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H.B. 479
136th General Assembly

Bill Analysis

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Version: As Reported by House Health

Primary Sponsor: Rep. Schmidt

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SUMMARY

- Revises the law authorizing a radiologist assistant to administer contrast media under the on-site supervision of a physician who is a radiologist, by also permitting the radiologist assistant to do so under the radiologist's remote supervision.
- Authorizes a registered nurse, radiographer, radiation therapy technologist, and nuclear medicine technologist to administer contrast under the direct or general supervision of a physician.
- When a radiologist or physician provides remote or general supervision, requires a health care provider meeting certain qualifications to be present at the location where contrast is administered to assist with any reactions or other adverse events.
- Authorizes a licensed practical nurse to monitor a patient, under the direct or general supervision of a physician, for reactions or other adverse events resulting from contrast administration.

DETAILED ANALYSIS

Administration of contrast – physician supervision

Radiologist assistants – on-site or remote supervision

The bill revises the law authorizing a radiologist assistant to administer contrast media under the supervision of a physician who is a radiologist. It does so by permitting the radiologist assistant to administer contrast media not only under the radiologist's on-site supervision, as currently provided, but also under the radiologist's remote supervision.[1]

[1] R.C. 4774.08(A)(4), 4774.10(B)(1), and 4774.101.

The bill clarifies that ***on-site supervision*** requires the supervising radiologist to be physically present at the same location, but not necessarily in the same room, where the radiologist assistant administers contrast media. It also specifies that ***remote supervision*** requires the supervising radiologist to be readily available for purposes of consulting with, and directing, the radiologist assistant while administering contrast media, as opposed to being in the same location or room as the assistant.

Registered nurses, radiographers, radiation therapy technologists, and nuclear medicine technologists – direct or general supervision

The bill authorizes a registered nurse (RN), radiographer, radiation therapy technologist, and nuclear medicine technologist to administer contrast, but only under the direct or general supervision of a physician.[2]

For purposes of these practitioners, ***direct supervision*** does not require the supervising physician to observe contrast administration, but does require the supervising physician to be present at the location where contrast is administered.

Under ***general supervision***, the supervising physician is not required to observe contrast administration or be present at the location where contrast is administered, but is required to be readily available for purposes of consulting with, and directing, the RN, radiographer, or technologist while administering contrast.

Qualified providers

During the administration of contrast, when a physician provides ***general supervision*** or a radiologist provides ***remote supervision***, the bill requires a health care provider, other than the supervising physician or radiologist, who meets specified qualifications to be present at the location where contrast is administered to assist in the event of a reaction or other adverse event. To be eligible to serve in this role, the following conditions must be satisfied:[3]

- The provider received training and meets competency guidelines set by the institution for recognizing, evaluating, diagnosing, and differentiating reactions to contrast material and other adverse events resulting from contrast administration;
- The provider is able to recognize when medical intervention is required for an immediate, hypersensitive reaction to contrast material or for a physiological adverse event resulting from contrast administration;
- The provider is able to consult with the supervising physician or radiologist within an appropriate time frame.

Additional conditions must be met in the case of a health care provider who is present to assist when contrast is administered by a radiographer, technologist, or radiologist assistant. These include (1) being legally authorized to administer prescription drugs and other

[2] R.C. 4723.37(A) and 4773.062(A).

[3] R.C. 4723.37(B), 4773.062(B), and 4774.101(B).

interventions to treat a reaction or adverse event, (2) understanding when to call for assistance and how to activate emergency response systems, and (3) being certified in basic life support. Note that such conditions do not apply when a qualified provider is present to assist an RN.

Finally, the bill requires the supervising physician or radiologist and institution to determine if the health care provider meets all of the foregoing conditions.

Treatment guidelines

When engaging in or supervising contrast administration or when assisting with a reaction to contrast material or other adverse event, the RN, radiographer, radiation therapy technologist, nuclear medicine technologist, physician or radiologist, or qualified health care provider must do so in a manner consistent with a definitive set of treatment guidelines approved by the clinical leadership of the institution where the RN, radiographer, technologist, radiologist assistant, physician or radiologist, and qualified health care provider practice.[4]

Licensed practical nurses

While the bill does not authorize a licensed practical nurse (LPN) to administer contrast, it does allow an LPN to monitor a patient for a reaction to contrast material or other adverse event resulting from contrast administration. This monitoring must be done under a physician's direct or general supervision. In the case of general supervision, a qualified health care provider must be present at the location where the patient is being monitored by the LPN. Finally, any actions that the LPN, supervising physician, or qualified provider takes must be done in a manner consistent with the institution's treatment guidelines.[5]

HISTORY

Action	Date
Introduced	09-29-25
Reported, H. Health	02-18-26

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[4] R.C. 4723.37(C), 4773.062(C), and 4774.101(C).

[5] R.C. 4723.371.