WEST VIRGINIA
SECRETARY OF STATE
BETTY IRELAND
ADMINISTRATIVE LAW DIVISION

Form #3

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OFFICE WEST VIRGINIA
SECRETARY OF STATE

NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE
AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

AGENCY: West Virginia Board of Medicine TITLE NUMBER: 11

CITE AUTHORITY: W. Va. Code §30-3-7a

AMENDMENT TO AN EXISTING RULE: YES ____ NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: ____

TITLE OF RULE BEING AMENDED: ____

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: 9

TITLE OF RULE BEING PROPOSED: Certification , Disciplinary and Complaint Procedures, Continuing Education, Radiologist Assistants

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE FOR THEIR REVIEW.

Authorized Signature

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Certification, Disciplinary & Complaint Procedures, Continuing Education Radiolo

Type of Rule: [X] Legislative [ ] Interpretive [ ] Procedural

Agency: West Virginia Board of Medicine

Address: 101 Dee Drive, Suite 103

Charleston, WV 25311

Phone Number: 304.558.2921 Email: bobknittle@wvdhhr.org

Fiscal Note Summary

Summarize in a clear and concise manner what impact this measure will have on costs and revenues of state government.

The Board of Medicine exists from a special revenue account, therefore we do not use any general funds for our operations. This new rule will increase the costs of operations. It will have a minimal impact on revenues.

Fiscal Note Detail

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

FISCAL YEAR			
Effect of Proposal	Current Increase/Decrease (use "-")	Next Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	0.00	180.00	435.00
Personal Services		120.00	360.00
Current Expenses		60.00	75.00
Repairs & Alterations			
Assets			
Other			
2. Estimated Total Revenues	0.00	200.00	1,000.00

Rule Title:

Rule Title: Certification, Disciplinary & Complaint Procedures, Continuing Education Radiolog

3. Explanation of above estimates (including long-range effect):
Please include any increase or decrease in fees in your estimated total revenues.

Currently Radiologist Assistants do not practice in West Virginia therefore there are no current costs.

Under passage of this Rule we anticipate the two (2) professionals in the State who believe they are qualified to apply during the later portion of the next fiscal year.

Given that there are currently one hundred-one (101) Radiologists practicing within the state, we estimate that approximately 10% will eventually utilize Radiologist Assistants in addition to other allied health professionals currently being employed in their practice. (i.e. physician assistants, nurses, radiology technologists, etc.)

Costs were determined upon existing hourly rates for Board of Medicine office staff who will be assigned the responsibility of the application process and the added expense of conducting the application process.

Revenues are estimated upon the fees proposed within the Rule.

MEMORANDUM

Please identify any areas of vagueness, technical defects, reasons the proposed rule **would not** have a fiscal impact, and/or any special issues **not** captured elsewhere on this form.

Date: May 17, 2007

Signature of Agency Head or Authorized Representative

BRIEF SUMMARY OF THE RULE AND CIRCUMSTANCES THAT REQUIRE THE RULE

Committee Substitute for House Bill 2800, passed in the regular 2007 Legislative Session. It is an extensive bill relating to the practice of medical imaging and radiation therapy, and it authorized rule making for the Board of Medicine to regulate radiologist assistants in a new statute, §30-3-7a.

The rule spells out definitions, requires supervision of radiologist assistants by a licensed radiologist, establishes requirements for certification and renewal, and spells out limitations on supervision and limitations on scope of duties of radiologist assistants. The rule requires identification of the radiologist assistant, establishes responsibilities of the radiologist assistant, reason for disciplinary action, provides for denial of certification, describes complaint and disciplinary procedures, and describes the utilization of radiologist assistants. Continuing education requirements are set forth, as are fees.

TITLE II
LEGISLATIVE RULE
WEST VIRGINIA BOARD OF MEDICINE

SERIES 9
CERTIFICATION, DISCIPLINARY AND COMPLAINT PROCEDURES, CONTINUING EDUCATION, RADIOLOGIST ASSISTANTS.

§11-9-1. General.

1.1. Scope. – W. Va. Code §30-3-7a requires the Board of Medicine to regulate the practice of Radiologist Assistants, and with the advice of the West Virginia Medical Imaging and Radiation Therapy Technology Board of Examiners the Board of Medicine is to propose rules to establish the scope of practice of a Radiologist Assistant, develop the education and training requirements for a Radiologist Assistant and regulate Radiologist Assistants.

1.2. Authority. – W. Va. Code §30-3-7a.

1.3. Filing date –

1.4. Effective date –

§11-9-2. Definitions.

2.1. For purposes of this rule, the following definitions apply:

a. "ARRT" means the American Registry of Radiologic Technologists.

b. "Certification" means the approval of individuals by the Board of Medicine to serve as Radiologist Assistants.

c. "Direct Supervision" means the radiologist must be present in the office suite and immediately available to furnish assistance and directions to the radiologist assistant throughout the performance of the procedure.

d. "Personal Supervision" means a physician must be in attendance in the room throughout the performance of the procedure.

e. "Radiologist" means a physician licensed by the West Virginia Board of Medicine (M.D.) specializing in radiology who is Board certified in radiology by a member board of the American Board of Medical Specialties.

f. "Radiologist Assistant" means a person, other than a licensed practitioner, who is qualified by education and certification, as an advanced-level

radiologic technologist who works under the supervision of a radiologist to enhance patient care by assisting the radiologist in the medical-imaging environment.

g. "Supervision" means the opportunity and ability of the radiologist to exercise control and direction over the services of radiologist assistants. Constant physical presence of the supervising radiologist of a radiologist assistant certified by the Board of Medicine is not required so long as the supervising radiologist and the radiologist assistant are or may easily be in contact in person by radio, telephone, e-mail, teleradiology or other telecommunications methods. Supervision requires continuous availability of the supervising radiologist. To be eligible as a supervising radiologist, the radiologist must hold a full and unrestricted medical license in West Virginia.

§11-9-3. Supervision of Radiologist Assistants by licensed radiologist.

3.1. A radiologist fully licensed under W. Va. Code §30-3-1 et seq. may submit a job description to the Board of Medicine to supervise a radiologist assistant. Upon approval of the submitted job description, the radiologist will be deemed a supervising radiologist.

3.2. The delegation of certain acts to a radiologist assistant shall be stated on the job description in a manner consistent with sound radiological practice and with the protection of the health and safety of the patient in mind.

§11-9-4. Submission of application; job description.

4.1. An application completed by the applicant radiologist assistant and a job description signed by the supervising radiologist listing in numerical order the duties which are requested to be performed by the radiologist assistant must be in the office of the Board of Medicine, 101 Dee Drive, Suite 103, Charleston, West Virginia 25311, thirty (30) days prior to a Board of Medicine meeting. Meetings are held bimonthly or as needed beginning in January. The filing of an application and job description does not entitle a radiologist assistant to certification. The Board of Medicine is the only legal authority for certification.

4.2. An application for certification and the proposed job description shall be accompanied by the following:

a. Documentation that the applicant is currently certified by the American Registry of Radiologic Technologists as a radiologic technologist (RT), and

b. Documentation that the applicant is currently certified by the American Registry of Radiologic Technologists as a radiologist assistant, and

c. Documentation that the applicant has unencumbered licensure, certification, or registration status in all other jurisdictions where the applicant holds or held licensure, certification or registration.

d. The applicable fee of $100.

