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**Cardiovascular  
Invasive  
Specialists  
Workgroup**

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*Report to the Senate*

*Education, Health, and Environmental Affairs Committee  
and the House*

*Health and Government Operations Committee*

**Maryland Board of Physicians  
Baltimore, Maryland  
October 31, 2018**

# Contributing Staff of the Maryland Board of Physicians

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## *Facilitator of CIS Workgroup Meetings*

Yemisi Koya  
Director, Communication, Education and Policy (CEP) Unit

## *Report Writers*

Wynee Hawk, Manager, Policy and Legislation  
Sandi Van Horn, Health Policy Analyst II

*For further information concerning this document, contact:*

Maryland Board of Physicians  
CEP Unit  
4201 Patterson Avenue  
Baltimore, Maryland 21215

410-764-4777

E-mail: [mbpmail@rcn.com](mailto:mbpmail@rcn.com)

Website: [www.mbp.state.md.us](http://www.mbp.state.md.us)

M A R Y L A N D



BOARD OF PHYSICIANS



# MARYLAND Department of Health Board of Physicians

*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

October 31, 2018

The Honorable Joan Carter Conway  
Chair  
Senate Education, Health, and  
Environmental Affairs Committee  
2 West Miller Senate Building  
11 Bladen Street  
Annapolis, Maryland 21401-1991

The Honorable Shane E. Pendergrass  
Chair  
House Health and Government  
Operations Committee  
241 House Office Building  
6 Bladen Street  
Annapolis, Maryland 21401-1991

RE: Report of the Cardiovascular Invasive Specialists Workgroup

Dear Chair Carter Conway and Chair Pendergrass:

Attached please find a report of the Cardiovascular Invasive Specialists (CIS) Workgroup.

The Maryland Board of Physicians (the Board) convened the CIS Workgroup following the 2018 Maryland General Assembly session to study issues related to establishing a new licensure category of CIS under the Board. The evaluation involved applying a standardized set of criteria and considerations, as have been used in other states, prior to recommending licensure of a health profession.

The CIS Workgroup met four times from June through September 2018. At their last meeting, CIS Workgroup members agreed on a set of consensus points and voted to recommend that there be an exception to licensure for registered CIS (RCIS) in Maryland. The proposed exception to licensure would allow a physician to delegate certain duties to an RCIS assisting with the physician's performance of fluoroscopy in a hospital cardiac catheterization laboratory under narrow circumstances.


The consensus points and the recommendation are discussed in the report.

On September 26, 2018, the Board's Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance Advisory Committee voted to agree with the recommendation – with reservations, which are discussed in the report.

On October 17, 2018, Board members, following discussion of the CIS Workgroup's recommendation, voted to submit this report.

On behalf of the Board, thank you for your consideration of this report. Should you have questions about the CIS Workgroup or its recommendation, please contact Wynee Hawk at 410-764-3786.

Sincerely,



Christine A. Farrelly  
Executive Director  
Maryland Board of Physicians

Attachment: Report of the CIS Workgroup

cc: Damean W.E. Freas, D.O., Board Chair  
Ellen Douglas Smith, Deputy Director  
Yemisi Koya, Director, Communication, Education and Policy  
Wynee Hawk, Manager, Policy and Legislation  
Stacey Darin, Assistant Attorney General  
Sandi Van Horn, Health Policy Analyst  
Mark Woodard, Health Policy Analyst  
Delegate Bonnie Cullison  
Senator Craig J. Zucker  
Delegate Ariana B. Kelly  
Sara C. Fidler, Dept. of Legislative Services  
Lindsay Rowe, Dept. of Legislative Services

# **CARDIOVASCULAR INVASIVE SPECIALISTS WORKGROUP MEMBERSHIP ROSTER<sup>1</sup>**

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**Dr. Martin A. Albornoz**

**Dr. Anthony Chiaramonte**

**Amy Dukovcic**

**Dr. Daniel J. Durand**

**William Fisher**

**Dr. Harry C. Knipp**

**Dr. Mahadevappa Mahesh**

**Dr. Joseph E. Marine**

**Sandra E. Moore**

**Andrew R. Nicklas**

**Lisa Pervola**

**Ellen Douglas Smith**

**Danielle M. Vranian**

**Jennifer Witten**

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<sup>1</sup> CIS Workgroup members submitted brief summaries of their professional experience. See Appendix 4.

