



About the Wisconsin Radiological Society

The purpose of the **Wisconsin Radiological Society (WRS)** is: Advancing the science of radiology, improving radiologic service to patients and the medical community, and studying the economics of radiology; the encouragement of improved and continuing education for radiologists; and the establishment and maintenance of high medical and ethical standards in the practice of radiology.

What is a Radiologist?

Radiologists are medical doctors (MDs) or doctors of osteopathic medicine (DOs) who specialize in diagnosing and treating diseases and injuries using medical imaging techniques, such as x-rays, computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET) and ultrasound.

Radiological procedures are medically prescribed and should only be conducted by appropriately trained and certified physicians under medically necessary circumstances. Radiologist physicians have four to six years of unique, specific, post-medical school training that includes radiation safety and ensure the optimal performance of radiological procedures and interpretation of medical images.

Scope of Practice Concerns—Independent Practice for Non-Physician Providers

WRS opposes AB 154/SB 145 as introduced, which would allow Advanced Practice Registered Nurses to practice without physician supervision after just two years of experience.

Numerous studies have shown that independent nursing practice leads to overutilization of expensive imaging tests and the subsequent over-exposure to radiation, leading to a combination of reduced efficiency and increased costs. Radiologist physicians are uniquely educated, trained and qualified to practice radiology, including imaging supervision and interpretation. Non-physician providers do not have comparable training, competence or experience and should not independently supervise or interpret imaging exams.

The best path forward to achieve a compromise on this legislation would include: “truth-in-advertising” provisions to ensure that patients know who is providing their care; requiring four years of real-world, team-based care experience before an APRN can practice independently; and ensuring that APRNs providing pain medicine independently are supervised by a physician specializing in pain management.

Expand Coverage of Breast Cancer Imaging Exams for Wisconsin Women

WRS supports AB 117/SB 121 as introduced, which ensures that Wisconsin women with dense breast tissue or increased breast cancer risk receive coverage of supplemental breast cancer screenings, such as ultrasound and MRI. Traditional screening mammograms can miss as many as 50% of cancers in patients with the highest level of breast density. Furthermore, every major medical organization that issues screening guidelines for high-risk women supports supplemental breast cancer screening; specifically, breast MRI.