

**MARYLAND BOARD OF PHYSICIANS
RADIATION THERAPY, RADIOGRAPHY, NUCLEAR MEDICINE TECHNOLOGY
AND RADIOLOGIST ASSISTANCE ADVISORY COMMITTEE**

**Wednesday, March 28, 2018
4201 Patterson Avenue, Baltimore, Maryland Room 100**

OPEN MEETING MINUTES

PRESENT: Amy Taylor, R.R.A., R.T., Chair, Theresa Lewis, Consumer Member

TELECONFERENCE: Kamau Nkfenge, R.R.A, R.T.(R), Ryan Carroll, R.T.(T)

ABSENT: Lynn Harris-McCorkle, M.D., Simul Dinesh Parikh, M.D.

STAFF PRESENT: Christine Farrelly, Executive Director, Ellen Douglas Smith, Deputy Director, Felicia Wright, Allied Health Supervisor, Mark Woodard, Policy and Legislation, Cecilia Laurent, Allied Health Analyst, Julie Washington, Allied Health Licensure Analyst, Noreen Rubin, Staff Counsel

CALL TO ORDER

Ms. Taylor called the meeting to order at 4:07 p.m.

APPROVAL OF MINUTES

On a motion made by Ms. Lewis and seconded by Mr. Carroll, the Committee approved the August 17, 2016 Open Meeting minutes.

LEGISLATIVE REPORT – Mark Woodard, Health Policy Analyst

Mr. Woodard informed the Committee that there was a bill proposed this session which, if passed would require the Board to license Registered Cardiovascular Invasive Specialists. Mr. Woodard stated that the Board opposed the bill but offered to form a workgroup to evaluate whether there is a need for Cardiovascular Invasive Specialists to be licensed.

NEW BUSINESS

Scope of Practice for Nuclear Medicine Technologist – Diagnostic Hybrid and Freestanding Computed Tomography for Nuclear Medicine Technologists – Michael Vogel, NMT Clinical Supervisor, University of Maryland St. Joseph Medical Center

Mr. Vogel stated that the current regulations pose roadblocks for nuclear medicine technologists (NMTs). He informed the Committee that hybrid studies (PET and SPECT CT) are now taught in nuclear medicine technology programs and are on certification exams given by the ARRT and

the NMTCB. Mr. Vogel requested that the Board consider amending the current regulations to allow NMTs with proper education and training to perform attenuation correction studies. Subsequently, these tasks would be included in their scope of practice under their NMT license.

Mr. Vogel also discussed the diagnostic regulations for NMT's. NMTs with additional training in CT certification in CT from either the ARRT or the NMTCB, are competent to perform diagnostic CTs should be able to operate hybrid machines as well as standalone CT machines. The regulations currently prohibit NMTs from performing standalone CT. Mr. Vogel suggested the Committee make changes in the regulations to allow NMTs with additional training in CT who pass the ARRT (CT) or the NMTCB (CT) exam to perform diagnostic CT on both the hybrid and the stand alone CT machines, and have attenuation correction CT absorbed into the NMT scope of practice. This change would hold all technologists performing CT tasks to the same national CT standards and mandates.

The Committee reviewed the requirements for NMTs to operate the CT/Nuclear Device for non-diagnostic attenuation correction CT, without intravenous contrast and agreed that the requirements need to be updated. The Committee agreed to recommend the following amends to the Board:

1. Remove the language in COMAR 10.32.10.10(B);
2. Establish a workgroup to review and possibly amend COMAR 10.32.10.10(A)(6).

Ms. Stacy Ludloff, a nuclear medicine technologist who met the requirements for and was approved by the Board to operate a CT/Nuclear Medicine Device for Diagnostic CT or Non-Diagnostic Attenuation Correction With or Without Contrast, appeared before the Committee asking for clarification as to whether she can perform diagnostic CT on a hybrid scanner (PET/CT and/or SPECT/CT) without the PET/SPECT portion of the exam.

The Committee determined that pursuant to her approval letter and credentials, Ms. Ludloff may perform imaging studies for with a diagnostic CT or a non-diagnostic attenuation correction or both on a hybrid scanner.

Email Inquiry form Mary Lou Melhorn – “Can CT Technologist access and inject into central lines or PORTs for Trauma Patients?”

The Committee stated that the answer to this question depends upon the guidelines that the individual hospitals have in place. There is nothing in regulation that prohibits them from performing this procedure.

Financial Disclosure Statements

The Committee was reminded that all Committee members are required to complete the Financial Disclosure Statements for 2017 by April 30, 2018.

The Committee went into closed session at 5:20 p.m. to discuss personnel matters.

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Submitted by,

Julie Washington

Julie Washington
Allied Health Analyst