Arizona

**SB 1271** sought to permit associate physicians to enter into collaborative practice agreements with physicians.

*Medical Society activity:* The Arkansas State Medical Association was actively involved in the measure.

*Status:* “Associate physicians” changed to “medical graduate and osteopathic graduate transitional training” and became law.

Arkansas

**HB 1258** grants full independent practice authority to nurse practitioners (NPs) that complete 10,400 hours of practice under a collaborative practice agreement with a physician. Permits NPs to prescribe therapeutic devices appropriate to the NP’s area of practice.

*ACR/Chapter activity:* Members of the chapter actively opposed the bill.

*Status:* Enacted

Colorado

**HB 21-1184** sought to change the practice agreement between a physician assistant (PA) and physician to a collaborative agreement. Physician supervision would only be required for a PA with fewer than 5,760 hours of practice experience or who is beginning practice in a new specialty. The bill would also require carriers to consider PAs to be primary care providers when the PA is practicing in a medical

*ACR/Chapter activity:* The Colorado Radiological Society officially opposed the measure alongside the medical society and testified in opposition to it.

*Status:* Failed

Connecticut

**HB 5405** sought to permit advanced practice registered nurses to perform fluoroscopy services.

*ACR/Chapter activity:* The chapter objected to the bill and as a result it failed.

*Status:* Failed

Delaware

**HB 33** changes the practice agreement between a physician assistant and physician from supervising to a collaborating agreement. PAs are permitted to order therapeutic orders or procedures.

*ACR/Chapter activity:* The Delaware Radiological Society opposed the bill along with multiple other state medical societies.

*Status:* Enacted

**HB 141** sought to remove physician supervision of APRNs and would permit the Board of Nursing to grant full practice authority upon the issuance of an APRN license. The bill also seeks to permit APRNs to plan and initiate a therapeutic regimen that includes ordering diagnostic and supportive services.
**Medical Society activity:** The AMA along with national specialty societies are actively opposing this measure.

**Status:** Passed House chamber June 9th. Legislative session ends June 30th.

**Florida**

HB 111 and its companion bill SB 424 would revise practice requirements for an advanced practice registered nurse to practice autonomously in their respective specialty.

**ACR/Chapter activity:** The chapter was actively involved in opposing the measure.

**Status:** Failed

HB 431 sought to change the practice agreement between a physician assistant and physician from supervising to a collaborating agreement. The provision was later dropped from the bill.

**ACR/Chapter activity:** The chapter was actively involved in opposing the measure.

**Status:** Waiting for the governor’s signature.

HB 1299 proposed to define an “autonomous physician assistant” as a PA who would practice primary care without physician supervision after 4,000 clinical practice hours.

**ACR/Chapter activity:** The chapter was actively involved in opposing the measure.

**Status:** Failed

SB 894 sought to define an autonomous physician assistant as “a physician assistant who... could practice primary care without physician supervision.”

**ACR/Chapter activity:** The chapter was actively involved in opposing the measure.

**Status:** Failed

**Georgia**

HB 213 would permit APRNs to order, prescribe, procure, administer, dispense or furnish a diagnostic study or radiographic imaging test. Diagnostic study is defined as “a laboratory test, x-ray, ultrasound or procedure used to identify a characteristic or distinguishing feature of a particular disease or condition.” Radiographic imaging test includes a CT, MRI, PET or nuclear medicine.

**ACR/Chapter activity:** ACR state government relations staff submitted a letter to Gov. Kemp opposing the bill and urging the removal of “in life threatening situations only” restriction for ordering advanced imaging tests. The chapter was adamantly opposed to the bill.

**Status:** Exempted from legislative deadlines and therefore remains alive for potential consideration this session.
Illinois

HB 1826 and SB 145 seek to change the practice agreement between a physician assistant and physician from supervising to a collaborating agreement. The physician in the collaborative agreement would not be liable for the actions or inactions of the PA.

ACR/Chapter activity: The Illinois Radiological Society actively participated in conversations surrounding the issue and received a commitment not to move the legislation during the spring session.

Status: Bills are active until the completion of the second-year legislative session.

SB 1949 was referred to the Licensed Activities Committee. The bill seeks to permit advanced practice registered nurses licensed under the Nurse Practice Act to administer fluoroscopy without supervision.

ACR/Chapter activity: The Illinois Radiological Society opposed this bill. Chapter leadership plans to engage in a conversation with the advocates of the legislation this summer.

Status: Bill is active until the completion of the second-year legislative session.

Indiana

SB 366 sought to change the physician supervision of physician assistants (PAs) to a collaborating agreement. It would also permit PAs to plan and initiate a therapeutic regimen including, but not limited to, ordering, and prescribing diagnostic support services.

Status: Failed

Kansas

In Kansas, HB 2256 and SB 174 would seek to permit APRNs to order and interpret diagnostic procedures. After completing 4,000 hours of clinical practice hours or clinical instructional hours within four years in a collaborative practice with a physician or a full practice authority APRN, the bill seeks to permit APRNs to have full practice authority.

Medical Society activity: The AMA and national specialty societies are actively monitoring the Senate measure and prepared to respond to the measure.

Status: The House bill was not passed out of committee, nor was it exempted from legislative deadlines that have passed for the 2021 session; the Senate bill was not passed out of committee but was exempted from legislative deadlines and therefore remains alive for potential consideration this session.

Louisiana

HB 495 sought to permit full practice authority for advanced practice registered nurses (APRNs), including repealing their collaborative practice agreement requirements. It sought to allow APRNs to plan and initiate a therapeutic regimen that would include diagnostic services.

ACR/Chapter activity: The Louisiana Radiological Society actively opposed this proposed measure.

