

**MARYLAND BOARD OF PHYSICIANS  
CARDIOVASCULAR INVASIVE SPECIALISTS (CIS) WORKGROUP  
OPEN MEETING MINUTES  
September 24, 2018**

**MEMBERS PRESENT:** Dr. Martin Albornoz, Dr. Anthony Chiamonte, Amy Dukovic, Dr. Daniel Durand, Sandra E. Moore, Andrew Nicklas, Lisa Pervola, Danielle Vranian, and Jennifer Witten

**MEMBERS PRESENT BY PHONE:** Dr. Harry C. Knipp and Dr. Joseph Marine<sup>1</sup>

**MEMBERS ABSENT:** William Fisher, Dr. Mahadevappa Mahesh, and Ellen Douglas Smith<sup>2</sup>

**STAFF PRESENT:** Stacey Darin, Assistant Attorney General; Yemisi Koya, Director, Communication, Education and Policy Unit and CIS Workgroup Facilitator; Sandi Van Horn, Health Policy Analyst; and Mark Woodard, Health Policy Analyst

**GUESTS:** Delegate Bonnie Cullison, Herman Dawson, Valerie Fowler, Vanessa Purnell, Lindsay Rowe, Kelly Scible, and Jonathan Sibley

**CALL TO ORDER / ANNOUNCEMENTS**

Dr. Koya, the workgroup facilitator, called the meeting to order at 1:08 p.m. She thanked the CIS Workgroup members, Maryland Board of Physicians (Board) staff, Board Counsel, and Peggy McElgunn (Alliance of Cardiovascular Professionals) for their participation. Dr. Koya provided information about two upcoming meetings at which the CIS Workgroup's recommendation will be discussed: the Board's rad tech committee on September 26, 2018 and the Board meeting on October 17, 2018.<sup>3</sup> She asked members who can attend to provide their names to Ms. Van Horn.

Dr. Koya noted that CIS Workgroup members were given a copy of a letter from Delegate Bonnie Cullison and Senator Craig Zucker.

**APPROVAL OF MEETING MINUTES**

Mr. Nicklas suggested an amendment to the August 20, 2018 meeting minutes. Dr. Albornoz made a motion to approve the minutes with the amendment. Ms. Moore seconded the motion. There was no opposition to the motion; therefore, the minutes were approved.

**PRESENTATION FOLLOWUP**

Ms. McElgunn was not present. Dr. Koya utilized this time to invite Ms. Fowler to report on a survey conducted by Howard Community College regarding possible licensure of RCIS in Maryland.

**MARYLAND BOARD OF NURSING STATUTE**

Ms. Darin reported on her research into the scope of practice of nurses to determine if nurses could perform fluoroscopy. She opined that the scope of practice is broad and is dependent on education and training. She noted that fluoroscopy is not explicitly included in, but it is also not excluded from, the scope of practice for nurses in statute.

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<sup>1</sup> Dr. Marine called in while traveling to the meeting and arrived at approximately 1:40 p.m.

<sup>2</sup> Ms. Smith called in for the vote on the CIS Workgroup's recommendation later in the meeting.

<sup>3</sup> The full name of the committee is: Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance (rad tech) Advisory Committee.

### **CALIFORNIA EXEMPTION INFORMATION**

Ms. Pervola reported on the California fluoroscopy permit. She also referred to the fluoroscopy examination, which is administered by the American Registry of Radiologic Technologists (ARRT).

### **PROCEDURES CHECKLIST**

Ms. Moore discussed the Board's application for nuclear medicine technologists (NMTs) in Maryland to operate a CT/nuclear medicine device, which includes a verification of procedures.<sup>4</sup> Ms. Moore suggested that this document could be adapted for RCIS and fluoroscopy studies as a training requirement that an RCIS had to complete before assisting in fluoroscopy procedures.

### **LICENSURE QUESTION**

Dr. Alborno had inquired with Board staff (by e-mail following the August meeting) about possible licensure of RCIS and grandfathering to allow enough time for RCIS to make adjustments. Dr. Koya noted that Ms. Darin advised that the matter would depend on the way the statute was drafted (if there's licensure of RCIS in Maryland).

### **CONSENSUS POINTS**

Board staff drafted consensus points based on the discussions of the CIS Workgroup through the August meeting. Dr. Koya led discussion of the consensus points, which were organized under four categories: Patient Safety; Supervision of CIS/Practice Setting/Duties; CIS Education/Examination; and Legal/Licensure Matters. CIS Workgroup members covered several topics, including the meaning of autonomous practice and the physician's responsibility for machine settings. CIS Workgroup members suggested changes to certain consensus points and one category title, and they voted in favor of removing one consensus point.<sup>5</sup>

Board staff will update the consensus points and will send a revised draft to CIS Workgroup members. The final version will be included in the CIS Workgroup's report to legislators.

