1 H.473

2	Introduced by Committee on Health Care
3	Date:
4	Subject: Health; health care professionals; radiologist assistants
5	Statement of purpose of bill as introduced: This bill proposes to authorize
6	radiologist assistants to provide services without having a radiologist
7	physically present, provided a radiologist is available remotely for consultation
8	and intervention and a physician is physically present in case of a medical
9	emergency. The bill would also allow radiologist assistants to communicate
10	with patients regarding the radiologist assistants' preliminary observations
11	about the technical performance of a procedure or examination and about the

An act relating to radiologist assistants

findings from a radiologist's report.

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 26 V.S.A. § 2851 is amended to read:

16 § 2851. DEFINITIONS

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17 As used in this chapter:

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(8)(A) "Supervision" means the direction and review by a supervising radiologist, as determined to be appropriate by the Board, of the medical services provided by the radiologist assistant. At a minimum, supervision shall mean that a radiologist is readily available for consultation and intervention. A radiologist assistant may provide services under the direction and review of more than one supervising radiologist during the course of his or her the radiologist assistant's employment, subject to the limitations on his or her the radiologist assistant's scope of practice as set forth in this chapter and the protocol filed under subsection 2853(b) of this title. (B) As used in subdivision (A) of this subdivision (8), "readily available" means that a radiologist is available in person or is available remotely by telephone or through a live, interactive audio and video connection. Sec. 2. 26 V.S.A. § 2857 is amended to read: § 2857. SUPERVISION AND SCOPE OF PRACTICE (a)(1) The number of radiologist assistants permitted to practice under the direction and supervision of a radiologist shall be determined by the Board after review of the system of care delivery in which the supervising radiologist and radiologist assistants propose to practice. Scope of practice and levels of

supervision shall be consistent with guidelines adopted by the American

College of Radiology, the American Society of Radiologic Technologists, and

the ARRT.

(2) The authority of a radiologist assistant to practice shall terminate immediately upon termination of the radiologist assistant's employment, and the primary supervising radiologist shall immediately notify the Board and the Commissioner of the Department of Health of the termination. The radiologist assistant's authority to practice shall not resume until he or she the radiologist assistant provides proof of other employment and a protocol as required under this chapter.

(3) If a supervising radiologist is not physically present at the location at which a radiologist assistant is practicing, the radiologist assistant shall provide services only when a physician licensed pursuant to chapter 23 or 33 of this title, who need not be a radiologist, is physically present at the location and would be responsible for providing intervention or assistance in the event of a medical emergency.

(b)(1) Subject to the limitations set forth in subsection (a) of this section, the radiologist assistant's scope of practice shall be limited to that delegated to the radiologist assistant by the primary supervising radiologist and for which the radiologist assistant is qualified by education, training, and experience. At no time shall the practice of the radiologist assistant exceed the normal scope of the supervising radiologist's practice.

1	(2) A radiologist assistant may shall not interpret images, make
2	diagnoses, or prescribe medications or therapies but may communicate with
3	patients regarding the radiologist assistant's preliminary observations
4	regarding the technical performance of a procedure or examination and
5	regarding the findings from a radiologist's report. Preliminary observations
6	shall not include any communication about the presence or absence of features
7	or characteristics that would be considered in making a diagnosis.
3	Sec. 3. EFFECTIVE DATE
)	This act shall take effect on July 1, 2023.