

## **State Legislative Wrap Up: Scope of Practice**

Nearly every state legislature deliberated scope of practice bills during the 2021 legislative session. The American College of Radiology® (ACR®) has summarized radiology-related measures categorized by state.

### **Arizona**

[Senate Bill \(SB\) 1271](#) sought to permit associate physicians to enter into collaborative practice agreements with physicians.

Medical Society activity: The Arizona 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**

[House Bill \(HB\) 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.

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 also would require carriers to consider PAs as primary care providers when the PA is practicing in a medical specialty for which a physician is required to be a primary care provider.

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

Status: Failed

### **Connecticut**

[HB 5405](#) sought to permit advanced practice registered nurses (APRNs) to perform fluoroscopy services.

Chapter activity: The chapter objected to the bill.

Status: Failed

### **Delaware**

[HB 33](#) changes the practice agreement between a PA and physician from a supervising to a collaborating agreement. PAs are permitted to order therapeutic orders or procedures.

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

Status: Enacted

[HB 141](#) removes physician supervision of APRNs and permits the Board of Nursing to grant full practice authority upon the issuance of an APRN license. The bill also permits APRNs to plan and initiate a therapeutic regimen that includes ordering diagnostic and supportive services. Its companion bill, [HB 21](#) authorizes establishment and convening of the Interstate Commission of Advanced Practice Registered Nurse Compact Administrators. The commission is to adopt rules relating to its operation when it is enacted into law. Under the compact, APRNs licensed in a member state may practice in another member state.

Medical Society activity: The American Medical Association (AMA) and other national specialty societies opposed these measures.

Status: Enacted

### **Florida**

[HB 111](#) and its companion bill [SB 424](#) would revise practice requirements for an APRN to practice autonomously in their respective specialty.

Chapter activity: The chapter opposed the measure.

Status: Failed

[HB 431](#) sought to change the practice agreement between a PA and physician from a supervising to a collaborating agreement. The provision was later dropped from the bill.

Chapter activity: The chapter advocated against the measure.

Status: Enacted

[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.

Chapter activity: The chapter actively opposed the measure.

Status: Failed

[SB 894](#) sought to define an autonomous PA as "a physician assistant who ... could practice primary care without physician supervision."

Chapter activity: The chapter actively opposed 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, magnetic resonance imaging (MRI), positron emission tomography (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: The bill was exempted from legislative deadlines and therefore remains alive for potential consideration in this session.

### **Illinois**

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

Chapter activity: The Illinois Radiological Society actively participated in conversations about 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 105](#) removes language requiring a physician to attest to an APRN’s completion of the clinical experience required to practice without a written collaborative agreement. Other evidence of clinical experience may be accepted as established by rule.

Status: Enacted

[SB 1949](#) seeks to permit APRNs licensed under the Nurse Practice Act to administer fluoroscopy without supervision. The bill was referred to the Licensed Activities Committee.

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: The bill is active until the completion of the second-year legislative session.

### **Indiana**

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

Status: Failed

### **Kansas**

[HB 2256](#) and [SB 174](#) sought to permit APRNs to order and interpret diagnostic procedures. The bill sought to permit APRNs to have full practice authority after completing 4,000 clinical practice hours or clinical instructional hours within four years in a collaborative practice with a physician or a full practice authority APRN.

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 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.

Chapter activity: The Louisiana Radiological Society opposed the bill.

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 opposed this measure.

Status: Failed

### **Montana**

[HB 400](#) sought to change the practice agreement between a PA and physician from a supervising to a collaborating agreement. Additionally, it would have permitted 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**

[Assembly Bill 1837](#) and companion bill [SB 1591](#) seek to permit PAs to perform fluoroscopy if they have successfully completed an educational program consisting of at least 40 hours of didactic and 40 hours of clinical training and pass a competency exam approved by the Department of Health

Chapter activity: The New York State Radiological Society actively opposes these bills.

Status: The 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 they meet these requirements:

- The PA practices in “team-based” settings.
- The PA 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.

Chapter activity: The North Carolina Radiological Society is actively opposing this measure. The society 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: The bill passed the Senate and now is in the House. Legislative session ends Sept. 30.

[SB 249](#) and [HB 277](#) would permit APRNs to order, perform, supervise and interpret diagnostic studies.

Chapter activity: The North Carolina Radiological Society is monitoring the bills and is prepared to respond.

Status: The bills are active in their respective chambers.

### **North Dakota**

[SB 2122](#) permits physical therapists (PTs) to order musculoskeletal imaging consisting of plain film radiographs provided the PT holds a clinical doctorate degree in physical therapy or has completed a board-approved formal medical imaging training program.

Medical society 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, however with the provision allowing the ordering of MRIs removed.

### **Oregon**

[HB 3036](#) changes the practice agreement between a PA and physician from a supervising to a collaborating agreement.

Chapter activity: The chapter monitored the bill.

Status: Enacted

### **Rhode Island**

[HB 5198](#) permits PTs to order diagnostic imaging, defined as “basic radiological imaging.” Unless extended by the state general assembly, this authorization will end Dec. 31, 2023.

ACR/Chapter activity: ACR and the Rhode Island Radiological Society monitored the bill.

Status: Enacted

### **South Dakota**

[HB 1163](#) sought to change the practice agreement between a PA and physician from a supervising to a collaborating agreement. PAs also would have been permitted to delegate and assign therapeutic measures to assisting personnel.

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

Status: Failed

### **Tennessee**

[HB 1080](#) proposed to permit PAs to order, perform and interpret diagnostic studies and therapeutic procedures.

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

Status: Enacted as amended.

[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.

Chapter activity: The Tennessee Radiological Society is working with the Tennessee Collaborative Care Coalition to oppose the bill.

Status: The 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.

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

Status: Failed

### **Utah**

[SB 27](#) proposed to change the practice agreement between a PA and physician from a supervising to a collaborating agreement. In addition, PAs sought authority 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 diagnostic studies and therapeutic procedures was removed from the bill.

Status: Enacted as amended.

### **Virginia**

[HB 2039](#) changes the practice agreement between a PA 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.

Chapter activity: The chapter monitored the bill.

Status: Enacted

[HB 1737](#) reduces from five to two years of full-time clinical experience an NP must have to be eligible to practice without a written or electronic practice agreement.

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.

ACR activity: ACR monitored the bill.

Status: Enacted

### **Wyoming**

[Senate File 33](#) changes the practice agreement between a PA and physician from a supervising to a collaborating agreement.

ACR activity: ACR monitored the bill.

Status: Enacted

For more information about scope of practice activity, please contact [Tina Getachew](#) or [Eugenia Brandt](#). Additional scope of practice resources are available on the ACR [Scope of Practice](#) page.