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January 25, 2023

Submitted via e-mail

Senator Mark Costello
Chair, Joint Subcommittee on Health and Human Services
1007 East Grand Avenue, State Capitol
Des Moines, IA 50319

Dear Chairman Costello and Committee Members,

On behalf of the American College of Radiology (ACR), we appreciate the opportunity to comment and oppose SSB 1046. ACR is a professional organization representing more than 40,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists. SSB 1046 seeks to permit the referral of a patient by a physical therapist for diagnostic imaging with results to be interpreted by a health care provider.

> *(2) Physical therapy permits the referral of a patient by a physical therapist for diagnostic imaging, including plain radiographs and magnetic resonance imaging, provided the results of the imaging are evaluated by a healthcare provider who is qualified and permitted to interpret the results.*

We believe expanding the scope of physical therapists to include ordering diagnostic imaging would be burdensome to the overall impact on the healthcare costs in Iowa and may result in repeat exams with potential exposure to repeated radiation doses.

A recent JAMA Internal Medicine study investigated diagnostic imaging by non-physician personnel, more specifically Nurse Practitioners (NPs) and Physicians Assistants (PAs), compared to primary care physicians, after office-based encounters.[1] The study controlled for imaging claims that occurred after follow-up care such as specialty referrals. The study's authors noted that previous research[2] found that in 34 percent of emergency department cases, non-physician personnel (NPs and PAs) recommended imaging studies when physicians had not and reminded that overuse of diagnostic imaging may expose patients to unnecessary radiation and offset some savings otherwise achieved by the expanded use of non-physician personnel.

The JAMA Internal Medicine study found that NPs and PAs were associated with more ordered diagnostic imaging than primary care physicians following an outpatient visit. We hope to draw your attention to one aspect of the study in particular-- the difference was more pronounced for radiographs – a test for which larger numbers of NPs and PAs are authorized to order than non-radiographs. Further, NPs and PAs were associated with more imaging than primary care physicians on both new and established patients, though results were more pronounced with new patients, where NPs and PAs were not found to order differently for advanced imaging examinations but were associated with higher rates for radiography orders.

[1] D.R. Hughes, et al., A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits. JAMA Internal Med. 2014;175(1):101-07.
[2] Seaberg DC, MacLeod BA. Correlation between triage nurse and physician ordering of ED tests. Am J Emerg Med. 1998;16(1):8-11.

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The findings suggest that expanding the authority to order imaging to non-physicians has resulted in increased imaging and may have ramifications on care and overall costs. While we share the concerns for patients to be able to receive care they need, we believe this measure may further elevate health care costs and potentially increase unnecessary radiation exposure.

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

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