



March 23, 2026

Senator Stephan A. Huffman
Senate Building
1 Capitol Square, Ground Floor 040
Columbus, OH 43215-3410

Dear Senator Huffman,

The American College of Radiology (ACR)—a professional association representing more than 40,000 physicians in diagnostic radiology, interventional radiology, radiation oncology, nuclear medicine, and medical physics—appreciates the opportunity to provide comments on Senate Bill 324. ACR opposes SB 324 because it would broadly weaken Ohio’s existing radiologic safety framework by exempting certified nurse practitioners (CNPs) and physician assistants (PAs) from profession-specific licensure requirements and by expanding their authority to supervise limited-license X-ray personnel. Because procedures involving ionizing radiation demand specialized training, competency, and oversight, this bill raises serious patient safety, quality, and accountability concerns.

While we recognize the strain created by healthcare workforce shortages and understand the arguments related to rural access and urgent-care capacity, the scope of SB 324 is not limited to those contexts. Instead, it creates a statewide exemption for CNPs and PAs from Chapter 4773 licensure requirements. Such a broad exemption goes well beyond the stated intent and undermines critical safety standards across all practice settings. Currently, any individual performing radiologic procedures must hold the appropriate radiologic license, receive formal instruction in safe operating procedures, and demonstrate competency in the safe use of equipment. These protections exist because procedures involving ionizing radiation carry risks that must be managed by properly trained and licensed professionals.

The education and clinical training pathways for CNPs and PAs currently do not include the professional-specific training required to perform radiologic procedures. Their authority to order imaging studies is not equivalent to being trained and licensed to operate ionizing-radiation equipment. Radiological procedures involving ionizing radiation require detailed knowledge of radiobiology, radiophysics, radiation safety, exposure technique, patient positioning, collimation, shielding, equipment operation, and image-quality assessment. Improper technique, inadequate shielding, errors in positioning, or the inability to identify poor image quality can compromise diagnostic accuracy and increase radiation exposure to patients and staff. In emergency imaging environments, mistakes are not simply workflow issues—they can directly affect patient outcomes and lead to downstream diagnostic and treatment errors.

Radiographers, nuclear medicine technologists (NMTs), and radiation therapy technologists (RTTs), by contrast, complete rigorous, accredited education and hands-on clinical training specifically focused



on the safe and effective use of radiation. Their roles cannot be substituted by CNPs or PAs whose training and competencies are fundamentally different.

The bill also creates a disparity in accountability. If CNPs and PAs are exempted from Ohio's radiologic licensure framework, yet are still permitted to perform radiologic procedures, Ohio would create a system in which some individuals performing procedures involving ionizing radiation are not held to the same radiologic competency standards currently required of all licensed operators. The existing regulatory structure is built on profession-specific licensure, training, and demonstrated competency, and it applies those standards uniformly. Enacting SB 324 as written disrupts that structure by carving out an exceptionally broad exemption with no corresponding safeguards.

SB 324 would expand the scope of practice for CNPs and PAs by allowing them to supervise general X-ray machine operators (GXMOs). Under existing Ohio law, a GXMO may perform radiologic procedures only when a physician, podiatrist, mechanotherapist, or chiropractor provides direct supervision, meaning the supervising practitioner is physically present at the location to consult with and direct the operator while the procedure is being performed. GXMOs hold limited licenses and may perform only specific radiographic procedures on limited anatomical areas and in defined settings. Their training is intentionally narrow and does not prepare them to meet the full imaging demands of all urgent care settings, particularly those serving pediatric patients, where positioning, dose considerations, and safety requirements may be more complex. In these settings, supervision is not merely a passive presence. It requires the knowledge and training to recognize when something is not being done properly, to identify errors in positioning, exposure, technique, or image quality, and to intervene immediately when corrective action is needed. It also includes selecting the appropriate exam, protocoling that exam, and evaluating image quality. These supervisory responsibilities require years of focused training and experience.

While ACR deeply values the role of CNPs and PAs within physician-led care teams, allowing professionals who are not fully trained in radiologic practice to supervise GXMOs, whose own education and training are already intentionally limited, is not a suitable solution to workforce shortages. This approach does not enhance patient safety, support image quality, or provide the level of oversight that procedures involving ionizing radiation demand. For these reasons, ACR respectfully urges your opposition to SB 324.

Thank you for your consideration.

Dana Smetherman, MD, MPH, MBA
Chief Executive Officer