Act, which provides for the certification and regulation of radiology technologists (RTs) by the California Department of Public Health (CDPH). [Health and Safety Code [HSC] §106965, et seq.]
- 2) Authorizes a certified RT to, under the direct supervision of a licensed physician, and in accordance with the facility’s protocol, perform venipuncture in an upper extremity to administer contrast materials, manually or by utilizing a mechanical injector, if the RT has been deemed competent to perform that venipuncture and issued a certificate. [HSC §106985(a)]
- 3) Defines “direct supervision” as the direction of procedures by a licensed physician who is physically present within the facility and available 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. [HSC §106985(c)(1)]
- 4) Defines “personal supervision” as the oversight procedures by a supervising individual who is physically present to observe and correct, as needed, the performance of the individual who is performing the procedure. [HSC §106985(c)(2)]
- 5) Requires CDPH to provide for the certification of RTs, with separate certificates for diagnostic radiologic technology, mammographic radiologic technology, and therapeutic radiologic technology. [HSC §114870(b)]

This bill:

- 1) Revises the current definition of “direct supervision” for purposes of venipuncture by radiologic technologists, to permit physician supervision through immediately available audio and video communication, with access to the patient’s medical imaging records and the ability to intervene by directing other onsite personnel.
- 2) Requires the facility where the venipuncture is performed to have safety protocols and, unless the facility has a licensed physician and surgeon who is physically present, to have personnel onsite who have the appropriate license to respond to adverse events at the physician’s direction.
- 3) Requires the onsite personnel described above as a physician to be licensed or certified as a physician and surgeon, registered nurse, nurse practitioner, clinical nurse specialist, or physician assistant.

Comments

According to the author of this bill:

Current law requires on-site physician supervision for RTs administering contrast, creating access barriers and delays, especially in rural areas. In 2020, the Centers for Medicare & Medicaid Services (CMS) updated federal policy to allow real-time remote supervision, recognizing its benefits beyond the Public Health Emergency. Despite this, California has not adopted these changes. We need to align state law with modern practices, permitting remote supervision via audio or video communication. This reform enhances patient care, reduces wait times, and improves access to imaging services while maintaining safety. This bill will change California’s law to streamline radiology operations and ensure patients receive timely, high-quality diagnostic care.

Background

RTs. According to the Mayo Clinic College of Medicine and Science, an RT, also known as radiographers, 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. Specifically, RTs prepare patients for the exams, move patients to the appropriate position, operate the equipment, and use their knowledge and skill to minimize the radiation dose to the patient. RTs can specialize in many different areas, including: bone densitometry, cardiac-

interventional radiography, computed tomography (CT), magnetic resonance imaging (MRI), mammography, vascular interventional radiography, nuclear medicine, and sonography. In the U.S., after graduating from an accredited program, RTs must pass a certification exam administered by the American Registry of Radiologic Technologists (ARRT) to become certified and registered. California also requires RTs to submit the Certified RT license application to the Radiologic Health Branch of CDPH to practice as an RT. Prior to performing venipunctures; RTs are required to obtain their California venipuncture certification. This certification requires the RT to complete a total of ten hours of instruction regarding anatomy and physiology of venipuncture sites; venipuncture instruments, intravenous solutions, and related equipment; puncture techniques; techniques of intravenous line establishment; hazards and complications of venipuncture; post puncture care; composition and purpose of antianaphylaxis tray; and, first aid and basic cardiopulmonary resuscitation. The certification process also requires RTs to perform ten venipunctures on a human or a training mannequin upper extremity under personal supervision.

CMS and direct supervision. In the guidelines distributed by CMS titled, “Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19,” CMS states that at the beginning of the COVID-19 Public Health Emergency (PHE), CMS used emergency waiver authorities and various regulatory authorities to enable flexibilities so providers could rapidly respond to those impacted by COVID-19. One of the temporary modifications includes the change in the regulatory definition of direct supervision, which requires the supervising physician or practitioner to be “immediately available” to provide assistance and direction during the service, to include “virtual presence,” of the supervising clinicians through the use of real-time audio and video technology. This flexibility was set to return to pre-PHE standards at the end of the calendar year that the PHE ends, but was extended through December 31, 2025 under the Medicare Physician Fee Schedule. However, since California’s statute defines direct supervision to include the physical presence of the supervising physician within the facility, the author and sponsor note that the state was unable to take advantage of the CMS waiver allowing for the virtual presence of supervising clinicians during that time.