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*Documents referenced in this report are available upon request.*

## REPORT SUMMARY

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During the 2018 Maryland General Assembly session, House Bill 1008 and Senate Bill 1087 were introduced to establish a new licensure category of cardiovascular invasive specialists (“CIS”) under the Maryland Board of Physicians (the “Board”). Generally, the legislation (as amended) would have allowed CIS to perform fluoroscopy and other duties in relation to cardiac catheterization procedures.

The Board opposed the legislation mainly due to the concern that public safety would be seriously compromised if the CIS did not have sufficient training and education to perform fluoroscopy and the other duties listed in the bills. Proponents of the bills asserted that the legislation was necessary due to a shortage of radiology technologists in Maryland to staff cardiac catheterization laboratories (“cath labs”). The Board urged the legislature to direct an interim workgroup to study issues related to the proposed program, including but not limited to the need for licensure, the adequacy of the proposed education and training for the scope of practice, and the definition of terms.

Following legislative hearings, the bills were withdrawn, and the Board established a 14-member workgroup to conduct an evaluation of registered CIS (“RCIS”) for potential licensure in Maryland. The evaluation involved applying a standardized set of criteria and considerations, as have been used in other states, prior to recommending licensure of a health profession.

The CIS Workgroup met once a month from July through September 2018. At their final meeting, CIS Workgroup members agreed on a set of consensus points and voted to recommend that there be an exception to licensure for RCIS in Maryland (for a three-year trial). The proposed exception to licensure would allow a physician to delegate certain duties to an RCIS assisting with the physician’s performance of fluoroscopy in a hospital cath lab under certain narrow circumstances.

The recommendation is based on consensus by the CIS Workgroup that, among other things, RCIS in Maryland:

- Would not be autonomous;
- Would work only in a hospital cath lab;
- Would press the fluoroscopy pedal only at the direction of a cardiologist in emergency situations;
- Would be a graduate of an accredited program and have the RCIS credential; and
- Would complete 20 documented studies, under direct supervision of a rad tech, before being permitted to assist with fluoroscopy in a cath lab.

On September 26, 2018, the Board’s Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance Advisory Committee voted to agree with the recommendation – with reservations, which are discussed in the report. On October 17, 2018, Board members, following discussion of the CIS Workgroup’s recommendation, voted to submit this report.

## INTRODUCTION

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During the 2018 Maryland General Assembly session, House Bill 1008 and Senate Bill 1087 were introduced to establish a new licensure category of cardiovascular invasive specialists (“CIS”) under the Maryland Board of Physicians (the “Board”). Generally, the legislation (as amended) would have allowed CIS in Maryland to perform fluoroscopy and other procedures in relation to cardiac catheterization procedures.

### ***Current Maryland Law***

Health Occupations Article (“H.O.”), §14-306, Annotated Code of Maryland, permits certain individuals to perform X-ray duties without a license only if the duties do not include fluoroscopy.<sup>2</sup> Thus, the performance of fluoroscopy is limited to certain licensed individuals who are required to meet additional education and training requirements before they are permitted to perform fluoroscopy as part of their scope of practice.

### ***Code of Maryland Regulations (“COMAR”) 10.32.12***

The Board’s regulations are found at COMAR Title 10, Subtitle 32. COMAR 10.32.12 is titled: “Delegation of Acts by a Licensed Physician to an Assistant Not Otherwise Authorized under the Health Occupations Article or the Education Article.” COMAR 10.32.12.04B provides that at certain sites, including a hospital, “a physician may delegate technical acts in compliance with State regulations and the policies, procedures, and supervisory structures of those sites.” Technical act is defined as “a routine medical or surgical act which does not require medical judgment and is performed with the supervision as specified within this chapter.” *See COMAR 10.32.12.02B(9)*.<sup>3</sup>