4.3. The Board of Medicine at its next regular meeting following receipt of the required items shall make a determination as to certification of the radiologist assistant.

4.4. Application for changes to the standard approved job description as provided for in subdivision 14.2. of this rule, or for a previously approved job description shall be made thirty (30) days prior to the Board of Medicine meeting. The proposed job description shall be signed by the supervising radiologist and radiologist assistant.

§11-9-5. Biennial Report of Radiologist Assistants Performing, Renewal, Annual Report of the Board of Medicine.

5.1. Radiologist assistants and their supervising radiologists must submit to the Board of Medicine biennial reports, signed either individually or combined, on the professional conduct, capabilities and performance of the radiologist assistant. The report shall be submitted in conjunction with each completed renewal application and shall be submitted to the Board of Medicine office by April 1.

5.2. The Board of Medicine shall compile and publish in an annual report a list of currently certified radiologist assistants, their supervisors, and their location in the state.

§11-9-6. Supervision and Control of Radiologist Assistant.

6.1. The radiologist assistant, whether employed by a health care facility or the supervising radiologist, shall perform only under the supervision and control of the supervising radiologist. The radiologist assistant may function in any setting within which the supervising radiologist routinely practices, but in no instance shall a separate place of work for the radiologist assistant be established. The supervising radiologist shall be a physician permanently licensed in this state by the Board of Medicine, specializing in radiology and Board certified in radiology.

§ 11-9-7. Limitations on Supervision.

7.1. A supervising radiologist may not supervise more than two (2) radiologist assistants at any one time.

7.2. In the absence of the supervising radiologist, another radiologist may serve as the supervising radiologist, however, the legal responsibility remains at all times with the absent supervising radiologist.

7.3. It is appropriate for a radiologist assistant to provide radiologic services to another supervising radiologist's patients at his or her direction in settings such as a health care facility, partnerships, group practices and other mutually agreed on patient coverage arrangements where a radiologist assistant is providing radiologic services to another supervising radiologist's patients at his or her direction in such settings. That

supervising radiologist is also legally responsible with the Board of Medicine's approved supervising radiologist for the radiologist assistant.

7.4. No radiologist assistant shall be supervised by and work for more than three (3) supervising radiologists at one time. Radiologist assistants who are supervised by more than one (1) supervising radiologist shall be those whose scope of professional duties require multiple radiologist supervisors.

7.5. A supervising radiologist shall not permit a radiologist assistant to independently practice radiology. The supervising radiologist shall supervise the radiologist assistant at all times.

§11-9-8. Limitations on Scope of Duties of Radiologist Assistant.

8.1. The radiologist assistant may not interpret images, preliminary or final or otherwise make diagnoses, or prescribe medications or therapies.

8.2. A radiologist assistant shall not perform any physical examination.

8.3. The radiologist assistant shall not perform the following procedures, including contrast media administration and needle or catheter placement for such procedures:

a. Lumbar puncture under fluoroscopic guidance.
b. Lumbar myelogram.
c. Thoracic or cervical myelogram.
d. Conventional arthrogram.
e. Non-tunneled venous central line placement.
f. Paracentesis with appropriate image guidance.
g. Thoracentesis with appropriate image guidance.
h. Venous catheter placement for dialysis.
i. Breast needle localization.

8.4. The radiologist assistant is not authorized to record previously communicated observations of imaging procedures in the chart.

8.5. A radiologist assistant shall not independently bill patients for services provided.

8.6. A radiologist assistant shall not sign prescriptions.

8.7. A radiologist assistant shall not independently delegate a task assigned to him or her by his or her supervising radiologist to another individual.

8.8. A radiologist assistant shall not perform any services which his or her supervising radiologist is not qualified to perform.

8.9. A radiologist assistant shall not perform any services which are not included in his or her job description and approved by the Board of Medicine.

§11-9-9. Identification of Radiologist Assistant.

9.1. When functioning as a radiologist assistant, the radiologist assistant must wear a nametag which identifies the radiologist assistant as a certified radiologist assistant or the letters "RA-C" after his or her name.

§11-9-10. Responsibilities of the supervising radiologist.

10.1. The supervising radiologist is responsible for observing, directing and evaluating the work, records and practices performed by the radiologist assistant.

10.2. The supervising radiologist shall notify the Board of Medicine in writing of any termination of the employment of his or her radiologist assistant within ten (10) days of the termination.

10.3. The legal responsibility for any radiologist assistant remains that of his or her supervising radiologist at all times. Also, in temporary situations not to exceed twenty-one (21) days, when a certified and fully qualified radiologist assistant is substituting for another certified radiologist assistant, the acts and omissions of the substituting radiologist assistant are the legal responsibility of the absent radiologist assistant's designated supervising radiologist.

10.4. The temporary change in supervisory responsibility shall be provided to the Board of Medicine in writing, or through electronic notification, within ten (10) days of the effective date of the substitution, signed by the affected supervising radiologists and radiologist assistants, and clearly specifying the dates of substitution.

§11-9-11. Disciplinary Action Against a Radiologist Assistant.

11.1. The certification of a radiologist assistant shall be restricted, suspended or revoked by the Board of Medicine in accordance with all the alternatives set out at W. Va. Code §30-3-14(i) when, after due notice and a hearing in accordance with the manner and form prescribed by the contested case hearing procedure, W. Va. Code §§29A-5-1 et seq. and rules of the Board of Medicine set out in Procedural Rule 11 CSR 3, if it is found:

a. That the assistant has held himself or herself out or permitted another person to represent him or her as a licensed radiologist.

b. That the assistant has in fact performed other than at the direction and under the supervision of a supervising radiologist licensed by the Board of Medicine.

c. That the assistant has been delegated and performed a task or tasks beyond his or her competence and not in accordance with the job description approved by the Board of Medicine.

d. That the assistant is a habitual user of intoxicants or drugs to such an extent that he or she is unable to safely perform as an assistant to the radiologist.

e. That the assistant has been convicted in any court, state or federal, of any felony or other criminal offense involving moral turpitude.

f. That the assistant has been adjudicated a mental incompetent or his or her mental condition renders him or her unable to safely perform as an assistant to a radiologist.

g. That the assistant has failed to comply with any of the provisions of this rule or the West Virginia Medical Practice Act; W. Va. Code §§30-3-1 et seq.; or

h. That the assistant is guilty of unprofessional conduct which includes, but is not limited to, the following:

1. Misrepresentation or concealment of any material fact in obtaining any certificate or license or a reinstatement of any certificate or license.

2. The commission of an offense against any provision of state law related to the practice of radiologist assistants, or any rule promulgated under the law.

3. The commission of any act involving moral turpitude, dishonesty or corruption, when the act directly or indirectly affects the health, welfare or safety of citizens of this State. If the act constitutes a crime, conviction of the crime in a criminal proceeding is not a condition precedent to disciplinary action.

4. Conviction of a felony, as defined under the laws of this State or under the laws of any other state, territory or country.

5. Misconduct in his or her practice as a radiologist assistant or performing tasks fraudulently, beyond his or her authorized scope of practice, with incompetence or with negligence on a particular occasion or negligence on repeated occasions.

