



March 3, 2025

Representative Donald W. Longmuir  
Chair, House Political Subdivisions Committee  
600 East Boulevard Avenue  
State Capitol  
Bismarck, ND 58505

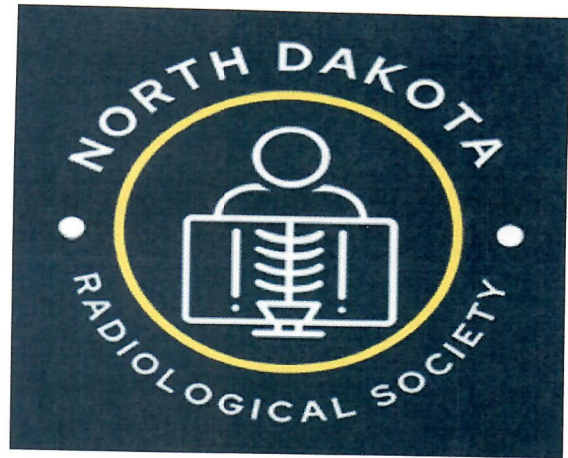
**RE: [SB 2273](#) an act to relating to diagnostic imaging by physical therapists.**

Dear Representative Longmuir and Committee Members,

On behalf of the North Dakota Radiological Society (NDRS), thank you for the opportunity to comment and oppose SB 2273. The NDRS is a professional organization whose mission is to advance the science of radiology, improve radiological services, and maintain high levels of medical and ethical standards in the practice of radiology throughout the state of North Dakota. SB 2273 seeks to permit the ordering of diagnostic imaging by a physical therapist.

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 North Dakota 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 (NPP), more specifically Nurse Practitioners (NPs) and Physicians Assistants



(PAs), compared to primary care physicians, after office-based encounters.<sup>1</sup> The study controlled for imaging claims that occurred after follow-up care such as specialty referrals. The study's authors noted that previous research<sup>2</sup> 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 (x-rays) – a test for which larger numbers of NPs and PAs are authorized to order than non-radiograph imaging. Further, NPs and PAs were associated with more imaging than primary care physicians on both new and established patients and results were more pronounced with new patients. NPs and PAs were not found to order differently for advanced imaging examinations but were associated with higher rates for radiography orders.

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 the care they need, we believe this measure may further elevate healthcare costs and potentially increase unnecessary radiation exposure.

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<sup>1</sup> 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.

<sup>2</sup> Seaberg DC, MacLeod BA. Correlation between triage nurse and physician ordering of ED tests. Am J Emerg Med. 1998;16(1):8-11.



Thank you for your consideration of this very important issue.

Should you have any questions, please feel free to contact me at [mkearns1@gmail.com](mailto:mkearns1@gmail.com) or (701) 200-0166

Sincerely,

Martha Kearns, MD, MBA, FACR

President of the North Dakota Radiological Society

*Submitted via e-mail.*