

STATE OF NEW YORK

11494

IN ASSEMBLY

May 28, 2026

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Cruz) --
read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to registered radiologic technologists working within a collaborative practice agreement with a licensed physician

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivision 3 of section 3501 of the public health law, as
2 amended by chapter 476 of the laws of 2024, is amended and a new subdi-
3 vision 20 is added to read as follows:

4 3. "Radiography" means the use of x-rays or x-ray producing equipment
5 on human beings for diagnostic purposes under the supervision of a
6 licensed practitioner. The practice includes, but is not limited to:
7 measuring and positioning patients; selecting and setting up exposure
8 factors on x-ray equipment, and the making of the x-ray exposure; the
9 performance of quality control tests; under the direct supervision of a
10 licensed physician, the intravascular administration of contrast media
11 when such administration is an integral part of the x-ray or imaging
12 procedure; and, under the direct supervision of a licensed physician,
13 certified nurse practitioner, or licensed physician assistant, the
14 intravenous administration of contrast media when such administration is
15 an integral part of the x-ray or imaging procedure. In collaborative
16 practice with a licensed physician, when such services are performed in
17 accordance with a written practice agreement and written practice proto-
18 cols, it shall be known as a collaborative practice agreement. Under
19 such a collaborative practice agreement, radiologic technologists, under
20 the supervision of a physician, may also practice the intravenous admin-
21 istration of contrast media when such administration is an integral part
22 of the x-ray or imaging.

23 20. "Collaborative practice agreement" means an agreement between a
24 radiologic technologist and a licensed physician conforming to the
25 requirements set forth in subdivision seven of section three thousand
26 five hundred two of this article.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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§ 2. Section 3502 of the public health law is amended by adding a new subdivision 7 to read as follows:

7. (a) A collaborative practice agreement between a radiologic technologist and a licensed physician shall:

(i) be signed and maintained by the physician and the radiologic technologist;

(ii) be reviewed annually by the physician and the radiologic technologist;

(iii) include consideration for medically compromised patients, specific medical conditions, age- and procedure-specific practice protocols, and recognition and response to adverse reactions and events associated with the administration of intravenous contrast media; and

(iv) be made available to the department and other interested parties upon request.

(b) Prior to performing services pursuant to a collaborative practice agreement, the radiologic technologist shall provide the patient with a written statement advising the patient that the services provided are not being provided either by or under the direct or personal supervision of a licensed physician.

(c) A collaborating physician may enter into such number of collaborative agreements as the physician determines consistent with the physician's and facility's ability to provide appropriate clinical oversight, patient safety, and operational capability.

(d) A radiologic technologist shall have no more than one collaborative agreement with a physician at one time.

(e) A radiologic technologist shall file an application with the department to practice as a radiologic technologist under a collaborative practice agreement, and submit such fee as determined by the department to be reasonable.

(f) As a condition of collaborative practice, the radiologic technologist shall:

(i) have and maintain an intravenous contrast administration certificate issued by the department in good standing for the full duration of the agreement. The lapse of such certification during the course of an agreement shall terminate the validity of the dependent collaborative agreement; and

(ii) have been engaged in practice with an active and consistently utilized intravenous contrast administration certificate, and have documented completion of educational course work that includes, but is not limited to, instruction in advanced radiology life support, medical emergency procedures, and risk management.

(g) Nothing in this subdivision shall be construed to require either direct or personal supervision by a physician unless otherwise specified in a collaborative practice agreement, provided, however, any such collaborative practice site must provide supervision by a licensed physician utilizing two-way, real-time audiovisual technology meeting current Centers for Medicare & Medicaid Services guidance, as well as on-site staffing of one or more healthcare professionals qualified, licensed, or otherwise trained to handle adverse events associated with intravenous contrast administration.

§ 3. This act shall take effect one year after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such date.