

HOUSE BILL REPORT

SHB 1546

As Passed House:

March 10, 2025

Title: An act relating to general supervision of diagnostic radiologic technologists, therapeutic radiologic technologists, and magnetic resonance imaging technologists by licensed physicians.

Brief Description: Concerning general supervision of diagnostic radiologic technologists, therapeutic radiologic technologists, and magnetic resonance imaging technologists by licensed physicians.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Parshley, Schmick, Ryu and Macri).

Brief History:

Committee Activity:

Health Care & Wellness: 2/5/25, 2/19/25 [DPS].

Floor Activity:

Passed House: 3/10/25, 95-0.

Brief Summary of Substitute Bill

- Authorizes diagnostic radiologic technologists, therapeutic radiologic technologists, and magnetic resonance imaging technologists to perform intravenous contrast procedures under general supervision.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 19 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Davis, Engell, Low, Macri, Manjarrez, Obras, Parshley, Shavers, Simmons, Stonier, Stuebe, Thai and Tharinger.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Staff: Kim Weidenaar (786-7120).

Background:

The Department of Health (DOH) certifies a number of different radiologic technologists, including:

- diagnostic radiologic technologists, who handle X-ray equipment in the process of applying radiation for diagnostic purposes at the direction of a licensed practitioner;
- therapeutic radiologic technologists, who use radiation-generating equipment for therapeutic purposes at the direction of a licensed practitioner; and
- magnetic resonance imaging technologists, who use a nonionizing radiation process on a human being by which certain nuclei, when placed in a magnetic field, absorb and release energy in the form of radio waves that are analyzed by a computer producing an image of the human anatomy and physiological information at the direction of a licensed practitioner.

These three types of radiologic technologists may perform parenteral procedures related to radiologic technology when performed under the direct supervision of a physician or osteopathic physician. The DOH rules define direct supervision as a physician or osteopathic physician who is on the premises and is quickly and easily available.

To be certified as a diagnostic radiologic technologist, therapeutic radiologic technologist, or magnetic resonance imaging technologist, an applicant must:

- graduate from an approved school or successfully complete alternate training that meets the criteria established by the Secretary of Health (Secretary);
- satisfactorily complete a radiologic technologist examination approved by the Secretary; and
- have good moral character.

Summary of Substitute Bill:

Diagnostic radiologic technologists, therapeutic radiologic technologists, and magnetic resonance imaging technologists are authorized to perform intravenous contrast procedures under general supervision.

"General supervision" for purposes of intravenous contrast procedures is defined as supervision of a procedure that is furnished under the overall direction and control of a physician or osteopathic physician, but where the physician is not required to be physically present during the performance of the procedure. If general supervision is performed remotely through real-time audio and visual communications, the process must comply with all federal and state laws and regulations and local, institutional, site, and facility policies, guidelines, and rules related to telemedicine. A licensed practitioner with the requisite training to respond to adverse events must be on-site at the facility where the procedure is taking place. The physician performing general supervision must be on-call, available for

consultation, or able to respond to on-site as needed.

Nothing in the definition of "general supervision" is meant to prevent licensed health care providers working within their scope of practice from providing supervision or otherwise alter or amend their scope of practice, as allowed by state and federal law.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill addresses shortages of providers by maximizing the radiologists in a given area to increase access to needed diagnostic procedures. Interpreting images is becoming more and more complex, but there is no increase in the number of radiologists. The ability to provide general supervision for these services will improve access to physician care. For routine CTs and MRIs there are waiting lists because of provider shortages. Required, direct on-site supervision further restricts the ability to do these procedures, particularly on nights and weekends. There are many unfilled radiology positions. The direct supervision requirements are old and were established when early contrast agents had a higher chance of complications and reactions. Now severe reactions to contrast agents are very rare.

There has been some feedback from hospital systems and others and some modifications have been requested to clarify the oversight and process to require direct virtual supervision.

(Opposed) None.

Persons Testifying: Representative Lisa Parshley, prime sponsor; Jim Hedrick, Washington State Radiological Society (WSRS); Lloyd Stambaugh; and Dr. Seth Urban, Radia.

Persons Signed In To Testify But Not Testifying: None.