### **CODE OF MARYLAND REGULATIONS (COMAR) 10.32.12**

Ms. Darin informed the CIS workgroup members about the Board's current regulations for physician delegation of acts to unlicensed individuals. If the CIS Workgroup is thinking about an exception to licensure, language could be added to address RCIS.

### **JOINT COMMISSION DOCUMENT**

Ms. Vranian reported on The Joint Commission's "Standards Revisions for Organizations Providing Fluoroscopy Services."<sup>6</sup> She highlighted paragraphs about ongoing education and radiation exposure.

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<sup>4</sup> The Board's document is an application for approval of a Nuclear Medicine Technologist to operate a CT/nuclear medicine device for a diagnostic CT or non-diagnostic attenuation correction with or without intravenous contrast. The application includes a form for verification of the completion of 20 successful intravenous contrast injections and an attestation form.

<sup>5</sup> There was a break from approximately 2:30 - 2:40 p.m. during the discussion about the consensus points.

<sup>6</sup> The document, issued June 25, 2018, states that it is applicable to hospitals effective January 1, 2019.

### **DUTIES OF RCIS IN MARYLAND**

At the August CIS Workgroup meeting, members reviewed a scope of practice drafted by Dr. Albornoz to describe “reasonable” duties for RCIS in Maryland in an invasive cardiac cath/electrophysiology lab. There was agreement on seven items listed as “clinical” duties and discussion about an eighth item also to be listed as a clinical duty.

Ms. Moore inquired if Mr. Sibley, an RT, could assist with a review of the remaining duties listed in Dr. Albornoz’s document. Dr. Koya invited Mr. Sibley and Ms. Fowler, an RCIS, to comment on certain items listed as possible X-ray duties.

Ms. Darin opined that establishing a list of agreed upon clinical duties would help to clarify what an RCIS is currently permitted to do, as an unlicensed individual, in Maryland, if the CIS Workgroup were to recommend no change to statute. She reviewed the CIS Workgroup’s options for a vote: (1) Status quo; (2) Option A or option B of exception language for Health Occupations (H.O.) Article, §14-306, Annotated Code of Maryland; or (3) Licensure for RCIS.<sup>7</sup>

Dr. Koya opened discussion on the standardized objective criteria, beginning with Issue 1: “Risk of Harm to the Consumer,” which appeared to be weighing against licensure.<sup>8</sup> During discussion of Issue 2, “Specialized Skill and Training Required,” Ms. Moore expressed that this factor was weighing heavily for licensure. Dr. Koya asked Ms. Moore, Ms. Pervola, Dr. Albornoz, and Dr. Marine to form a breakout group to discuss whether the education and training of RCIS is sufficient.

After a break from approximately 3:41 p.m. to 3:54 p.m., Dr. Albornoz reported that the group discussed the concerns of Ms. Moore and Ms. Pervola about the education and training of RCIS in radiation safety for work in the catheterization lab. The group came to the conclusion that, for the workforce issue, the best option is for an exception to licensure with a requirement that the RCIS have adequate training in fluoroscopy basics. The group suggested imposing a time limit of two or three years for the exception to licensure while licensure is being pursued and patient safety is monitored. Ms. Moore added that the RCIS should be a graduate of an accredited program and complete a certain number of procedures (a checklist) under supervision before assisting in fluoroscopy in the catheterization lab.

Delegate Cullison noted that there is precedent for a program to have a trial run for three years with a report back to the legislature and that a bill could have a requirement for statistical reporting by hospitals. Ms. Witten commented about current state and federal procedures in place for hospital data reporting and compliance matters and inquired about how the data would be used. Dr. Albornoz opined that data could include information on patient safety matters and, in regard to the workforce issue, information about hospitals’ use of staffing agencies. Ms. Witten mentioned that the Maryland Health Care Commission (MHCC) reviews patient outcomes; therefore, MHCC already has certain authority regarding the quality of programs.

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<sup>7</sup> In Maryland, under H.O. Article, §14-306(e), only a licensed individual may perform X-ray duties involving fluoroscopy.

<sup>8</sup> In preparation for the meeting, Board staff, in consultation with Board Counsel, drafted an analysis of the objective criteria to facilitate discussion.