6. Performing tasks as a radiologist assistant while the ability to do so is impaired by alcohol, drugs, physical disability or mental instability.

7. Impersonation of a licensed radiologist or another certified radiologist assistant.

8. Offering, undertaking or agreeing to cure or treat disease by a secret method, procedure, treatment or medicine; treating or prescribing for any human condition by a method, means or procedure which the radiologist assistant refuses to divulge upon demand of the Board of Medicine; or using methods or treatment processes not accepted by a reasonable segment of licensed radiologist.

9. Prescribing a prescription drug, including any controlled substance under state or federal law.

10. Conviction of a misdemeanor or a felony, as defined under the laws of this State or under the laws of any other state, territory or country, if the offense relates to the practice of medical imaging.

§11-9-12. Denial of Certification of Radiologist Assistant.

12.1. The burden of satisfying the Board of Medicine of his or her qualifications for certification is on the applicant.

12.2. Whenever the Board of Medicine determines that an applicant has failed to satisfy the Board of Medicine that he or she should be certified, the Board of Medicine shall immediately notify the applicant of its decision and indicate in what respect the applicant has failed to satisfy the Board of Medicine. The applicant shall be given a formal hearing before the Board of Medicine upon request of the applicant filed with or mailed by registered or certified mail to the Secretary of the Board, 101 Dee Drive, Suite 103, Charleston, West Virginia 25311. The request must be filed within thirty (30) days after receipt of the Board of Medicine's decision, stating the reasons for the request. The Board of Medicine shall within twenty (20) days of receipt of the request, notify the applicant of the time and place of a public hearing, which shall be held within a reasonable time. Following the hearing, the Board of Medicine shall determine on the basis of this rule whether the applicant is qualified to be certified. The decision of the Board of Medicine is final as to that application.

§11-9-13. Complaint and Disciplinary Procedures.

13.1. The complaint and disciplinary process and procedures set forth in the contested case hearing procedure, W. Va. Code §§29A-5-1 et seq., and in the Board of Medicine Procedural Rule 11 CSR 3, also apply to the complaint process for radiologist assistants and to disciplinary actions instituted against radiologist assistants with the same provisions regarding the appeal of decisions made to circuit courts.

§11-9-14. Radiologist Assistant Utilization.

14.1. The tasks a radiologist assistant may perform are those which require technical skill, execution of standing orders, routine radiologic tasks and procedures which the supervising radiologist may wish to delegate to the radiologist assistant after the supervising radiologist has satisfied himself or herself as to the ability and competence of the radiologist assistant. The supervising radiologist may, with due regard for the safety of the patient and in keeping with sound medical practice, delegate to the radiologist assistant those radiologic procedures and tasks that are usually performed within the scope of the practice of radiology, subject to the limitations set forth in this rule at section eight (8) and the West Virginia Medical Practice Act, W. Va. Code § 30-3-1 et seq. and the training and expertise of the radiologist assistant.

14.2. The radiologist assistant shall, under the appropriate direction and supervision by a radiologist, augment the radiologist's data gathering abilities in order to assist the supervising radiologist in reaching decisions and instituting plans of care for the radiologist's patients. A radiologist assistant shall have, the knowledge and competency to perform the following functions and may under appropriate supervision perform them; the standard job description is not meant to be specific or all-inclusive:

a. Review patient medical record to verify the appropriateness of a specific exam or procedure and report significant findings to radiologist.

b. Interview patient to obtain, verify, and update medical history.

c. Explain procedure to patient or significant others, including a description of risks, benefits, alternatives, and follow-up. Patient must be able to communicate with the radiologist if he/she requests or if any questions arise that cannot be appropriately answered by the radiologist assistant.

d. Obtain informed consent. Patient must be able to communicate with the radiologist if he/she requests or if any questions arise that cannot be appropriately answered by the radiologist assistant.

e. Determine if patient has followed instructions in preparation for the examination (e.g., diet, premedications).

f. Assess and review with the radiologist the risk factors that may contraindicate the procedure (e.g. health history, medications, pregnancy, psychological indicators, alternative medicines).

g. Obtain and evaluate vital signs.

h. Apply ECG leads and be able to recognize life threatening abnormalities.

i. Perform urinary catheterization. Catheterization can be performed by appropriately trained radiologist assistants under general supervision. If a patient is known to have an anatomic anomaly, recent surgery in the area, etc., direct supervision would be needed.

j. Perform venipuncture.

k. Monitor IV for flow rate and complications in compliance with facility and regulatory rules.

l. Position patient to perform required procedure, using immobilization devices and modifying technique as necessary. Application of restraints should be in compliance with departmental rules and regulations.

m. Assess patient's vital signs and level of anxiety/pain and inform radiologist when appropriate.

n. Recognize and respond to medical emergencies (e.g. drug reactions, cardiac arrest, hypoglycemia) and activate emergency response systems, including notification of the radiologist.

o. Administer oxygen as prescribed.

p. Operate a fixed/mobile fluoroscopic unit.

q. Assure documentation of fluoroscopy time.

r. Explain effects and potential side effects to the patient of the radiopharmaceutical and contrast media required for the examination.

s. Administer medications, including conscious sedation medications, only under the personal supervision of the supervising radiologist.

t. Under direct supervision, meaning the radiologist must be present in the office suite and immediately available to furnish assistance and directions throughout the performance of the procedure, may perform the following fluoroscopic examinations and procedures including contrast media administration and operation of fluoroscopic unit:

1. hysterosalpingogram (imaging only)
2. port injection
3. contrast injection into joint for MR or CT arthrogram
4. PICC line placement

Under general supervision, may perform the following fluoroscopic examinations and procedures including contrast media administration and operation of fluoroscopic unit:

1. upper GI
2. esophagus
3. small bowel studies
4. barium enema
5. cystogram
6. t-tube cholangiogram
7. retrograde urethrogram
8. nasoentric and oroentric feeding tube placement
9. fistulogram/sonogram
10. loopogram
11. swallowing study
12. lower extremity venography
13. ductogram (galactogram)

u. Evaluate images for completeness and diagnostic quality, and recommend additional images as required in general radiography, CT or MR. (Additional images only in the same modality such as additional CT cuts.)

v. Evaluate images for diagnostic utility and report observations to the radiologist in general radiography, CT, and MR.

w. Review imaging procedures, make initial observations, and communicating observations only to the radiologist.

x. Communicate radiologist's reports to referring physician consistent with American College of Radiology Communication Guidelines.

y. Provide physician-prescribed post care instructions (no medicines) to patients.

z. Perform follow-up patient evaluation and communicate findings to the radiologist.

aa. Document procedure in appropriate record and document exceptions from established protocol or procedure.

bb. Write patient discharge summary for review and co-signature by radiologist.

cc. Participate in quality improvement activities within radiology practice (e.g. quality of care, patient flow, reject-repeat analysis, patient satisfaction.

dd. Assist with data collection and review for clinical trials or other research.

ee. Perform specialized CT/MR post processing.

14.3. A radiologist assistant making application to the Board of Medicine for job description changes or additions shall document that his or her training and competency supports the request.

14.4. If the supervising radiologist absents himself or herself in such a manner or to such a manner or to such an extent that he or she is unavailable to aid the radiologist assistant when required, the supervising radiologist shall not delegate tasks to his or her radiologist assistant unless he or she has made arrangements for another supervising radiologist. The legal responsibility for the acts and omissions of the radiologist assistant remains with the supervising radiologist at all times.

