

SENATE BILL REPORT

SB 5299

As Reported by Senate Committee On:
Health & Long-Term Care, February 11, 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. [**Revised for 1st Substitute:** Concerning virtual direct supervision of diagnostic radiologic technologists, therapeutic radiologic technologists, and magnetic resonance imaging technologists by licensed physicians.]

Sponsors: Senators Riccelli, Muzzall, Dozier, Krishnadasan and Nobles.

Brief History:

Committee Activity: Health & Long-Term Care: 1/30/25, 2/11/25 [DPS].

Brief Summary of First Substitute Bill

- Defines virtual direct supervision.
- Exempts a diagnostic radiologic technologist, therapeutic radiologic technologist, and magnetic resonance imaging technologist from direct supervision to perform intravenous contrast procedures, which may instead be performed under virtual direct supervision.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5299 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Orwall, Vice Chair; Muzzall, Ranking Member; Bateman, Chapman, Christian, Harris, Holy, Riccelli, Robinson and Slatter.

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: Rohan Bhattacharjee (786-7534)

Background: Diagnostic radiologic technologist is a person who handles X-ray equipment in the process of applying radiation on a human being for diagnostic purposes at the direction of a licensed practitioner. This includes parenteral procedures related to radiologic technology when performed under the direct supervision of a licensed physician.

Therapeutic radiologic technologist is a person who uses radiation-generating equipment for therapeutic purposes on human subjects at the direction of a licensed practitioner. This includes parenteral procedures related to radiologic technology when performed under the direct supervision of a licensed physician.

Magnetic resonance imaging technologist is a person who uses 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 thereby producing an image of human anatomy and physiological information at the direction of a licensed practitioner. This includes parenteral procedures related to radiologic technology when performed under the direct supervision of a licensed physician.

Summary of Bill (First Substitute): Virtual direct supervision is defined as supervision of a procedure that is furnished under the overall direction and control of a licensed physician, where the physician is not required to be physically present during the performance of the procedure but is immediately available to assist through real-time audio and visual interactive communications. Virtual direct supervision must comply with all federal and state laws and regulations and local, institutional, site, and facility policies, guidelines, and rules related to telemedicine. Clinical staff with requisite training and qualifications to administer medications must be present at the facility to respond to an adverse event. The physician performing virtual direct supervision must be within 30 miles of the facility where the procedure is taking place.

A diagnostic radiologic technologist, therapeutic radiologic technologist, and magnetic resonance imaging technologist is exempted from direct supervision for intravenous contrast procedures, which may be performed under virtual direct supervision.

EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (First Substitute):

- Substitutes the term general supervision with virtual direct supervision.
- Clarifies that a physician should be immediately available to assist via real time audio and visual interactive communications.
- Adds that clinical staff with requisite training and qualifications must be present to administer medications in the event of an adverse event.
- Changes the supervising physician presence requirement from 15 minutes to 30 miles within the facility.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: Washington is one of the few states that does not permit virtual supervision, despite it being allowed under CMS regulations. This change will help address healthcare workforce shortages, especially in rural areas, and improve efficiency and patient safety. The bill would expand access to imaging services, especially in rural areas, but modifications are necessary to enhance patient safety regarding contrast reaction management.

OTHER: The requirement that a physician be on-site within 15 minutes is problematic. Many facilities rely on remote radiologists and in-person providers already present can handle emergencies. The committee should amend the bill to avoid unintended barriers to access.

Persons Testifying: PRO: Senator Marcus Riccelli, Prime Sponsor; Douglas Seiler, Washington State Radiological Society; Jim Hedrick, Washington State Radiological Society; Shannon Tripp, Inland Imaging; Sarah Russell, Inland Imaging.

OTHER: Kelli Camp, Washington Association of Nurse Anesthesiology.

Persons Signed In To Testify But Not Testifying: No one.