Contrast materials. Contrast materials, also known as contrast agents, are substances used to distinguish between organs, tissues, bones, or blood vessels in medical imaging, such as various types of X-rays and MRI. Contrast materials work by using substances that interfere with how the medical imaging equipment takes the patient’s images. For example, the contrast materials used in an X-ray or

CT exam is made of a substance that will block or limit radiation in certain parts of the patient's body. This changes how the tissues that contain the medical imaging contrast materials appear in the patient's images. Similarly, contrast materials used in magnetic-powered exams like MRIs and ultrasounds alter the way magnetic fields interact with the parts of the body containing contrast materials. Contrast materials help RTs distinguish between normal and abnormal conditions. The *National Health Institute* lists the potential adverse side effects of radiographic contrast materials as contrast-induced nephropathy, delayed allergic reactions, anaphylactic reactions, and cutaneous reactions. Most reactions to contrast materials are usually mild and non-life threatening.

Related/Prior Legislation

AB 1069 (Chen of 2023) would have permitted supervision of an RT to performing venipuncture in an upper extremity to administer contrast materials via telephone. The bill was not heard in the Assembly Health Committee.

SB 1199 (Dutton, Chapter 358, Statutes of 2012) authorized RTs to use a saline-based solution that is in accordance with the facility protocol and is approved by a licensed physician in administering contrast materials to ensure the security and integrity of the placement of the needle.

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

According to the Senate Appropriations Committee, 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).

SUPPORT: (Verified 9/4/25)

California Radiological Society (source)
ContrastConnect
RadNet Management, Inc.
Sutter Health

OPPOSITION: (Verified 9/4/25)

Osteopathic Medical Board of California

ARGUMENTS IN SUPPORT: Sponsor of this bill, the California Radiological Society (CRS), writes that this bill proposes a narrow but meaningful update to current law by modernizing the definition of “direct supervision” in radiologic procedures to allow a supervising physician to be present remotely via real-time audio and video technology when contrast media is administered by an RT. This change aligns state law with current federal standards adopted by CMS. CRS states that it is a practical adjustment that reflects today’s technological capabilities and the realities of modern healthcare delivery, especially in rural and underserved communities where on-site physician presence may not always be feasible. ContrastConnect highlights that this optimization of resources ensures that more imaging centers and patients benefit from virtual contrast supervision, which not only reduces cost but also addresses the challenges posed by resource scarcity. RadNet writes that virtual direct supervision has allowed for more flexibility in staffing schedules, led to no reduction in patient safety, and aided in combatting the spread of COVID-19.

Support if amended. Tether Supervision writes that while they support the modernization of the definition of “direct supervision,” they do not support requiring the supervising physician to have real-time access to a facility’s full electronic medical record (EMR) to provide compliant remote supervision. Their concern is that requiring EMR access could unintentionally exclude rural and independent imaging centers from benefiting from the flexibility this bill intends to provide as many small imaging centers lack the infrastructure to provide remote access without incurring significant expense, security risks, or contractual complications.

ARGUMENTS IN OPPOSITION: The Osteopathic Medical Board of California (Board) believes that permitting physician direct supervision via telemedicine is inappropriate to handle emergencies and poses unnecessary risks to patient safety. The Board writes that the attempt to mitigate the risk to patient safety in an emergency, as RTs are not trained to handle such emergencies. These emergencies, such as an allergic reaction to the dye or injected substance to produce contrast for imaging, occur more frequently than is acknowledged. Delay could result in premature and unnecessary death of the patient if a physician is not available to immediately respond.

ASSEMBLY FLOOR: 77-0, 6/3/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick,

Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey,
Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan,
Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste
Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo,
Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis,
Ward, Wicks, Wilson, Zbur, Rivas

NO VOTE RECORDED: Arambula, Lee

Prepared by: Margarita Niemann / HEALTH / (916) 651-4111

9/8/25 21:10:25

**** END ****