14.5. It is the responsibility of the supervising radiologist to ensure that supervision is maintained in his or her absence.

14.6. Designated representatives of the Board of Medicine are authorized to make on-site visits to the offices of supervising radiologists and facilities utilizing radiologist assistants to review the following:

a. The supervision of radiologist assistants.

b. Utilization of radiologist assistants in conformity with the provisions of this section.

c. Identifications of radiologist assistants.

d. Compliance with certification requirements.

14.7. The Board of Medicine reserves the right to review radiologist assistant utilization without prior notice to either the radiologist assistant or the supervising radiologist. It is a violation of this rule for a supervising radiologist or a radiologist assistant to refuse to undergo a review by the Board of Medicine.

14.8. The provisions of this section shall not be construed to require medical care facilities or radiologists to accept radiologist assistants or to use them within their premises. It is appropriate for the radiologist assistant to provide services to the hospitalized patients of his or her supervising radiologist under the supervision of the radiologist, if the health care facility permits it.

14.9. Radiologist assistants employed directly by health care facilities shall perform services only under the supervision of a clearly identified supervising radiologist.

14.10. It is the supervising radiologist's responsibility to be alert to patient complaints concerning the type or quality of services provided by the radiologist assistant.

14.11. In the supervising radiologist's office and any office in which the radiologist assistant may function, a notice plainly visible to all patients shall be posted in a prominent place explaining the meaning of the term "Radiologist Assistant". The radiologist assistant's certificate must be prominently displayed in any office in which he or she may function. A radiologist assistant may obtain a duplicate certificate from the Board of Medicine if required.

14.12. The radiologist assistant is required to notify the Board of Medicine of changes in his or her employment within thirty (30) days. The radiologist assistant must provide the Board of Medicine with his or her new address and telephone number of his or her residence, address and telephone number of employment and name of his or her supervising radiologist.

14.13. The supervising radiologist is required to notify the Board of Medicine of any changes in his or her supervision of a radiologist assistant within ten (10) days.

§11-9-15. Continuing Education.

15.1. Beginning the first day of April, 2010, each radiologist assistant, as a condition of his or her biennial renewal of radiologist assistant certification, shall provide to the Board written documentation of participation in and successful completion during the preceding two (2) year period of a minimum of fifty (50) hours of continuing education. A copy of the certificate of registration from the ARRT for both of the applicable years will satisfy the Board of Medicine as written documentation.

§11-9-16. Fees.

16.1. The fee for an initial application is $100.

16.2. The fee for the biennial certification is $100.

16.3. The fee for any change of supervising radiologist is $25.

16.4. The fee for reinstatement of an expired certification is $25.

QUESTIONNAIRE

(Please include a copy of this form with each filing of your rule: Notice of Public Hearing or Comment Period; Proposed Rule, and if needed, Emergency and Modified Rule.)

DATE: July 19, 2007

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM:(*Agency Name, Address & Phone No.*) West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, West Virginia 25311

LEGISLATIVE RULE TITLE:
Certification, Disciplinary and Complaint Procedures, Continuing Education, Radiologist Assistants

1. Authorizing statute(s) citation W. Va. Code §30-3-7a

2. a. Date filed in State Register with Notice of Hearing or Public Comment Period:

   May 17, 2007

   b. What other notice, including advertising, did you give of the comment period?

   Letters attached to: Joseph Selby, M.D., President WVSMA; R. Austin Wallace, President Elect WVSMA; Evan Jenkins, Executive Director WVSMA; Joseph Letnaunchyn, President, WVHA; Grady Bowyer, Executive Director, WV Board of Radiologic Technologists (now WV Medical Imaging and Radiation Therapy Technology Board of Examiners); Connie Davis; John Reifsteck, M.D., President WV Radiological Society; Craig Wolfe. Also posted on Board's website www.wvdhhr.org/wvbom

   c. Date of Public Hearing(s) ***or*** Public Comment Period ended:

   June 25, 2007 at 5:00 p.m.

   d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

   Attached X No comments received _____

e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

July 19, 2007

f. **Name, title, address and <u>phone/fax/e-mail numbers</u>** of agency person(s) to receive all *written correspondence* regarding this rule: (Please type)

Robert C. Knittle, Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
304.558.2921 ext. 227, Fax: 304.558.2084

e-mail: bobknittle@wvdhhr.org

g. **<u>IF DIFFERENT</u> FROM ITEM 'f'**, please give **Name, title, address and phone number(s)** of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

b. Date of hearing or comment period:

_____

c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

_____

d. Attach findings and determinations and reasons:

Attached _____

NOTIFICATION OF COMMENT PERIOD

ATTACHMENT

Notification of Comment Period

to

Interested Parties

State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

May 18, 2007

Grady M. Bowyer, Executive Director
West Virginia Board of Radiologic Technologists
PO Box 638
Cool Ridge, West Virginia 25825

Re: Proposed Rule, Certification, Disciplinary and Complaint Procedures, Continuing Education, Radiologist Assistants, 11 CSR 9.

Dear Mr. Bowyer:

Enclosed please find a copy of the above referenced proposed rule which is necessitated by the passage of Committee Substitute for House Bill 2800, passed in the regular 2007 Legislative Session. We thank you for working with us in the development of the proposed rule. The proposed rule now has been filed with the Secretary of State's office and the Legislative Rule Making Review Committee and there is a comment period open until June 25, 2007, at 5:00 p.m.

We wanted to make the West Virginia Board of Radiologic Technologists, (soon to have a new name) aware of this, as your Board members all have an interest in this proposed rule. The proposed rule is also available for review on our website www.wvdhhr.org/wvbom.

Thank you for your attention to this matter.

Sincerely,

Robert C. Knittle

/jsp
Enclosure

State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

May 18, 2007

Ms. Connie Davis
PO Box 481
Mason, West Virginia 25260

Re: Proposed Rule, Certification, Disciplinary and Complaint Procedures, Continuing Education, Radiologist Assistants, 11 CSR 9.

Dear Ms. Davis:

Grady Bowyer, Executive Director of the West Virginia Board of Examiners for Radiologic Technologists, has given us your name as one (1) of the two (2) individuals in the state at this time who may wish to be a radiologist assistant and who may be impacted by the enclosed proposed rule. The proposed rule is necessitated by the passage of Committee Substitute for House Bill 2800, passed in the regular 2007 Legislative Session. The proposed rule has been filed with the Secretary of State's office and the Legislative Rule Making Review Committee and there is a comment period open until June 25, 2007, at 5:00 p.m.

We wanted to make you aware of this as you certainly would have an interest. The proposed rule is also available for review on our website www.wvdhhr.org/wvbom.

Thank you for your attention to this matter.

Sincerely,

Robert C. Knittle

/jsp
Enclosure

State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

May 18, 2007

Mr. Joseph Letnaunchyn
President, West Virginia Hospital Association
100 Association Drive
Charleston, West Virginia 25311

Re: Proposed Rule, Certification, Disciplinary and Complaint Procedures, Continuing Education, Radiologist Assistants, 11 CSR 9.