### ***Position of Supporters of the Bills***

During the 2018 legislative session, proponents asserted that Maryland cardiac catheterization laboratories were experiencing a workforce crisis, due to a lack of radiology technologists (“rad techs”) trained in cardiac procedures to fully staff the laboratories. This purported workforce shortage forced hospitals to use staffing agencies to fill these positions. Proponents noted that staffing agencies are inefficient and expensive, costing hospitals twice as much per hire on average. CIS were identified as technologists specifically trained to assist in cardiac procedures who could work interchangeably with rad techs in a catheterization laboratory. In hiring CIS directly, hospitals could alleviate the claimed shortage of rad techs and fully staff the catheterization laboratories. The proponents sought licensure for CIS, so that the CIS would be permitted to assist in performing fluoroscopy, which is an essential duty of a technologist in a catheterization laboratory.

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<sup>2</sup> H.O., §14-306(e)(1) also lists computerized or noncomputerized tomography; invasive radiology; mammography; nuclear medicine; radiation therapy; and xerography.

<sup>3</sup> Currently in Maryland, RCIS are permitted to work in hospital cardiac catheterization laboratories, performing delegated technical acts. RCIS in Maryland are not permitted to assist with the performance of fluoroscopy.



***Position of the Board during the 2018 Legislative Session and Establishment of a Workgroup***

The Board expressed concerns that public safety would be seriously compromised if CIS did not have sufficient training and education to perform fluoroscopy and other duties listed in the (amended) bills.

Given its concerns regarding CIS, the Board requested that the legislature direct an interim workgroup to study all issues related to the proposed program, including, but not limited to, whether there is a need for licensure, the adequacy of the proposed education and training for the scope of practice, and definitions of terms. In conducting the evaluation regarding CIS, the Board committed to:

- Study the practice of CIS;
- Study the standards at the national level and in other states regarding the practice and licensure of CIS;
- Determine the number of CIS in Maryland and identify their educational background and experience; and
- Make recommendations regarding:
  - (a) Options for CIS to qualify for another category of licensure or certification under the Health Occupations Article;
  - (b) Whether licensure or another alternative for CIS is appropriate and feasible; and
  - (c) The scope of practice and regulatory structure for CIS if licensure is appropriate and feasible.

In April 2018, the Board began recruiting for the CIS Workgroup and sought to find members representative of the positions that were expressed during legislative hearings. Fourteen individuals joined the CIS Workgroup, which included licensed physicians, representatives of hospitals and the health care sector, educators, counsel to the Maryland Radiological Society, and the Board's deputy director.

In June 2018, the CIS Workgroup held its first meeting.

# SUMMARY OF CIS WORKGROUP MEETINGS

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## **Information Provided to CIS Workgroup Members**

The CIS Workgroup reviewed information from multiple sources, including but not limited to: Maryland law and regulations; the law in other states related to CIS licensure and scope of practice; an overview of the Alliance of Cardiovascular Professionals; the education and training of CIS and rad techs; the invasive cardiovascular technologist curriculum in Maryland; the American Society of Radiologic Technologists (“ASRT”) curriculum; information about the Registered CIS (“RCIS”) examination (from Cardiovascular Credentialing International or “CCI”); the American Registry of Radiologic Technologists (“ARRT”) radiography examinations; ASRT practice standards; the definition of fluoroscopy and steps in a fluoroscopic procedure; radiation exposure to patients and personnel; liability issues; fiscal impacts on the Board; and an estimated licensure fee.

The CIS Workgroup also considered letters from CCI, ASRT, the Maryland Society of Radiologic Technologists, the Joint Review Committee on Education in Cardiovascular Technology, and a group of Maryland hospital representatives, documenting the positions of the respective groups regarding CIS licensure and education and training requirements.<sup>4</sup>

## **Summary of Each Meeting<sup>5</sup>**

### **June 18, 2018**

At the first meeting, following introductions, Dr. Yemisi Koya (the CIS Workgroup facilitator) and other Board staff reviewed the objectives of the CIS Workgroup, the Board’s standardized objective criteria for evaluating proposed licensure of a health profession, and background information on RCIS.<sup>6</sup> There was discussion about RCIS in Maryland (reported to be approximately 145), regulation of RCIS in other states, RCIS education and training, fluoroscopy, radiation safety, liability issues, and the cost of licensure under a new Board program.