Status: Failed
Mississippi

**HB 1303** sought to exempt APRNs from having to contract with a physician after 3,600 hours of practice.

*Medical Society activity:* The AMA and national specialty societies actively opposed this measure.

*Status:* Failed

Montana

**HB 400** sought to change the practice agreement between a physician assistant and physician from supervising to a collaborating agreement. Additionally, it would permit PAs to supervise, delegate and assign therapeutic and diagnostic measures.

*Medical Society activity:* National specialty societies and the AMA actively monitored and were prepared to respond this bill.

*Status:* Failed

New York

**AB 1837** and its companion bill, **SB 1591** seek to permit physician assistants to perform fluoroscopy, provided that the PA has successfully completed an educational program consisting of at least 40 hours of didactic and 40 hours of clinical training with successful completion of a competency exam, as approved by the department.

*ACR/Chapter activity:* The New York State Radiological Society active opposes these bills.

*Status:* Bills were exempted from legislative deadlines and therefore remain alive for potential consideration this session.

North Carolina

**SB 345** seeks to permit PAs to practice without supervision if:

- The physician assistant practices in “team-based” settings; and
- The physician assistant has more than 4,000 hours of practice experience as a licensed PA and more than 1,000 hours of practice within the specific medical specialty of practice under physician supervision.

PAs would be permitted to plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions.

*ACR/Chapter activity:* The North Carolina Radiological Society is actively opposing this measure and successfully advocated for inclusion of a provision prohibiting PAs from performing final interpretations of diagnostic imaging which would include: all plain film radiographs, CT, MRI, nuclear medicine, PET, mammography, and ultrasound goods and services.

*Status:* In House chamber. Legislative session ends June 30th.

**SB 249** and **HB 277** would permit APRNs to order, perform, supervise, and interpret diagnostic studies.
**ACR/Chapter activity:** The North Carolina Radiological Society is actively monitoring and prepared to respond to the proposed measure.

**Status:** In respective chambers.

**North Dakota**

**SB 2122** permits physical therapists to order musculoskeletal imaging consisting of plain film radiographs provided the physical therapist holds a clinical doctorate degree in physical therapy or has completed a board-approved formal medical imaging training program.

**ACR/Chapter activity:** The state medical association and radiologists objected to the provision that would include the ordering of MRIs, as a result, the provision was removed prior to becoming law.

**Status:** Enacted, with provision of ordering MRIs removed.

**Oregon**

**HB 3036** would change the practice agreement between a physician assistant and physician from supervising to a collaborating agreement.

**ACR/Chapter activity:** The chapter is monitoring the measure.

**Status:** Enacted

**Rhode Island**

**HB 5198** sought to permit physical therapists to order diagnostic imaging, defined as “basic radiological imaging”. Unless extended by the state general assembly, authorization for physical therapists to order diagnostic imaging would sunset Dec. 31, 2023.

**ACR/Chapter activity:** ACR and the Rhode Island Radiological Society are monitoring the bill.

**Status:** Passed the House chamber June 17th.

**South Dakota**

**HB 1163** sought to change the practice agreement between a physician assistant and physician from supervising to a collaborating agreement. PAs would also be permitted to delegate and assign therapeutic measures to assistive personnel.

**Medical Society activity:** The collaboration of the South Dakota State Medical Association along with state specialty societies and the AMA, helped defeat the bill.

**Status:** Failed

**Tennessee**

**HB 1080** proposed to permit PAs to order, perform and interpret diagnostic studies and therapeutic procedures.

**ACR/Chapter activity:** The Tennessee Radiological Society worked with the Collaborative Care Coalition opposing any independent practice by PAs or NPs or expansion of their scope. As a result, the bill was
amended to only establish an independent PA licensing board and there are no scope of practice changes from their current scope.

Status: Enacted as amended, solely establishing an independent PA licensing board.

**SB 176** seeks to permit APRNs to plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including durable medical equipment, medical devices, and diagnostic and supportive services.

**ACR/Chapter activity:** The Tennessee Radiological Society is working with the Collaborative Care Coalition in continuing to oppose the measure.

Status: Bill is on hold until next year’s legislative session.

Texas

**HB 2029** and **SB 915** sought to permit APRNs to order, perform and interpret diagnostic tests.

**ACR/Chapter activity:** The Texas Radiological Society closely monitored the bill.

Status: Failed

**HB 4352** sought to change the practice agreement between a PA and physician from supervising to a collaborating agreement, and permit PAs to interpret diagnostic studies and therapeutic procedures.

**ACR/Chapter activity:** The Texas Radiological Society closely monitored and were prepared to respond to the bill.

Status: Failed

Utah

**SB 27** proposed to change the practice agreement between a PA and physician from supervising to a collaborating agreement. In addition, PAs would also be permitted to order, perform, and interpret diagnostic studies and therapeutic procedures.

**ACR/Chapter activity:** The Utah chapter opposed the bill and ACR State Government Relations staff composed an opposition letter to the Senate Majority Leader. As a result, the provision permitting PAs to order, perform, and interpret was completely removed from the bill prior to it being signed into law.

Status: Enacted as amended, removing the imaging provision.

Virginia

**HB 2039** changes the practice agreement between a physician assistant and physician to a collaborative agreement. Additionally, the physician in the collaborative agreement will not be liable for the actions or inactions of the PA.

**ACR/Chapter activity:** The chapter monitored the bill.

Status: Enacted
West Virginia

**SB 714** modifies the collaboration agreement between PAs and physicians by removing the personal presence of the collaborating physician requirement if both parties are/can be easily in contact with one another by telecommunication.

*Status: Enacted*

Wyoming

**SF 33** changes the practice agreement between a physician assistant and physician from supervising to a collaborating agreement.

*ACR/Chapter activity: ACR monitored the bill.*

*Status: Enacted*