



QUALITY IS OUR IMAGE

acr.org

February 8, 2023

Senator Erin Tobin
Chair, Senate Committee on Health, and Human Services
500 E Capitol Ave, State Capitol
Pierre, SD 57501

Dear Chairwoman Tobin and Committee Members,

On behalf of the South Dakota Radiological Society (SDRS) and the American College of Radiology (ACR), we appreciate the opportunity to comment and oppose SB 175. The SDRS 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 South Dakota. ACR is a professional organization representing more than 41,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists. SB 175 would allow a physician assistant (PA) who has completed 2,080 practice hours, to practice and perform medical services without a collaborative agreement with a physician.

The SDRS 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 SDRS and ACR are deeply concerned that SB 175 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 deal with the unexpected. Yet, SB 175, removes physician supervision of physician assistants, thereby removing the most qualified person on the care team.

More specifically, the SDRS and ACR are concerned with language in SB 175 that would allow a physician assistant, after they have attained their required practice hours, “to take x-rays and perform radiologic procedures.” 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. Simply put, PAs don’t have the education and training to perform these procedures, without the supervision of a qualified physician.

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Physician assistants often work in interventional radiology suites using fluoroscopic equipment. Fluoroscopy is a technique using ionizing radiation that provides real-time X-ray imaging that is especially useful for guiding a variety of diagnostic and interventional procedures. Although it is frequently used to assist in a wide variety of medical diagnostic and therapeutic procedures (both within and outside of radiology departments) modern fluoroscopic equipment is capable of delivering very high radiation doses during prolonged procedures. There have been reports of serious skin injuries in some patients undergoing certain fluoroscopically guided 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 175.

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 efficient, accurate, and cost-effective care to patients. The SDRS 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,



William T. Thorwarth Jr, MD
Chief Executive Officer



Josie Alpers, MD
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Submitted via e-mail