

MARYLAND BOARD OF PHYSICIANS

**Radiation Therapy, Radiography, Nuclear Medicine Technology and
Radiologist Assistance Advisory Committee**
4201 Patterson Avenue,
Baltimore, Maryland Room 100
Wednesday, July 20, 2022
MBP Board Room, Room 100
4:00 p.m. via Zoom

OPEN MEETING MINUTES

PRESENT

VIA

ZOOM: Geoffrey Neuner, M.D., Chair, Philipose G. Mulugeta, M.D., Kamau J. Nkenge, RRA, RT(R), Jason K. Lee, RRA(RT)(R)(CT), Ruth Bell, MBA, R.T.(T), Aaron T. Scott, MIS, CNMT, NMAA, FSNMMI-TS

STAFF

PRESENT: Felicia Wright, Allied Health Supervisor, Noreen Rubin, Esq., Board Counsel, Sandi Van Horn, Health Policy Analyst, Dierdra Rufus, Senior Allied Health Analyst, Margaret Jury, Allied Health Analyst, Christa Sutton, Allied Health Analyst Associate, Brittany Winborne, Compliance Analyst Associate

ABSENT: Ellen Douglas Smith, Deputy Director, Sabir M. Taj, M.D, Matt Dudzic, Manager, Policy/Legislation, Theresa Lewis, Consumer Member

CALL TO ORDER

Dr. Neuner called the meeting to order at 4:05 p.m.

APPROVAL OF MINUTES

On a motion made by Dr. Mulugeta and seconded by Mr. Nkenge, the Committee unanimously approved the November 17, 2021, Open Meeting minutes.

LEGISLATION, REGULATIONS, AND POLICY UPDATES

Ms. Van Horn revisited the draft of changes to Code of Maryland Regulations (COMAR) 10.32.10 in an effort to determine whether or not the Committee wished to review provisions regarding scope of practice. Specifically, the procedures under COMAR 10.32.10.11E for radiologist assistants was a topic at a prior meeting, but the list is unchanged in the current draft proposal. The Committee suggested moving COMAR 10.32.10.11E(13) to COMAR 10.32.10.11C. The Committee will review COMAR 10.32.10.08 through .10 Scope of Practice for radiation therapy, radiography, and nuclear medicine technology to determine if additional revisions should be considered at the next meeting.

BOARD COUNSEL REPORT

At the July 2021, the Committee discussed the definition of “on-site supervision” and the scope of practice for radiographers, radiation therapists, and nuclear medicine technologists administering contrast medicine. The Committee determined that the regulations were not sufficiently clear and recommended to the Board that they be amended for clarification. In August 2021, the Board approved the Committee’s recommendation to clarify the definition of “on-site supervision” and the supervision required for the administration of contrast media by radiographers, radiation therapists, and nuclear medicine technologists.

At the July 20, 2022 meeting, the Committee further discussed and agreed upon the clarifying amendments necessary. Specifically:

1. No changes were proposed to the current definition of “on site-supervision” in 10.32.10.02B(14). “On-site supervision” means that a licensed physician must be physically present at the facility and able to respond in person for licensee assistance with a procedure.
2. No changes were proposed for current General Scope of Practice provisions regarding supervision in 10.32.10.07A (1) and (2). A radiation therapist, radiographer, or nuclear medicine technologist may practice only under the supervision of a licensed physician. A radiologist assistant must practice only under the supervision of a licensed radiologist.
3. With respect to supervision for a radiologist assistant administering contrast media, the Committee radiologist assistant may do so under immediately available, but not on-site, direction of a radiologist as stated in current regulations. (COMAR 10.32.10.07B(1)(a)).
4. In contrast, the regulations provide that radiation therapists, radiographers, and nuclear medicine technologists may administer contrast media only under after consultation with a physician who is physically available on the premises.
5. The Committee agreed on specific additional amendments to COMAR 10.32.10.07B for “administration of contrast media” as follows:
 - A radiation therapist, radiographer, or nuclear medicine technologist or radiologist assistant may initiate an intravenous line and administer contrast media guided by written or verbal instructions of a qualified supervising physician (example: radiologist or radiation oncologist).
 - Written guidelines or instructions can include formal prescription, facility contrast policies or professional society guidelines that are designated as the practice standard. Verbal instructions should be documented by the radiographer or technologist.
 - If a licensed radiologist is not available on site, there must be a designated licensed physician on the premises when radiation therapists,

radiographers, nuclear medicine technologists, or radiologist assistants are administering contrast.

- The designated licensed physician must have formally agreed to assume all reasonable emergency care in accordance with professional society guidelines and practice standards associated with contrast procedures.
- The on-site licensed physician is responsible for the management of emergent contrast reaction and must be immediately available.
- Any agreements between the radiology practice and the supervising licensed physician should be formalized.
- A formal written agreement should document that the supervising licensed physician is specifically designated to respond in an emergency and has the requisite knowledge, training, and competencies to immediately manage contrast media emergencies.

NEW BUSINESS

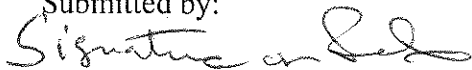
Election of a new Committee Chair

On a motion was made by Dr. Mulugeta, and seconded by Mr. Nkenge the Committee unanimously voted for Mr. Lee to be the new Committee Chair.

CONVENE TO CLOSED SESSION

Pursuant to Maryland Code Annotated, General Provisions Article §3-305(b)(1), on a motion made by Dr. Mulugeta and seconded by Mr. Scott, the Committee unanimously voted to close its meeting on July 20, 2022, at 4:51 p.m. for the purpose of discussing the appointment of new committee members.

Submitted by:



Dierdra Rufus

Senior Allied Health Analyst