



MEMORANDUM IN OPPOSITION
S2126 (Rivera)
Practice of Fluoroscopy by Physician Assistants

AN ACT to amend the public health law, in relation to the use of fluoroscopy by physician assistants.

The New York State Radiological Society has significant patient safety concerns with S2126, Rivera to allow a Physician Assistant (PA) to independently engage in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures.

The Society is opposed to this legislation as written because it is missing critical patient safety standards based on ACR-AAPM technical standards including: 1) Direct supervision (physician in the department); and 2) Adequate clinical standards during training.

This legislation, if adopted, will provide a lower standard for training of PAs in fluoroscopy in New York State than that required for radiology residents.

Physician Assistants are valued members of the medical care team. However, PAs are not required to have any training in ionizing radiation to be licensed in New York State and they are currently prohibited by law from performing fluoroscopy.

Fluoroscopy is an imaging technique that uses real time x-rays of an instrument, dye or body part so that its location or movement can be observed during an internal diagnostic or treatment procedure. It is used in cardiac, orthopedic and other surgeries, in diagnostic studies, and in the placement of tubes in the body such as peripherally inserted central catheter (PICC) lines.

Fluoroscopy can deliver large doses of radiation to patients during diagnostic and interventional procedures. Concerns over medical radiation exposure have received significant national attention in recent years. Peer reviewed journal articles cite the increase in radiation exposure to children and the associated potential cancer risks. ¹ Children are particularly at risk because young patients are more radiosensitive and they have more remaining years in their life during which a radiation-induced cancer could develop. There is also strong evidence from epidemiologic studies published in the New England Journal of Medicine that the increasing patient radiation dose from medical radiation may result in increased risk of cancer for children and adults. ²

¹ Pearce et al. Radiation exposure from CT scans in childhood and subsequent risk of leukemia and brain tumours: a retrospective cohort study. www.thelancet.com June 27, 2012.

² Brenner, et al. Computed Tomography--An Increasing Source of Radiation Exposure. N Engl J Med. www.NEJM.ORG, November 29, 2007.

All radiologists subscribe to the well-known and widely accepted concept of ALARA (As Low as Reasonably Acceptable) for patient radiation. The Society participates in national campaigns, Image Gently and Image Wisely, to minimize radiation exposure for children and adults. In addition, The Society works with the New York State Department of Health (NYS DOH) on the development of a statewide education campaign.

The NYSRS is concerned that this legislation is at cross purposes with government efforts and our efforts concerning patient safety and ALARA. It will result in increased levels of unsafe radiation to patients due to the physician supervision standard that would apply to PAs during both clinical training and as part of their practice.

Currently, the only non-physician practitioner that is authorized to perform fluoroscopy in the State is an appropriately trained and educated Radiological Technologist (RT) under the personal supervision of a physician. Personal supervision means that the physician must be in attendance in the room during the performance of the procedure.

This legislation permits PAs to perform fluoroscopy under the general supervision of a physician which means that the supervising physician does not have to be physically present at the time and place where the services are performed. **It would allow a physically remote physician to supervise by phone a PA performing fluoroscopy.** Under this supervision standard, a physician will not be readily available if a PA has difficulty operating the equipment or other patient safety issues arise.

The Society supports direct supervision consistent with the ACR-AAPM Technical Standard for Management of The Use Of Radiation In Fluoroscopic Procedures which states that non-physician practitioners who perform fluoroscopy should receive direct or personal supervision by a radiologist or other qualified physician.³ Direct supervision means that a physician must be present in the section of the facility where the procedure is performed and is currently not encumbered by responsibilities that would preclude the physician from responding to a request for assistance within a time frame that poses no risk to the patient. Direct supervision by an experienced physician/radiologist will result in lower radiation exposure to patients and fewer complications.

