

## CONCURRENCE IN SENATE AMENDMENTS

AB 460 (Chen)

As Amended September 04, 2025

Majority vote

**SUMMARY**

Authorizes remote supervision for radiologic technologists (RTs).

*Major Provisions*

- 1) Revises the definition of "direct supervision" to authorize a supervising physician for RTs to be available immediately via audio and video communication with access to the patient's medical imaging records and have the ability to intervene *by directing other onsite personnel*.
- 2) Requires the facility to have safety protocols and personnel onsite *who have the appropriate license to respond* to adverse events at the supervising physician's direction.

**Senate Amendments**

- 1) Delete the requirement for the supervising physician to have access the patient's electronic medical record and instead require the supervising physician to have access to the patient's medical imaging records.
- 2) Delete the requirement for the supervising physician to have the ability to intervene through standing orders or protocols and instead require the supervising physician to have the ability to intervene by directing other onsite personnel.
- 3) Delete the requirement that the onsite personnel are capable of responding to adverse events at the supervising physician's direction, and instead require the onsite personnel to have the appropriate license to respond to adverse events at the supervising physician's direction.
- 4) Specify that the onsite personnel are required to be licensed or certified as a physician and surgeon, registered nurse, nurse practitioner, clinical nurse specialist, or physician assistant.
- 5) Specify, except as provided by 6) below, the facility is required to have both safety protocols and personnel onsite who have the appropriate license to respond to adverse events.
- 6) Specify that a facility allowing only direct supervision via a supervising physician who is physically present and immediately available to intervene need only to have safety protocols.

**COMMENTS**

*Background on RTs.* RTs perform medical exams using X-rays on patients to create images of specific parts of the body. The images are then interpreted by a doctor for diagnosis and monitoring of disease. Radiographers prepare patients for the exams, move patients to the correct position, operate the equipment, and use their knowledge and skill to minimize the radiation dose to the patient.

*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 magnetic resonance imaging (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 computed tomography (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. The contrast materials help RTs distinguish between normal and abnormal conditions.

*Existing law regarding RTs in California.* Under the Radiologic Technology Act (the Act), the Radiologic Health Branch of the Department of Public Health (DPH) certifies or permits RTs who use X-ray machines on human beings, and administers exams to RTs for X-ray certification and permitting. The Act authorizes an RT to perform venipuncture in an upper extremity upper extremity to administer contrast materials if the radiologic technologist has been deemed competent to perform that venipuncture, and issued a certificate. In rare cases, people have allergic reactions to contrast materials. State law requires a physician or surgeon to be available on site in order to provide immediate medical intervention or mitigate injury to the patient in the event of an adverse reaction.

*The Centers for Medicare & Medicaid Services (CMS) waiver.* In March 2020, the CMS revised the definition of "direct supervision" to include virtual presence through real-time audiovisual technology, allowing physicians to supervise certain diagnostic tests remotely. This change was initially implemented to maintain access to care during the COVID-19 Public Health Emergency. CMS extended this flexibility through December 31, 2025, under the Medicare Physician Fee Schedule (PFS). This policy permits physicians—where state laws allow—to supervise Level 2 diagnostic tests (involving administration of contrast materials) remotely using two-way real-time audio/video technology. Given that California's statute defines direct supervision to include the physical presence of the supervising physician and surgeon within the facility, the author and sponsor note that California was not able to take advantage of the CMS waiver allowing for audio/visual.

*Other states.* Other states allow for RTs to inject contrast materials without an onsite radiologist.

- 1) *New York.* New York permits licensed radiologic technologists to inject IV contrast and does not stipulate that the physician must be physically present. RTs must meet certain conditions in order to administer contrast materials, including holding a state intravenous contrast administration certificate and have the injection authorized by a medical provider within 24 hours prior, with an appropriate patient evaluation on the day of the exam.
- 2) *New Jersey.* New Jersey regulations formerly required a radiologist on the premises whenever contrast materials were administered in an outpatient CT or MRI facility. In April 2024, the New Jersey Department of Health issued a blanket waiver of this rule. Under the terms of the waiver, a physician (who is not a radiologist), a physician's assistant (PA), or an advanced practice nurse (APN) may oversee the injection of contrast materials with remote oversight by a radiologist, who is required to be capable of being contacted immediately. The physician, PA, or APN must be certified in both Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). Further, when contrast materials are being administered to a patient who is under 18 years of age, the physician, PA, or APN must be Pediatric Advance

Life Support (PALS) certified. In the waiver, the New Jersey Department of Health noted that the state plans to amend its regulations to incorporate the provisions of the waiver.

### **According to the Author**

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

### **Arguments in Support**

The California Radiological Society (CRS) is the sponsor of this bill and states that this bill provides a timely and necessary update to California law by allowing radiologic technologists to administer contrast media under real-time remote supervision—via audio and video communication—from a physician. CRS continues that this change aligns state law with current federal policy adopted by the Centers for Medicare and Medicaid Services (CMS), which recognizes the critical role of telehealth and remote oversight in providing timely and effective patient care. CRS contends that the current requirement for on-site physician supervision imposes significant barriers to access, particularly in rural and underserved areas where radiologists are not always available. CRS states that this bill will help reduce imaging delays, shorten wait times, and improve operational efficiency in radiology departments across the state—all without compromising patient safety. CRS notes that facilities utilizing remote supervision will still be required to implement appropriate safety protocols and ensure qualified personnel are onsite and capable of responding to adverse events, as determined by the supervising physician. CRS concludes that this bill represents a common-sense advancement in healthcare delivery and positions California to keep pace with technological innovations and evolving best practices in radiology.

### **Arguments in Opposition**

*The Osteopathic Medical Board of California (OMBC) opposes this bill due to the change in scope of direct supervision of radiological technicians to allow telemedicine supervision for procedures that can involve emergencies. OMBC contends in the context of pushes to expand the convenience of telemedicine, this bill poses unnecessary risks to patient and public safety to entertain that telemedicine can replace direct supervision in the event of an emergency. OMBC states that telemedicine is not and never should be a replacement for direct, in person supervision, particularly in the light of the potential for emergencies such as reaction to dye or contrast substances given to a patient through I.V. for radiological imaging. OMBC concludes that this bill is a dangerous expansion of telemedicine that poses harm to patients and public safety.*

### **FISCAL COMMENTS**

*According to the Senate Committee on Appropriations, DPH 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).*

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

**YES:** Bonta, Chen, Addis, Aguiar-Curry, Arambula, Carrillo, Flora, Mark González, Krell, Patel, Celeste Rodriguez, Sanchez, Schiavo, Sharp-Collins, Stefani

**ASM APPROPRIATIONS: 14-0-1**

**YES:** Wicks, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta, Tangipa

**ABS, ABST OR NV:** Sanchez

**ASSEMBLY FLOOR: 77-0-2**

**YES:** 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

**ABS, ABST OR NV:** Arambula, Lee

**UPDATED**

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