



HOUSE BILL 590: Patient Safety/Med. Imaging/Radiation Therapy.

2025-2026 General Assembly

Committee: House Health. If favorable, re-refer to Finance. **Date:** April 29, 2025
 If favorable, re-refer to Rules, Calendar, and
 Operations of the House

Introduced by: Reps. White, Potts, Gillespie **Prepared by:** Jason Moran-Bates
Analysis of: PCS to First Edition Committee Staff
 H590-CSBC-27

OVERVIEW: House Bill 590 would require licensure for healthcare providers who provide radiologic imaging or radiation therapy. It would create the Medical Imaging and Radiation Therapy Board of Examiners (Board) to administer the licensing provisions for (i) limited practice radiographers, (ii) magnetic resonance technologists, (iii) nuclear medicine technologists, (iv) radiation therapists, (v) radiographers, (vi) sonographers, (vii) cardiac electrophysiology specialists, (viii) cardiac invasive specialists, (ix) computed tomographers, and (x) radiology assistants.

BILL ANALYSIS: House Bill 590 would require licensure for healthcare providers who provide radiologic imaging or radiation therapy. The bill would create the Board to administer the new licensing provisions.

All individuals seeking the following licenses must be at least 18 years old, have a high school diploma or the equivalent, successfully pass a course of study in the licensure specialty, and be certified by the appropriate national entity. The licensee must notify the Board of a name or address change within 90 days and loss of national certification or legal or disciplinary action within 30 days. The licenses available (and additional requirements and limitations) are:

- Limited Practice Radiographer.
 - Licensee can only perform the tasks indicated on the license.
 - License applicant must also pass an exam.
- Magnetic Resonance Technologist.
- Nuclear Medicine Technologist.
- Radiation Therapist.
- Radiographer.
- Sonographer.
- Cardiac Electrophysiology Specialist.
 - License applicant must also have a certificate or degree in health science.
 - License applicant must also graduate from an accredited program in electrophysiology.
- Cardiac Invasive Specialist.

Kara McCraw
Director



* H 5 9 0 - S M B C - 5 2 C S B C - 2 7 - V - 2 *

Legislative Analysis
Division
919-733-2578

House 590 PCS

Page 2

- Licensee can only practice under a physician's supervision.
- Licensee must also be certified in advanced cardiac life support.
- Computed Tomographer.
- Radiology Assistant.
 - Licensee must be licensed as a radiographer.
 - Licensee must hold certification as a radiology assistant.
 - Licensee must be supervised by a physician.

The Board must issue a license to any individual who meets the requirements for licensure, and the license must be displayed by the licensees at their place of employment.

Licensure would not be required for physicians, podiatrists, chiropractors, dentists, dental hygienists, dental assistants, students training to provide the procedures, medical residents, veterinarians, certified registered nurse anesthetists and nurse practitioners performing fluoroscopy, and individuals providing services in the scope of their employment with the federal government.

Members of the Board must be North Carolina residents 21 or older. Members would be appointed for three-year terms by the Governor and may not serve more than two consecutive terms. The Board would have the following members:

- One licensed nuclear medicine technologist.
- One licensed practitioner who is a radiologist and supervises medical imaging or radiation therapy professionals.
- One certified radiological or therapeutic physicist.
- One licensed radiation therapist.
- One licensed computed tomography technologist or radiographer.
- One licensed magnetic resonance imaging technologist or licensed sonographer.
- One radiologist assistant.
- One retired medical imaging professional as public member.
- One licensed radiography educator.

Board members would not have to be licensed until 90 days after the Board begins issuing licenses.

The Board would have the authority to adopt rules to administer the provisions of the bill, ensure fitness of applicants, set continuing education requirements, issue licenses, set fees, and enforce discipline. The Board can approve educational programs, provided the programs are affiliated with a medical facility and have standards equivalent to those required by the Joint Review Committee on Education in Radiologic Technology, the Joint Review Committee on Education in Nuclear Medicine Technology, the Commission on Accreditation of Allied Health Education Programs, or other educational accreditation agency approved by the Board.

Licenses must be renewed annually, and licensees that fail to renew must apply for reinstatement.

Fees would be set at \$100 for initial licensure, \$150 for biennial renewal, \$100 for a temporary license, \$25 for a duplicate license, and \$75 for a late renewal fee.

House 590 PCS

Page 3

Practicing without a license would be a Class 1 misdemeanor, and the Board may seek a court order to enjoin violations of the licensure requirements.

Current practitioners who are not registered with a national organization may continue to practice provided they register with the Board by October 1, 2026, do not change their scope of practice, complete continuing education requirement, and practice under the supervision of a physician.

The Board must adopt rules to administer the provisions of the act no later than January 1, 2026.

EFFECTIVE DATE: The provisions creating the Board and establishing its authority would be effective July 1, 2025. The provisions requiring licensure become effective January 1, 2026. The remainder of the bill is effective when it becomes law.