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Ms. Dukovic referenced the requirements for catheterization labs under COMAR 10.24.17, and she discussed the National Cardiovascular Data Registry.<sup>9</sup>

Dr. Koya asked Dr. Albornoz to repeat the items agreed upon by the breakout group. Dr. Albornoz stated that on a provisional basis, sufficiently trained individuals in fluoroscopy with the RCIS credential via an accredited program can work under an exemption to licensure. Patient care will be monitored. If the trial run fails, licensure may be required. If the trial run is successful, the exemption could continue or the possibility of licensure could be revisited as a long-term solution. Ms. Moore stated that she would like to see a procedures checklist included as well. There was discussion about when such a form should be completed and who should keep the form. Dr. Chiaramonte expressed concern about having a trial run without a specific goal (of licensure) and relying on hospitals to verify qualifications of RCIS. Dr. Marine commented that there already is a mechanism for oversight, and there could be a certain penalty for hospitals that fail to comply.

Dr. Koya reiterated certain consensus points indicating that, among other things, RCIS would not be autonomous, would work only in the cardiac catheterization lab, and would press the fluoroscopy pedal only at the direction of the cardiologist in emergency situations. There was additional discussion about the MHCC reviewing patient outcomes in hospitals and about the use of the term “assisting” with fluoroscopy.

Dr. Koya asked for a motion to accept the concepts agreed upon by the breakout group to use as a guide. Mr. Nicklas moved the motion, and Dr. Marine seconded. There was no opposition.

Ms. Darin reviewed a draft of two options for statutory language for an exception to licensure. The term “performing” will be replaced with “assisting” in regard to fluoroscopy. There was discussion about the regulations promulgation process. Ms. Moore expressed concern about RCIS who have on-the-job training, but did not have fluoroscopy training in an accredited program before sitting for the credentialing exam. In response to a comment from Ms. Pervola, Dr. Koya suggested changing “physician” to “cardiologist” in the consensus points.

Ms. Witten noted that the Maryland Hospital Association would be supportive of the second option for exception to licensure language if the provision regarding hospital compliance was modified.

Dr. Koya requested a vote on the second option for an exception to licensure with a three-year sunset. Delegate Cullison clarified that there would be an evaluation in January of the third year. Mr. Nicklas made the motion, and Dr. Marine seconded. Dr. Koya and Ms. Darin reviewed the option for Ms. Smith, who had just called in to the meeting. The eleven members present (including two on the phone) voted in favor of the motion.

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<sup>9</sup> COMAR 10.24.17 is titled “State Health Plan for Facilities and Services: Specialized Health Care Services—Cardiac Surgery and Percutaneous Coronary Intervention Services.”

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Mr. Nicklas indicated that Mr. Fisher, who was not present, supported either option for an exception to licensure.<sup>10</sup> Dr. Koya noted that Dr. Durand voted for the second option for an exception to licensure.<sup>11</sup>

There was additional discussion about the regulations that the Board would be required to promulgate as part of the exception to licensure option that the CIS Workgroup voted to recommend.

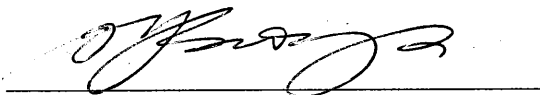
Ms. Darin and Ms. Witten agreed to discuss the hospital compliance issue outside of the meeting. Board staff will send to the CIS Workgroup members any change to the draft statutory language.<sup>12</sup>

There was no vote on the other options for RCIS in Maryland (either the status quo or licensure) due to the near unanimous vote for an exception to licensure. Dr. Koya returned to reviewing the objective criteria for evaluating licensure. Dr. Marine suggested that the analysis of the criteria should be identified in the CIS Workgroup's report as the Board's analysis of the factors and not the CIS Workgroup's analysis. Dr. Koya asked CIS Workgroup members to review an early draft of the report that was distributed to CIS Workgroup members and Delegate Cullison. Dr. Koya asked Mr. Nicklas to provide, for the report, information on what led to the introduction of the bill in the legislature. Board staff will be writing a summary of the four meetings and will include the meeting minutes and the consensus points in the report. Dr. Koya asked for comments on the draft report by October 5, 2018.

**ADJOURNMENT**

Dr. Koya adjourned the meeting at 5:10 p.m.

Respectfully Submitted by,



Dr. Yemisi Koya  
Director, Communication, Education and Policy Unit

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<sup>10</sup> Mr. Fisher had provided a vote via e-mail to Board staff prior to the meeting.

<sup>11</sup> Dr. Durand, who left the meeting early, provided a written note to Board staff. Dr. Mahesh was not present and did not provide a written vote to Board staff prior to or during the meeting.

<sup>12</sup> After further discussion following the meeting, Ms. Witten indicated that she approved the language as drafted regarding hospital compliance, and no changes to that section were made.