Dear Mr. Letnaunchyn:

Enclosed please find a copy of the above referenced proposed rule which is necessitated by the passage of Committee Substitute for House Bill 2800, passed in the regular 2007 Legislative Session. The proposed rule has been filed with the Secretary of State's office and the Legislative Rule Making Review Committee and there is a comment period open until June 25, 2007, at 5:00 p.m.

We wanted to make the West Virginia Hospital Association aware of this as your members would certainly have an interest. The proposed rule is also available for review on our website www.wvdhhr.org/wvbom.

Thank you for your attention to this matter.

Sincerely,

Robert C. Knittle

/jsp
Enclosure

State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

May 18, 2007

John Reifsteck, M.D.
President, West Virginia Radiological Society, Inc.
PO Box 11137
Charleston, West Virginia 25339

Re: Proposed Rule, Certification, Disciplinary and Complaint Procedures, Continuing Education, Radiologist Assistants, 11 CSR 9.

Dear Dr. Reifsteck:

Enclosed please find a copy of the above referenced proposed rule which is necessitated by the passage of Committee Substitute for House Bill 2800, passed in the regular 2007 Legislative Session. The proposed rule has been filed with the Secretary of State's office and the Legislative Rule Making Review Committee and there is a comment period open until June 25, 2007, at 5:00 p.m.

We wanted to make the West Virginia Radiological Society aware of this as your members would certainly have an interest. The proposed rule is also available for review on our website www.wvdhhr.org/wvbom.

Thank you for your attention to this matter.

Sincerely,

Robert C. Knittle

/jsp
Enclosure
cc: Pat Caperton, Secretary, West Virginia Radiological Society, Inc. w/enclosure

State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

May 18, 2007

Joseph Selby, M.D.
President, West Virginia State Medical Association
301 South High Street
Morgantown, West Virginia 26501

Re: Proposed Rule, Certification, Disciplinary and Complaint Procedures, Continuing Education, Radiologist Assistants, 11 CSR 9.

Dear Dr. Selby:

Enclosed please find a copy of the above referenced proposed rule which is necessitated by the passage of Committee Substitute for House Bill 2800, passed in the regular 2007 Legislative Session. The proposed rule has been filed with the Secretary of State's office and the Legislative Rule Making Review Committee and there is a comment period open until June 25, 2007, at 5:00 p.m.

We wanted to make the West Virginia State Medical Association aware of this as your members would certainly have an interest. The proposed rule is also available for review on our website www.wvdhhr.org/wvbom.

Thank you for your attention to this matter.

Sincerely,

Robert C. Knittle

/jsp
Enclosure
cc: R. Austin Wallace, M.D., President Elect, WVSMA w/enclosure
Evan Jenkins, Executive Director, WVSMA w/enclosure

State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

May 18, 2007

Mr. Craig Wolfe
947 Braeburn Drive
Martinsburg, West Virginia 25401

Re: Proposed Rule, Certification, Disciplinary and Complaint Procedures, Continuing Education, Radiologist Assistants, 11 CSR 9.

Dear Mr. Wolfe:

Grady Bowyer, Executive Director of the West Virginia Board of Examiners for Radiologic Technologists, has given us your name as one (1) of the two (2) individuals in the state at this time who may wish to be a radiologist assistant and who may be impacted by the enclosed proposed rule. The proposed rule is necessitated by the passage of Committee Substitute for House Bill 2800, passed in the regular 2007 Legislative Session. The proposed rule has been filed with the Secretary of State's office and the Legislative Rule Making Review Committee and there is a comment period open until June 25, 2007, at 5:00 p.m.

We wanted to make you aware of this as you certainly would have an interest. The proposed rule is also available for review on our website www.wvdhhr.org/wvbom.

Thank you for your attention to this matter.

Sincerely,

Robert C. Knittle

/jsp
Enclosure

COMMENTS RECEIVED

ATTACHMENT

Comments Received

From

Interested Parties

COMMENTS FROM INTERESTED PARTIES
REGARDING THE PROPOSED RA RULE

	NAME	ORGANIZATION	EMAIL/FAX	ADDRESS	CITY	ST	ZIP	SECTIONS OF CONCERN
1	Jane Van Valkenburg, PhD, RPA, RT	Certification Board for Radiology Practitioner Assistants	jvan225@bresnan.net	PO Box 1626	Lander	WY	82520	11-9-4.2 (a) & (b), 11-9-7, 11-9-8.9
2	Shawn D. Reesman, M.D.	WV Radiological Society, Inc.	304.344.3480	PO Box 11137	Charleston	WV	25339	11-9-8.9, 11-9-14.2(g) & (k)
3	John E. Reifsteck, M.D.	WV Radiological Society, Inc.	pcaperton@ariwv.com	PO Box 11137	Charleston	WV	25339	11-9-2, 11-9-8, 11-9-9, 11-9-14.2(h), (s) & (t)
4	Peggy Pust	Monongalia General Hospital	PustP@monhealthsys.org					RPA's
5	Samuel R. Davis, M.D.		montradwv@yahoo.com	PO Box 1107	Montgomery	WV	25136	11-9-2.1(d)
6	Suresh Agrawal, M.D.	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2, 11-9-8
7	Connie Davis, RPA/RA, RT(R), ARDMS			PO Box 481	Mason	WV	25260	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-6,11-9-7.4, 11-9-8.2, 8.4, 8.6, 8.7, 8.8, 8.10, 11-9-9, 11-9-
8	Peter K. Shams-Avari	American Society of Radiologic Technologists		15000 Central Ave, SE	Albuquerque	NM	87123-3917	11-9-8.2 - 8.15, 11-9-14.2
9	John Blanco, M.D.	Martinsburg Radiology Associates, Inc.		295 Rock Cliff Dr	Martinsburg	WV	25401	11-9-2.1(f), 11-9-4.2(a) & (b), 11-9-5.1, 11-9-7.1, 7.2, 7.4, 11-9-8.2, 8.5 - 8.8, 8.9(f), 11-9-
10	Hojoon Jung, M.D.	Martinsburg Radiology Associates, Inc.		295 Rock Cliff Dr	Martinsburg	WV	25401	11-9-2.1(f), 11-9-4.2(a) & (b), 11-9-5.1, 11-9-7.1, 7.2, 7.4, 11-9-8.2, 8.5 - 8.8, 8.9(f), 11-9-
11	Dimitri Misailidis, M.D.	Martinsburg Radiology Associates, Inc.		295 Rock Cliff Dr	Martinsburg	WV	25401	11-9-2.1(f), 11-9-4.2(a) & (b), 11-9-5.1, 11-9-7.1, 7.2, 7.4, 11-9-8.2, 8.5 - 8.8, 8.9(f), 11-9-
12	Sanjay Saluja, M.D.	Martinsburg Radiology Associates, Inc.		295 Rock Cliff Dr	Martinsburg	WV	25401	11-9-2.1(f), 11-9-4.2(A) & (b), 11-9-5.1, 11-9-7.1, 7.2, 7.4, 11-9-8.2, 8.5 - 8.8, 8.9(f), 11-9-
13	Dalio Perez, RT(R)(CT)(M) A-R, RT	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-7.5, 11-9-8
14	L. Dillon	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
15	Cussy Leadman	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
16	Casey Sears	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
17	N. Sears	Pleasant Valley Hospital		RR2 Box 858	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
18	Vincent Hill, RT. RDMS	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
19	Toshla S. Smith, RT(R)M	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
20	Candice Grepsy	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
21	Honna Sayre	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
22	Karla Forbes	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
23	V. Hill	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
24	Angie Tracy	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8