In addition, the Society of Interventional Radiologists (SIR) recommends that a radiologist remain available for immediate consultation should a PA encounter procedural difficulties or adverse situations.⁴

The supervision standard in the bill for clinical training is also contrary to the ACR-AAPM Technical Standard which recommends personal supervision of a radiologist or other qualified physician during clinical training. However, the Fluoroscopy Educational Framework for the Physician Assistant allows clinical supervision by a “radiography educator” who is not a

³ ACR-AAPM Technical Standard for Management of the Use of Radiation In Fluoroscopic Procedures, Revised 2013

⁴ Ibid

physician. ⁵ **This Framework, if adopted, will provide a lower standard for training of PAs in fluoroscopy in New York State than that required for radiology residents.**

The Society recognizes that this legislation requires 40 hours of clinical and 40 hours of didactic training with successful completion of a competency exam. However, this falls far short of the extensive training in radiation safety that a radiologist receives. This training occurs after a physician graduates from medical school and continues throughout their 4-year residency and 1 to 2-year fellowship. In order to become board certified, a radiologist must take and pass a physics exam which includes an important component on radiation safety and radiation biology.

Recent journal articles demonstrate that there is a clear correlation between increased training and lower patient radiation exposure. In one study, the addition of a new American Medical Association (AMA) fluoroscopy training program for radiology residents reduced the amount of time that it took for a fluoroscopy procedure to be performed by 25% and reduced patient dose by 38%. ⁶ Another study on radiation and fluoroscopy safety compared inexperienced junior radiologists to experienced senior radiologists and found that the inexperienced radiologists exposed patients to significantly more radiation. ⁷

Currently, at least 44% of states either prohibit PAs from performing fluoroscopy or require that it can be performed only under the direct supervision of a physician. The sixteen states that do not allow PAs to perform fluoroscopy include: Arkansas, Indiana, Kentucky, Louisiana, Maine, Montana, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, South Carolina, Vermont, and West Virginia. Seven states require direct supervision: Colorado, Delaware, Georgia, Kansas, Texas, Utah, and Virginia.

The Sponsor's Memorandum in support of the bill states that "**This bill does not expand the scope of practice of physician assistants.**" We respectfully disagree. Physician Assistants are currently prohibited from performing fluoroscopy because they cannot perform specific functions and duties delegated by law to persons licensed as allied health professionals (Section 6542 (7), Education Law). Radiological Technologists are authorized to use x-ray producing equipment on human beings for diagnostic purposes. Therefore, PAs are prohibited from doing so under the current law.

On the Department of Health's website, it is clearly stated that PAs cannot perform fluoroscopy: <https://www.health.ny.gov/environmental/radiological/faqs/radhlthtech.htm>, and it is not in their current scope of practice as follows:

Q. Who can operate fluoroscopy equipment on humans?

⁵ Fluoroscopy Educational Framework for the Physician Assistant, American Academy of Physician Assistants/American Society of Radiologic Technologists, December 2009

⁶ Fredreik-Dyer, et al. Online Training on the Safe Use of Fluoroscopy Can Result in a Significant Decrease in Patient Dose. Acad Radiol Vol 20, No 10, October 2013.

⁷ Dogan et al. Effects of Radiologists' Skill and Experience on Patient Doses On Patient Doses In Interventional Examinations. Radiation Protection Dosimetry, 2008, Vol. 129, No. 1-3, pp32-35

"A. Only physicians, radiologic assistants, or licensed radiologic technologists may position patients, set techniques or apply radiation to patients. Nurses, nurse practitioners, physician assistants, respiratory therapists, secretaries or receptionists may NOT position patients, set techniques or expose patients unless they are licensed and currently registered as radiologic technologists with this Department. A licensed radiologic technologist may operate fluoroscopic equipment under personal supervision of a physician.

This interpretation was confirmed by an August 4, 2009 letter from the New York Department of Health on this subject which states that "physician assistants are not required to have any ionizing radiation training in order to be licensed and New York law prohibits them from using fluoroscopy." The Department's letter cites Section 6542(7) as the reason for the prohibition.

In addition, the approval message of Chapter 30 of the Laws of 2010 (Approval Memo 1) which added a new Section 3704 to Article 37 of the Public Health Law governing PAs states that, "*a physician assistant may not perform x-rays or fluoroscopy, which is delegated to radiographers by PHL Article 35.*"

For all of the above reasons, the New York State Radiological Society urges lawmakers to reject S2126 (Rivera).