### **July 23, 2018**

Delegate Bonnie Cullison joined CIS Workgroup members for the second meeting. Dr. Koya reviewed preliminary fiscal information prepared by Board staff. Peggy McElgunn, Executive Director of the Alliance of Cardiovascular Professionals, provided an overview of her organization and its membership. CIS Workgroup members discussed fluoroscopy technology, radiation safety, the role of rad techs, the market for RCIS professionals, workplace shortages, physician supervision, and the education and credentialing of RCIS. Board staff presented additional research regarding the regulation of RCIS in other states. Dr. Koya began discussion regarding the standardized objective criteria introduced at the first meeting.

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<sup>4</sup> A list of resources reviewed by the CIS Workgroup is available in Appendix 3. Letters to the Board and the CIS Workgroup are available in Appendix 2.

<sup>5</sup> Meeting minutes are available in Appendix 1.

<sup>6</sup> Discussion of the Board’s standardized objective criteria, based on the work of Virginia, is on Page 6.

## **Summary of Each Meeting (continued)**

### **August 20, 2018**

Dr. Koya provided an update regarding the Board's fiscal analysis of potential RCIS licensure. CIS Workgroup members discussed duties of RCIS, rad tech educational programs, possible impacts of licensure of RCIS in Maryland, liability issues for hospitals, physicians, and other licensees in the catheterization lab, and the use of staffing agencies by hospitals due to a shortage of rad techs. During this third meeting, Dr. Koya assigned workgroup members to three smaller groups to discuss whether or not they wanted licensure for RCIS.

### **September 24, 2018**

At the final meeting of the CIS Workgroup, members wrapped up discussions and voted to approve a set of consensus points drafted by Board staff. Dr. Koya assigned four members to a breakout group to discuss remaining issues regarding possible licensure of RCIS. The breakout group reported that the best option would be an exception to licensure - with conditions - for a trial run of two or three years to include a report back to legislators. CIS Workgroup members voted in favor of a version of statutory language for an exception to licensure under H.O., §14-306.<sup>7</sup>

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<sup>7</sup> The CIS Workgroup's recommendation is discussed on pages 8-10.

## Objective Criteria Considered by the CIS Workgroup

In 2014, naturopathic doctors and kinesiotherapists sought licensure by the Board. The Maryland legislature requested that the Board conduct workgroups and issue a report on its findings regarding whether licensure was justified. In the process of conducting these workgroups, the Board established objective criteria to guide the Board in making decisions regarding licensure of prospective allied health professionals. The issues below have been used in other states as a framework for evaluating the necessity of licensing a new profession.

<b>ISSUE 1 Risk of Harm to the Consumer</b>	Whether the unregulated practice of the allied health profession or occupation will substantially harm or endanger the public health, safety or welfare, and whether the potential for harm is recognizable and not remote. The harm results from: (a) practices inherent in the occupation; (b) characteristics of the clients served; (c) the setting or supervisory arrangements for the delivery of health services; or (d) from any combination of these factors.
<b>ISSUE 2 Specialized Skill and Training Required</b>	Whether the practice of the profession or occupation requires specialized skill or training, and whether that skill or training is readily measurable or quantifiable so that examination or training requirements would reasonably assure initial and continuing professional or occupational ability.
<b>ISSUE 3 Extent of Autonomous Practice</b>	Whether the functions and responsibilities of the practitioner require independent judgment and members of the occupational group practice autonomously.
<b>ISSUE 4 Scope of Practice</b>	Whether the scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping duties, methods of examination, instrumentation, or therapeutic modalities.
<b>ISSUE 5 Economic Costs</b>	Whether the economic costs (restriction of job creation through regulation and the cost of funding regulatory boards) to the public of regulating the occupational group are justified.
<b>ISSUE 6 Alternatives to Regulation</b>	Whether the public can be protected by means other than by regulation, such as, by inspections, disclosure requirements, or the strengthening of consumer protection laws. Whenever appropriate, consistent with patient safety and public health, the lesser level of regulation is preferred.

