



QUALITY IS OUR IMAGE

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August 4, 2020

The Honorable Brian Kemp  
Governor  
The Office of the Governor  
State of Georgia  
206 Washington, Suite 203  
Atlanta, GA 30334

Dear Governor Kemp:

On behalf of the American College of Radiology (ACR)<sup>1</sup>, we write to express our strong opposition to Senate Bill 321 (S.B. 321), to remove the "in life threatening situations only" restriction for ordering advanced imaging tests (MRI, CT and others) by Advanced Practice Nurses (APRNs). We believe that a blanket allowance for ordering advanced imaging studies without physician oversight, many of which involve substantial doses of ionizing radiation and all of which involve significant expense, represents a threat to the safety of our patients and would undoubtedly lead to an increase of health care costs. We echo the concerns of the American Medical Association (AMA) and Georgia Radiological Society (GRS) and urge you to veto S.B. 321.

As shown by multiple studies, ancillary personnel order more diagnostic imaging than physicians order for the same clinical presentation, which increases health care costs and threatens patient safety by exposing patients to unnecessary radiation and possibly contrast administration. As noted in a study of the *Journal of the American College of Radiology* that analyzed skeletal x-ray utilization for Medicare beneficiaries from 2003 to 2015, ordering of diagnostic imaging increased substantially – more than 400% by non-physicians, primarily nurse practitioners and physician assistants during this time frame.<sup>2</sup> Additionally, a study<sup>3</sup> published in *JAMA Internal Medicine* found nurse practitioners ordered more diagnostic imaging than primary care physicians following an outpatient visit. It is worth noting that this particular study also highlighted the need for greater coordination in health care teams.

Limitations on ordering of advanced imaging studies in Georgia have remained in place to ensure that members of the healthcare team ordering advanced imaging procedures have a thorough understanding of radiation safety considerations, including the principles of radiation protection, the hazards of radiation exposure to both patients and radiology personnel, and the monitoring requirements of the imaging methods. We believe that physicians are uniquely equipped with knowledge and training to assess the appropriate need for advanced imaging and the relative radiation exposures for the various imaging exams which use ionizing radiation (plain X-rays, fluoroscopic studies, CT scans, and nuclear medicine studies) and to balance the medical benefit for any of the imaging exams they order against any potential risk associated with that exam.

The ACR and the AMA support physician-led health care teams, with each team member drawing on his or her specific strengths, working together, and sharing decisions and information for the benefit of the patient. We encourage state policymakers to protect patients by supporting physician-led team-based care as reflected in the respective education and training of physicians and non-physician health professionals. We urge you to preserve the existing quality of care in Georgia by vetoing S.B. 321.

Sincerely,

William T. Thorwarth, Jr., MD, FACR  
Chief Executive Officer

<sup>1</sup> The American College of Radiology is a professional organization serving nearly 40,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists.

<sup>2</sup> D.J. Mizrahi, et.al. "National Trends in the Utilization of Skeletal Radiography," *Journal of the American College of Radiology* 2018; 1408-1414.

<sup>3</sup> D.R. Hughes, et al., "A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits." *JAMA Internal Med.* 2014;175(1):101-07.