

Sent: Monday, November 10, 2025 8:40 AM

To: CDPH Ofc of Regulations <Regulations@cdph.ca.gov>

Subject: GOV § 11340.6 Petition for the modification of 22 CCR § 70255(b) radiological services staff requirements to include MRSO certification for MRI clinical services

Sir or Madam,

Please acknowledge receipt of this GOV § 11340.6 Petition for the modification of 22 CCR § 70255(b) radiological services staff requirements to include MRSO certification for MRI clinical services.

At your earliest convenience, please advise of the acceptance of this petition for consideration, or identify any defects or shortcomings which will require correction for consideration, as well as the most expedient means of having any corrected defects reconsidered by CDPH.

Respectfully,

Tobias Gilk

PETITION FOR RULEMAKING

Submitted Pursuant to California Government Code § 11340.6

I. Petitioner

Tobias Gilk

II. Agency Petitioned

California Department of Public Health (CDPH)
Licensing & Certification Division

III. Purpose of Petition

Petitioner respectfully requests that CDPH amend **Title 22, California Code of Regulations, § 70255(b)** to require that all hospitals or licensed healthcare providers offering **Magnetic Resonance (MR)** or **Magnetic Resonance Imaging (MRI)** services designate a qualified **Magnetic Resonance Safety Officer (MRSO)**.

The MRSO shall hold active certification from the **American Board of Magnetic Resonance Safety (ABMRS)** and will be responsible for **day-to-day operational safety oversight** of MRI services, protecting patients, staff, and the public from MRI-specific hazards.

IV. Background and Regulatory Context

A. Current Regulation

22 CCR § 70255(b) presently states:

“Radiological services shall be performed by or under the supervision of a physician qualified by education and experience in radiology.”

The regulation does not specifically address the need for qualified modality-specific safety officers in non-ionizing imaging such as MRI.

B. Gap in Oversight

Unlike X-ray, nuclear medicine, and radiation therapy (all subject to CDPH’s Radiologic Health Branch oversight), MRI operates outside explicit state safety regulation even though it presents well-documented risks—RF burns, projectile accidents, acoustic injury, and device interference.

Nationally recognized standards—the **American College of Radiology (ACR) Manual on MR Safety (2024)** and the **U.S. Veterans Health Administration Directive 1105.05**—require that each MRI site designate an **MR Safety Officer (MRSO)** with defined training and accountability.

The **ABMRS** provides the established credential verifying competency for this role.

V. Proposed Amendment to 22 CCR § 70255(b)

§ 70255. Radiological Service — Performance and Supervision (Amended Text)

(b) Radiological services shall be performed by or under the supervision of a physician qualified by education and experience in radiology.

(1) *For facilities providing Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI) services*, the facility shall designate a **Magnetic Resonance Safety Officer (MRSO)** responsible for the safe and effective delivery of point-of-care MRI services.

(2) The MRSO shall:

(A) Hold current **MRSO certification** issued by the **American Board of Magnetic Resonance Safety (ABMRS)**;

(B) Possess training in MRI physics, bioeffects, risk management, and emergency procedures; and

(C) Oversee the implementation and maintenance of MRI safety policies and procedures, including:

1. Screening of patients, staff, and equipment for MRI compatibility;
2. Access control to MRI safety Zones III and IV;
3. Incident prevention, reporting, and investigation; and
4. Coordination with the facility's MR Medical Director (MRMD) for clinical oversight.

(3) The MRSO shall conduct or ensure:

- (A) Annual MRI safety training for all personnel with MRI access;
- (B) Routine safety audits of MRI environments and equipment; and
- (C) Immediate reporting of MRI-related incidents or hazards to facility leadership and, where applicable, to CDPH.

(4) Facilities shall maintain documentation verifying the MRSO's designation, credential status, and training activities, and shall make such documentation available to the Department upon request.

VI. Legal Authority

Gov. Code § 11340.6 – Petition authority.

Health & Safety Code §§ 1275–1276 – CDPH authority to regulate hospital services to assure safe patient care.

Health & Safety Code §§ 1280.1–1280.3 – Administrative penalties for deficiencies.

22 CCR §§ 70251 & 70255 – Regulations governing radiological service structure and supervision.

VII. Expected Benefits

Enhanced Safety: Provides dedicated, credentialed oversight of MRI operations and hazards.

Standardization: Aligns California facility requirements with ACR and VA standards.

Accountability: Establishes a defined operational role parallel to Radiation Safety

Officer requirements for ionizing modalities.

Risk Reduction: Addresses leading categories of MRI injuries—burns, projectiles, and device malfunctions—through preventive oversight.

VIII. Editorial and Policy Notes (Not Part of Regulatory Text)

1. **Implementation Timeline:** A 12-month compliance window would allow existing MRI leads to obtain ABMRS MRSO certification.
2. **Scope:** Applies to all CDPH-licensed facilities providing MRI examinations, both hospital-based and outpatient.
3. **Complementarity:** Works in tandem with the proposed § 70255(a) MRMD requirement, ensuring both clinical and operational MRI safety leadership.
4. **Administrative Impact:** Most MRI departments already maintain a de facto MRSO or equivalent safety lead; formal recognition codifies an existing best practice rather than creating new administrative burden.

IX. Requested Action

Petitioner respectfully requests that CDPH:

1. Initiate rulemaking under *Gov. Code §§ 11346 et seq.* to amend *22 CCR § 70255(b)* as set forth above;
2. Publish the proposed regulation in the *California Regulatory Notice Register*; and
3. Conduct stakeholder outreach with hospitals, imaging providers, and MRI safety organizations to finalize compliance standards and timelines