



March 14, 2023

Submitted via email

Senator Melony Griffith, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401-1901

RE: Senate Bill 673 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2023)

Dear Chairwoman Griffith and Committee Members:

On behalf of the Maryland Radiological Society (MRS) and the American College of Radiology (ACR), we appreciate the opportunity to comment and oppose SB 673. The MRS is a professional organization whose mission is to advance the science of radiology, improve radiological services, and maintain high levels of medical and ethical standards in the practice of radiology, throughout the state of Maryland. ACR is a professional organization representing more than 41,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists. SB 673 would allow a physician assistant (PA) to perform “x-ray duties” without a license or supervision.

The MRS and ACR value the commitment of physician assistants to the team-based model of care and greatly respect the contributions physician assistants make to the health care team. However, we do not believe their education and training prepare them to independently oversee patient care. The MRS and ACR are deeply concerned that SB 673 eliminates physician-led teams.

For example, a physician specializing in radiology must complete at least 13 years of training, including medical school, a four-year residency, and most often, an additional one- or two-year fellowship of very specialized training, such as radiation oncology, pediatric radiology, breast imaging, or interventional radiology. They are certified by the American Board of Radiology, and they have exacting requirements for continuing medical education throughout their practicing years. In comparison, the current physician assistant education model is two years in length with only 2,000 hours of clinical care—and no residency requirement. Our patients expect the most qualified person—physician experts with unmatched training, education, and experience—to lead and oversee their care. Yet, SB 673, removes physician supervision of physician assistants, thereby removing the most qualified person on the care team.

More specifically, the MRS and ACR are concerned with language in SB 673 that would allow a physician assistant, “to perform x-ray duties.” As written, this measure potentially creates a blanket allowance for physician assistants to practice complex medical procedures, involving ionizing radiation, and the ability to interpret radiologic procedures. Also, the process of performing an x-ray is a highly specialized skill, that requires training and certification in proper exposure factors, quality control, and radiation safety, all of which are characteristics of Registered Radiologic Technologists (RRTs). Simply put, PAs don’t have

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the education and training to perform these procedures, without the supervision of a qualified physician.

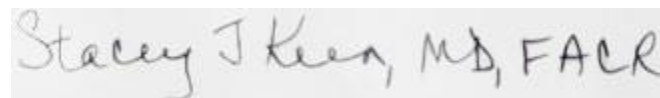
Physician assistants often work in interventional radiology suites using fluoroscopic equipment under the supervision of a physician. Modern fluoroscopic equipment is capable of delivering very high radiation doses during prolonged procedures. Potentially removing the safeguards of proper physician supervision in radiology suites may be detrimental to the overall radiation safety environment in a facility.

The role of a supervising physician in radiology suites is of utmost importance as it carries the responsibility of recognizing the risks and identifying pitfalls based on the complexity or invasiveness of the procedures. We believe that a blanket allowance for physician assistants to perform radiologic procedures raises serious concerns related to patient safety and quality and we strongly urge you to consider the possible negative consequences of SB 673.

As the provisions of health care in this country become more complex, a fully coordinated, quality-focused, and patient-centered health care team will be the optimal means by which patients will receive their health care. In the physician-led team approach, each member of the team plays a critical role in delivering safe, efficient, accurate, and cost-effective care to patients. The MRS and ACR are committed to helping all members of the health care team work together in a coordinated, efficient manner to achieve the triple aim in health care: ensure that our patients receive the highest quality of health care, at the lowest cost, resulting in the most optimal clinical outcomes.

Thank you for your consideration of this very important issue. Should you have any questions, please feel free to contact Eugenia Brandt, or Dillon Harp in ACR's Government Relations office at ebrandt@acr.org, or dharp@acr.org.

Sincerely,



Stacey J. Keen, MD FACR
President, Maryland Radiological Society



William T. Thorwarth, Jr. MD FACR
CEO, American College of Radiology