## **Analysis of the Objective Criteria**

At the CIS Workgroup meeting on September 24, 2018, Board staff presented an analysis of the objective criteria for evaluating licensure of RCIS in Maryland. The analysis concluded that the factors weighed heavily against licensure for a number of reasons, including:

1. There is no autonomous practice of the RCIS because RCIS practice at the sole direction and delegation of a physician who is physically present in the room during the entirety of the procedure;
2. Licensure may hinder, rather than help, the asserted workforce shortage if all current RCIS do not meet the qualifications of licensure and the fees associated with initial licensure, renewal, and reinstatement to approximate the cost of funding the licensure program may be prohibitive to some individuals; and
3. In keeping in mind that the lesser level of regulation is preferred when consistent with patient safety and public health, an amendment to H.O., §14-306 was presented, which would allow an RCIS with appropriate training, education, and experience to assist in performing fluoroscopy without a license under certain limited circumstances.

CIS Workgroup members considered the analysis of the objective criteria and reached a consensus on approval of an exception to licensure and certain consensus points, which are addressed next.

## **Summary of Consensus Points**

The CIS Workgroup members reached consensus on the following statements:

### **Patient Safety**

- The safety of patients and staff where fluoroscopy is performed is extremely important due to the risk of radiation-induced injury.
- Modern fluoroscopy machines have become more automated and advanced, potentially reducing harm to patients. However, dose is still highly dependent on the operator.
- Cardiologists in the cardiac catheterization laboratory are invested in ensuring the safety of their patients and staff.
- There is active surveillance of radiation exposure in the cardiac catheterization laboratory by regulatory agencies.

## **Summary of Consensus Points (continued)**

### **Supervision of CIS / Practice Setting / Duties**

- CIS practitioners are dependent practitioners exercising no autonomy and work under the direct in-person supervision of a cardiologist.
- CIS will work only in the limited environment of a cardiac catheterization laboratory at hospitals in Maryland pursuant to hospital policies.
- Cardiologists supervising CIS will be in the cardiac catheterization laboratories with the CIS through the entirety of the procedures requiring the assistance of CIS and any tasks with which CIS may assist.
- CIS will not depress the fluoroscopy pedal, except as directed by the cardiologist in extraordinary emergent situations in accordance with hospital policy.
- The cardiologist chooses the machine settings and takes responsibility for those settings.
- There are at least eight clinical duties (non “X-ray duties”) that have been identified as acceptable under current law for CIS to perform during a fluoroscopic procedure.

### **CIS Education / Examination in Radiological Matters**

- Considering the limited work environment of CIS, their educational background in radiology does not need to be as broad as rad techs who perform more duties.
- The CIS program at the Howard Community College is accredited, but the student’s hands-on experience with fluoroscopy equipment is limited due to the current law in Maryland.
- Enrollment of students for the rad tech program at Howard Community College has not been affected by the licensure requirement and licensure fees in Maryland.
- Individuals not possessing certain clinical and/or didactic instruction may still take the Cardiovascular Credentialing International credentialing examination.

### **Legal / Licensure Matters**

- Hospitals in Maryland report that they are experiencing difficulty staffing cardiac catheterization laboratories.
- Hospitals in Maryland that perform cardiac catheterization procedures are facing large financial burdens from having to use staffing agencies, due to the shortage in rad techs, to adequately staff the cardiac catheterization laboratories due to the inability of CIS to assist in fluoroscopic procedures.
- Creating a regulatory oversight/framework of CIS in Maryland may result in some challenges for those individuals who are currently employed as CIS in Maryland.
- Licensure in Maryland entails establishing fees for the licensure program.
- The Board is mandated to set reasonable fees for an allied health program, and the fees shall be set so as to produce funds to approximate the cost of maintaining a licensure program and other services provided by the Board to the allied health program.
- Direct and comprehensive regulatory oversight by the Maryland Board of Physicians of individuals is achieved only through the licensure framework.