COMMENTS FROM INTERESTED PARTIES REGARDING THE PROPOSED RA RULE

	NAME	ORGANIZATION	EMAIL/FAX	ADDRESS	CITY	ST	ZIP	SECTIONS OF CONCERN
25	Christina Tomblin	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
26	Connie Hill	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
27	Adam Ball, RT(R)	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
28	Mark Gillespie, RT	Pleasant Valley Hospital		2520 Valley Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
29	Joy Morarity, RT	Pleasant Valley Hospital		PO Box 175	Racine	OH	45771	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
30	Ginger K. Denney, RT(R)	Pleasant Valley Hospital		1415 Keystone Rd	Vinton	OH	45686	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
31	Lisa Byer	Pleasant Valley Hospital		125 Fairlane Dr	Middleport	OH	45760	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
32	Amanda N. Fetty, RT(R)	Pleasant Valley Hospital		177 N Park Dr	Point Pleasant	WV	25550	11-9-2.1(d), 11-9-4.2(a) & (b), 11-9-8
33	Gene Cordell, M.D.		flyfish000@yahoo.com	PO Box 11137	Charleston	WV	25339	11-9-8.2 - 8.8, 11-9-8.9(e), (f), (k), &(m), 11-9-9, 11-9-14.2(h), 14.2(t)(14)-(17)
34	Grady Bowyer, RT(R)	WV Imaging & Radiation Theraphy Technology Board of Examiners	gradymbowyer@suddenlink.net	PO Box 638	Cool Ridge	WV	25825	11-9-8.2 - 8.8, 11-9-8.9(e), (f), (k), &(m), 11-9-9, 11-9-14.2(h), 14.2(t)(14)-(17)
35	Bonita M. Socks, RT(R)	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
36	Jennifer Fenchian, RT(R)	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
37	Christopher Chase, RT	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
38	Mary A. Vanordale, RTRM	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
39	Selenna Stevens	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
40	Megan E. Amtomer	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
41	Lori A. Swager, RT(R)(M)(CV)	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
42	Glynis A. Knible, RT(R)(ARRT)	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
43	Dennis A. Wycleoff, RT(R)	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
44	Mark A. Eissens	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
45	Robert White, RT(R)	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
46	Lisa Agoney, RT(R)(CT)	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
47	Tuin Bruner, RT	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
48	Brenda Murry, RT, RDMS	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
49	Mary E. Estes, RT-R	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
50	Wendy P. Casto, CNMT	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
51	Raymond L. Bolger, RT, CNMT	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
52	Walter C. VanLin, RT, CNMT	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
53	Brenda J. Wonsetler, RT(R)	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
54	Janice Snyder, RT(R)(M) CNMT	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
55	Rhonda J. Barrett, RT(R)	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8

COMMENTS FROM INTERESTED PARTIES
REGARDING THE PROPOSED RA RULE

	NAME	ORGANIZATION	EMAIL/FAX	ADDRESS	CITY	ST	ZIP	SECTIONS OF CONCERN
56	Unknown name 1	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
57	Unknown name 2	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
58	Unknown name 3	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
59	Unknown name 4	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
60	Unknown name 5	Radiology Scheduling	304.264.1321	PO Box 1418	Martinsburg	WV	25402	11-9-4.2(a) & (b), 11-9-7, 11-9-8
61	Amy N. Tolliver, MS	WV State Medical Assoc.	Amy@wvsma.com	PO Box 4106	Charleston	WV	25364	11-9-2, 11-9-3, 11-9-7, 11-9-8.2 - 8.8, 11-9-8.9(d), (e), (f), (k), (m), 11-9-9, 11-9-10.4, 11-9-14.2(h), (s), (t)(14)-(17), (x)

From: "Jane Van Valkenburg" <jvan225@bresnan.net>
To: <janiepote@wvdhhr.org>
Date: 5/29/2007 3:58:24 PM
Subject: Proposed legislation for the Radiologist Assistant

West Virginia Medical Board:
I have reviewed the proposed legislation and have found it to be discriminating by allowing only ARRT certification when there are no RAs in the state of WV. I would think you would need a ruling from the attorney general's office before enacting a law that is creating a restraint of trade. I also found the supervisory sections to be restrictive, even more restrictive than other for physician extenders. The list of procedures that RAs can not perform is taken from a list of procedures that professional organizations, including the American College of Radiology, states the RA can perform. As discriminating and restrictive as this proposed legislation is makes one wonder who wrote it and what was the motive. You need to truely take a hard look at this legislation because it will make WC look foolish, if enacted.
J.Van Valkenburg, PhD, RPA, RT
CBRPA Executive Director
225 Dupont
P.O. Box 1626
Lander, WY 82520
Phone: 307-335-5201
Fax: 307-335-5201

CC: <cdavis@pvalley.org>

West Virginia Radiological Society, Inc.

1120 Kanawha Blvd., East
PO Box 11137
Charleston, WV 25339
304.343.3651 (Phone)
304.344-3480 (Fax)

John R. Reifsteck, M.D.
President

FACSIMILE TRANSMITTAL SHEET

TO: ROBERT C KNITTLE	FROM: SHAWN D REESMAN MD
COMPANY: WV BOARD OF MEDICINE	DATE: 5/29/2007
FAX NUMBER: 304.558-2084	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: (304) 343-3651
RE: **RA PROPOSED RULE 11 CSR 9**	YOUR REFERENCE NUMBER:

☐ URGENT ☑ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Rule Title: Certification, Disciplinary & Complaint Procedures, Continuing Education Radiolog

3. **Explanation of above estimates (including long-range effect):**
Please include any increase or decrease in fees in your estimated total revenues.

Currently Radiologist Assistants do not practice in West Virginia therefore there are no current costs.

Under passage of this Rule we anticipate the two (2) professionals in the State who believe they are qualified to apply during the later portion of the next fiscal year.

Given that there are currently one hundred-one (101) Radiologists practicing within the state, we estimate that approximately 10% will eventually utilize Radiologist Assistants in addition to other allied health professionals currently being employed in their practice. (i.e. physician assistants, nurses, radiology technologists, etc.)

Costs were determined upon existing hourly rates for Board of Medicine office staff who will be assigned the responsibility of the application process and the added expense of conducting the application process.

Revenues are estimated upon the fees proposed within the Rule.

MEMORANDUM

Please identify any areas of vagueness, technical defects, reasons the proposed rule would not have a fiscal impact, and/or any special issues not captured elsewhere on this form.

8.9 The radiologist assistant shall not perform the following procedures, including contrast media administration and needle or catheter placement for said procedures.

14.2 g define "evaluate."