## CIS WORKGROUP'S RECOMMENDATION

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On September 24, 2018, the CIS Workgroup considered the following options for a recommendation regarding RCIS in Maryland:

### OPTION 1

- Status quo (No change regarding RCIS in Maryland)

### OPTION 2A or 2B

- Two versions of draft statutory language for a licensure exception

### OPTION 3

- Licensure of RCIS in Maryland

A majority of the CIS Workgroup members voted for an exception to licensure (Option 2B) with a time limit of three years, so that a study can be conducted and the legislature can re-evaluate the exception to licensure at the conclusion of the trial period. It is anticipated that the details of the study, including the data to be collected and the focus of the report, will be determined by legislators during the 2019 legislative session.<sup>8</sup> Any requirements for documentation to be kept by the hospitals can be addressed in regulations. CIS Workgroup members discussed the possibility of the Maryland Health Care Commission (MHCC) collecting relevant data for the study, as MHCC has experience in reviewing patient outcomes, healthcare workforce issues, and health system needs.

The CIS Workgroup recommends adding a definition of “Registered Cardiovascular Invasive Specialist” to H.O., §14-101, and adding language to H.O., §14-306:

### ***Suggested language to add to existing law is in BOLD CAPITALS***

Article - Health Occupations

§14-101. Definitions

**(P) “REGISTERED CARDIOVASCULAR INVASIVE SPECIALIST” MEANS AN INDIVIDUAL WHO IS CREDENTIALLED BY CARDIOVASCULAR CREDENTIALING INTERNATIONAL TO ASSIST IN CARDIAC CATHETERIZATION PROCEDURES UNDER THE DIRECT IN PERSON SUPERVISION OF A PHYSICIAN.**

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<sup>8</sup> Regarding the three-year trial, Board staff is gathering suggestions for data elements to be collected in the study. Possible data elements include: (1) The number and nature of radiation injuries in the cardiac catheterization lab; (2) The number and nature of emergencies requiring the licensed physician to instruct the RCIS to depress the pedal; (3) The presence of the licensed physician in the cardiac catheterization lab during the procedure; (4) Verification by hospitals of the RCIS education and training (graduating from an accredited program, obtaining the CCI credential, and documenting the required number of procedures); and (5) In regard to the workforce issue, information about hospitals’ use of staffing agencies, the actual number of RCIS and rad techs employed, and the number of vacant positions.

§ 14-306. License exemptions; delegation of duties

In general

(a) To the extent permitted by the rules, regulations, and orders of the Board, an individual to whom duties are delegated by a licensed physician may perform those duties without a license as provided in this section.

Authorized individuals

(b) The individuals to whom duties may be delegated under this section include any individual authorized to practice any other health occupation regulated under this article or § 13-516 of the Education Article.

Rules and regulations

(c) The Board shall adopt rules and regulations to delineate the scope of this section. Before it adopts any rule or regulation under this section, the Board shall invite and consider proposals from any individual or health group that could be affected by the rule or regulation.

Other health occupations

(d)(1) If a duty that is to be delegated under this section is a part of the practice of a health occupation that is regulated under this article by another board, any rule or regulation concerning that duty shall be adopted jointly by the Board of Physicians and the board that regulates the other health occupation.

(2) If the two boards cannot agree on a proposed rule or regulation, the proposal shall be submitted to the Secretary for a final decision.

X-ray duties

(e) Except as otherwise provided in this section, an individual may perform X-ray duties without a license only if the duties:

(1) Do not include:

(i) Computerized or noncomputerized tomography;

(ii) Fluoroscopy;

(iii) Invasive radiology;

(iv) Mammography;

(v) Nuclear medicine;

(vi) Radiation therapy; or

(vii) Xerography;

(2) Are limited to X-ray procedures of the:

(i) Chest, anterior-posterior and lateral;

(ii) Spine, anterior-posterior and lateral; or

(iii) Extremities, anterior-posterior and lateral, not including the head; and

(3) Are performed:

(i) By an individual who is not employed primarily to perform X-ray duties;

(ii) In the medical office of the physician who delegates the duties; and

(iii) 1. By an individual who, before October 1, 2002, has:



- A. Taken a course consisting of at least 30 hours of training in performing X-ray procedures approved by the Maryland Radiological Society in consultation with the Maryland Society of Radiologic Technologists; and
  - B. Successfully passed an examination based on that course that has been approved by the Maryland Radiological Society in consultation with the Maryland Society of Radiologic Technologists; or
2. By a licensed physician assistant who has completed a course that includes anterior-posterior and lateral radiographic studies of extremities on at least 20 separate patients under the direct supervision of the delegating physician or radiologist using a mini C-arm or similar low-level radiation machine to perform nonfluoroscopic X-ray procedures, if the duties:
- A. Include only the X-ray procedures described in paragraph (2)(iii) of this subsection; and
  - B. Are performed pursuant to a Board-approved delegation agreement that includes a request to perform advanced duties under § 15-302(c)(2) of this article.

**REGISTERED CARDIOVASCULAR INVASIVE SPECIALISTS**

**(F) (1) PURSUANT TO THE RULES AND REGULATIONS ADOPTED BY THE BOARD, A LICENSED PHYSICIAN MAY DELEGATE DUTIES TO A REGISTERED CARDIOVASCULAR INVASIVE SPECIALIST ASSISTING IN THE PHYSICIAN'S PERFORMANCE OF FLUOROSCOPY PROVIDED THAT:**

**(I) THE DELEGATED DUTIES ARE LIMITED TO A CARDIAC CATHETERIZATION PROCEDURE PERFORMED IN A HOSPITAL CARDIAC CATHETERIZATION LABORATORY;**

**(II) THE PHYSICIAN IS PHYSICALLY PRESENT AND PERSONALLY DIRECTS EACH ACT PERFORMED BY THE REGISTERED CARDIOVASCULAR INVASIVE SPECIALIST;**

**(III) THE REGISTERED CARDIOVASCULAR INVASIVE SPECIALIST COMPLETES THE NECESSARY TRAINING, EDUCATIONAL, AND EXPERIENCE REQUIREMENTS ESTABLISHED THROUGH REGULATIONS ADOPTED BY THE BOARD; AND**

**(IV) THE HOSPITAL HAS DOCUMENTED AND VERIFIED THAT THE REGISTERED CARDIOVASCULAR INVASIVE SPECIALIST HAS COMPLETED ALL NECESSARY TRAINING, EDUCATIONAL AND EXPERIENCE REQUIREMENTS.**

**(2) THE HOSPITAL AND THE PHYSICIAN WHO IS PHYSICALLY PRESENT AND DIRECTING THE ACTS OF THE REGISTERED CARDIOVASCULAR INVASIVE SPECIALIST ARE RESPONSIBLE FOR ENSURING THAT ALL REQUIREMENTS OF THIS SECTION ARE MET FOR EACH PROCEDURE.**

**(3) THE BOARD MAY IMPOSE A CIVIL PENALTY OF UP TO \_\_\_\_\_ FOR EACH INSTANCE OF A HOSPITAL'S FAILURE TO COMPLY WITH THE REQUIREMENTS OF THIS SECTION.<sup>9</sup>**

*(End of suggested language)*

<sup>9</sup> The CIS Workgroup did not discuss appropriate monetary penalties.

## **PRESENTATION OF THE CIS WORKGROUP'S RECOMMENDATION**

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On September 26, 2018, Board staff provided an update regarding the CIS Workgroup to the Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance Advisory Committee (the "rad tech committee"). Four CIS Workgroup members attended the meeting and answered questions from committee members about RCIS and the CIS Workgroup's recommendation. Rad tech committee members expressed that they wanted to know more about the RCIS scope of practice and had questions about who was stepping on the fluoroscopy pedal. They also expressed concern that no rad tech would be in the room during the fluoroscopy procedure.

After lengthy discussion, the rad tech committee voted to support the CIS Workgroup's recommendation, with reservations.

Board staff next presented to Board members on October 17, 2018, explaining the CIS Workgroup's recommendation and the concerns of the rad tech committee. Board members inquired about oversight of RCIS, the three-year trial, and regulations that would be promulgated. A majority of the concern focused on many "unknowns" being left to regulations, such as the appropriate education and training.

Following discussion, the Board voted to approve submitting the report.