14.2 K what is the difference between this & 8.4. Define "therapy!" In some cases N/saline is considered "therapy".

Shawn O Reesman, M.D.
Radiologist - WVRS

Date: May 17, 2007

Signature of Agency Head or Authorized Representative

TRANSACTION REPORT

MAY-29-2007 TUE 11:13 AM

FOR: WV BOARD OF MEDICINE 1 304 558 2084

RECEIVE

DATE	START	SENDER	PAGES	TIME	NOTE	M#
MAY-29	11:12 AM	304 344 3480	2	47″	OK	

From: "Pat Caperton" <pcaperton@ariwv.com>
To: <bobknittle@wvdhhr.org>
Date: 6/25/2007 10:49:13 AM
Subject: PROPOSED RULE FOR RADIOLOGY ASSISTANTS

Mr. Robert Knittle,

Suggestions attached for the WVBOM Proposed Rule for Radiology Assistants from Dr. John E. Reifsteck, M.D., President 2007 West Virginia Radiological Society.

Pat Caperton, Secretary

Associated Radiologists, Inc.

P.O. Box 11137

1120 Kanawha Blvd., East

Charleston, WV 25339

PH: (304) 343-3651

FAX: (304) 344-3480

Associated Radiologists, Inc.

P.O. Box 11137
Charleston, WV 25339
(304) 344-3457

June 25, 2007

Mr. Robert C. Knittle
Executive Director
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

Dear Mr. Knittle:

This letter concerns the proposed rules and regulations for Radiology Assistants. The legislation which was passed was to make sure it was clearly defined that they could not interpret imaging studies and would work under the supervision of a radiologists. However, the rules need to conform to CMS degree of oversight regulation to allow payment for the services provided by these physician extenders. The limitation on the scope of Radiologic Assistants proposed rules prohibits them from implementing their skills and training that they received and additional training to perform under the appropriate level of radiologist supervision.

The American College of Radiology in conjunction with the American Registry of Radiologic Technologists has spent a considerable amount of time and effort to define the training and practice and appropriate level of radiologist supervision. Therefore, I believe it is very important to keep radiology assistant certification only for ARRT certification in West Virginia. This is the only body that has worked with and endorsed the joint guidelines in conjunction with the American College of Radiology.

Section 11-9-8 needs to be extensively revised to allow radiology assistants to practice in the radiology community in West Virginia.

Suggested Changes:

11-9-8.2 Change to read: "Radiology Assistant shall not perform any physical examination."

8.3 (ECG) delete

8.4 (IV) delete

8.5 (Conscious Sedation) delete **to be combined with 8.7**

8.6 (Conscious Sedation) delete

8.7 Change to read: "Radiology Assistant is only authorized to administer medications including conscious sedation medication under the personal supervision of the supervising radiologist. **This also requires a new definition on 11-9-2 for personal supervisor.** The radiologist is in attendance in the room during the performance of the procedure.

8.8 (Monitoring) delete

8.9

d. Delete
e. Change to Conventional Arthrogram. (This may permit them to introduce contrast within joint space for CT or MR Arthrography)
f. (PICC lines) delete
k. (Venography) delete
m. (Ductogram) delete

11-9-9 Final terminology agreed upon by ACR and ARRT is "Registered Radiology Assistant" and the letters would be "RRA".

11-9-14 **h**. Change to read "Apply ECG leads and be able to recognize life threatening abnormalities."

s. Add "Administer medications including Conscious Sedation medications under personal supervision of the supervising radiologist."

t. Add—
14. Contrast injection into joint for MR or CT Arthrogram
15. PICC Line Placement
16. Lower Extremity Venography
17. Ductogram

Thank you for the opportunity to comment of the rules for Radiology Assistants. The Radiology Community will be glad to work with the Board of Medicine on the Radiology Assistant scope of practice issues.

Sincerely,

John E. Reifsteck, M.D.
President West Virginia Radiological Society

From: Janie Pote
To: Pust, Peggy
Subject: Re: question please

Ms. Pust,

The way the proposed rule is written, RPA's are not addressed. The proposed rule only addresses RA's.

I hope this has been helpful.

Janie Pote

>>> "Peggy Pust" <PustP@monhealthsys.org> 06/20/07 10:22 AM >>>
I hope this is an appropriate manner to ask my question. I am wondering if the license issued for the Radiologist Assistants will also apply to the Radiology Practitioner Assistants (RPA). On the state web site for the radiology technology board, as well as the ACR web site, there seems to be a definite distinction in the two credentials. Will the WV state Medical Board recognize the RPA credential?

Peggy Pust

Monongalia General Hospital

304.285.2157

From: SAMUEL DAVIS <montradwv@yahoo.com>
To: <bobknittle@wvdhhr.org>
Date: 6/22/2007 6:32:31 PM
Subject: RA Rules Comment

June 22, 2007

Mr. Robert Knittle
Executive Director
WV Board of Medicine

Dear Mr. Knittle:

I would like to comment on the proposed Radiology Assistant Rules, WV Code 30-3-7a.

I request that the definition of "Radiologist" under 11-9-2. Definitions. 2.1. d., which requires board certification in the proposed rules under consideration, be changed to the definition of "Radiologist" used in Committee Substitute for H.B. 2800 30-23-4. Definitions. (u), which states that the radiologist has successfully completed an appropriately accredited residency in Radiology and specializes in imaging.

This would allow those, such as myself, who satisfactorily completed an accredited residency but never took the ABR exam to act as supervising radiologist for an RA, should that ever be needed. In my case I graduated from a WVU Radiology residency at Ohio Valley Medical Center in Wheeling, WV in 1987 and won the first annual Administrators Award for the Outstanding Senior Resident at that time. I have an exemplary record of professionally directing the X-ray Department at Montgomery General Hospital for the past 20 years and feel that I would be well qualified to supervise an RA, should that ever be needed. I just never bothered to take the ABR examinations.

Thank you for your attention to this matter.

Sincerely,
Samuel R. Davis, M.D.
montradwv@yahoo.com
Phone: 304-415-9369

June 20, 2007

To: Robert Knittle
West Virginia Board of Medicine
Executive Director

From: Suresh Agrawal, MD
Point Pleasant, WV 25550 6/20/07

RE: Comments for Radiologist Assistant

Please see my comments on the proposed rules for the radiologist assistant:

1. Board certification is not a licensing requirement. This may be a requirement of a hospital. Board certification is not a requirement in your rules for physicians to supervise physician assistants or nurse practitioners. Several non-boarded physicians employ physician assistants and several non-boarded surgeons supervise CRNAs and these same physicians give orders to nurse practitioners at my hospital everyday currently. This rule appears discriminatory and should be removed. This Board of Medicine rule will make several West Virginia non boarded radiologists "non" radiologist. You cannot have two definitions for a radiologist in this state.
2. The CBRPA was omitted as being an accepted examination for licensure. The Legislative Auditor stated that the Board will accept the examination from the CBRPA and the ARRT. This rule also appears to be discriminatory since there are individuals certified by the CBRPA in your state and there are no individuals certified by the ARRT in your state. Parallel certifying bodies are a fact of life. Here are a few for your information: DO/MD, ARRT/ARDMS, ARRT/CNMT, ACR/FDA, ACR/AIUM, and there are so many more.
3. The rules also reflect the lack of input from people knowledgeable about this new profession. The candidates for licensure and the radiologists supervising them could have been very helpful and you would not have this totally messed up set of rules. The Board did not interview candidates, trainers, certifying authorities, or seek input from other states that already have these rules, etc. I am attaching a copy of the State of Montana's rules for your information.
4. The training received by the RPA/RA students is no joke. There is competition to get into these programs and they usually accept the best of the best. The training is intensive and comprehensive. Your proposed rules do not reflect an advanced practice or midlevel professional. The rules are just another set of rules for radiology technologists, which are not needed. A RPA has undergraduate degree, two years of RPA School, and has completed a certifying examination. This is not a "send the money/get a degree"qualification.

Please look at this more seriously. You are doing an injustice to the radiologic technologists and radiologists in our state who are having an extremely difficult time recruiting other radiologists. The radiologist assistant could add a lot of value and ease the workload so radiologists can be more efficient in providing final diagnoses. I believe you are exposing yourself to a flood of lawsuits from citizens of this state.

Subchapter 6

Radiologist Assistant Rules

24.204.601 QUALIFICATIONS (1) A radiologist assistant (RA) may also be referred to as a radiology practitioner assistant (RPA) pursuant to 37-14-313, MCA, including current licensees or students currently enrolled in the 2005 school year.

(2) To practice as a RA/RPA, an applicant shall:

(a) be a graduate of a RA educational program that:

(i) culminates in the award of a baccalaureate degree, postbaccalaureate certificate, or master's degree from an institution accredited by a mechanism recognized by either:

(A) ARRT;

(B) American college of radiology; or

(C) American society of radiologic technologists; and

(ii) incorporates a radiologist-directed clinical preceptorship; and

(iii) meets the eligibility requirements for certification by the ARRT.

(A) The board will accept certification from the ARRT or the certification board for radiologist practitioner assistant (CBRPA) for eligibility to sit for the CBRPA certification or ARRT examination;

(b) maintain an active ARRT registration status in radiography;

(c) submit a copy of current certification in advanced cardiac life support (ACLS) skills;

(d) furnish validation of participation in continuing education activities with a minimum of 24 hours of continuing education credits annually;

(e) hold a current Montana radiologic technologist (RT) license; and

(f) submit to the board a letter from the supervising radiologist certifying completion of a clinical preceptorship. (History: 37-1-131, 37-14-202, 37-14-313, MCA; IMP, 37-14-313, MCA; NEW, 2005 MAR p. 2465, Eff. 12/9/05.)

Rule 24.204.602 reserved

24.204.603 SCOPE OF PRACTICE - SPECIFIC DUTIES AND FUNCTIONS

(1) The RA/RPA shall evaluate the day's schedule of procedures with the supervising radiologist or the radiologist designate and determine where the RA/RPA's skills will be best utilized.

(2) After demonstrating competency, the RA/RPA, under the general supervision of the supervising radiologist or the radiologist designate, may perform the following procedures:

(a) fluoroscopic procedures (static and dynamic);

(b) arthrograms, pursuant to 37-14-301, MCA; and

(c) peripheral venograms, pursuant to 37-14-301, MCA.

(3) The RA/RPA may make initial observations of diagnostic images and forward them to the supervising radiologist.

(4) The RA/RPA shall assess and evaluate the psychological and physiological responsiveness of each patient.

(5) The RA/RPA shall participate in patient management, including acquisition of additional imaging for completion of the exam and record documentation in medical records.

(6) The RA/RPA shall administer intravenous contrast media or glucagon under the supervision of a radiologist or the attending physician pursuant to 37-14-301, MCA.

(7) "Radiologist designate", as used in this rule, means a radiologist, MD who has been named radiologist designate by the supervising radiologist, MD. The radiologist designate must reside in Montana and have a current Montana license. (History: 37-1-131, 37-14-202, 37-14-313, MCA; IMP, 37-14-102, 37-14-301, 37-14-313, MCA; NEW, 2005 MAR p. 2465, Eff. 12/9/05.)

Rule 24.204.604 reserved

24.204.605 SCOPE OF REQUIRED SUPERVISION (1) A RA/RPA may only perform diagnostic procedures under the general supervision of a licensed radiologist. In order for a RA/RPA to be considered under the general supervision of a radiologist, the RA/RPA must:

(a) meet with the supervising radiologist on a regularly scheduled basis of not less than once every month;

(b) provide the supervising radiologist with copies of records from procedures the RA/RPA has performed;

(c) seek input from the supervising radiologist regarding any issues relating to the RA/RPA's performance of diagnostic procedures; and

(d) have a means of contacting the radiologist in order to obtain a timely consultation.

(i) Consultations with the supervising radiologist are considered timely if the radiologist replies to the RA/RPA within eight hours of the RA/RPA's request for consultation.

(2) Consultations with the supervising radiologist shall be conducted as needed:

(a) in person;

(b) by telephone;

(c) by interactive videoconferencing; or

(d) by electronic means of communication, such as e-mail or picture, archives, and communication system (PACS).

(3) The RA/RPA shall not perform any diagnostic procedure for which a consultation is needed or appropriate, until such time as consultation has occurred and the RA/RPA has been advised or directed by the radiologist on how to proceed. (History: 37-1-131, 37-14-202, 37-14-313, MCA; IMP, 37-14-102, 37-14-313, MCA; NEW, 2005 MAR p. 2465, Eff. 12/9/05.)

Rule 24.204.606 reserved

24.204.607 CODE OF ETHICS (1) The board adopts and incorporates by reference the July 2003 edition of the code of ethics adopted by the ARRT.

(2) Copies of the ARRT code of ethics may be obtained on the ARRT website at www.arrt.org, or from the office of the board at 301 S. Park Avenue, Helena, or P.O. Box 200513, Helena, Montana 59620-0513.

(3) The RA/RPA shall adhere to and abide by the ARRT code of ethics.

(4) In addition to the ARRT code of ethics, the conduct of the RA/RPA shall be governed by the following additional ethical and professional principles. The RA/RPA shall:

(a) adhere to all state and federal laws governing informed consent concerning patient health care;

(b) seek consultation with the supervising radiologist, other health providers, or qualified professionals having special skills, knowledge or expertise whenever the welfare of the patient will be safeguarded or advanced by such consultation;

(c) provide only those services for which the RA/RPA is qualified via education, demonstration of clinical competency, and as allowed by rule;

(d) not misrepresent in any manner, either directly or indirectly, the RA/RPA's clinical skills, educational experience, professional credentials, identity, or ability and capability to provide radiology health care services;

(e) place service before material gain;

(f) carefully guard against conflicts of professional interest; and

(g) adhere to national, institutional and/or departmental standards, policies and procedures regarding the standards of care for patients. (History: 37-1-131, 37-14-202, 37-14-313, MCA; IMP, 37-14-313, MCA; NEW, 2005 MAR p. 2465, Eff. 12/9/05.)

Subchapters 7 through 20 reserved

June 20, 2007

Dear Mr. Knittle:

Enclosed you will find my comments regarding the Radiologist Assistant rules. My comments are bolded in a different font below each rule.

I would like to add that these rules are extremely disappointing. Most of the permitted functions for the RA can already be done by a radiology technologist. The rules as written did not actually warrant any rules. The radiologist assistant could have practiced as a radiology technologist and remained under the WV Radiology Technology Board of Examiners. The rules appear to be attempting to legislate radiology technologists. They are already licensed. The rules also appear to have been taken from physician assistant rules. Radiology practices differ greatly from all other types of practices. The physician assistant rules are not adaptable to radiology practices. There are also several contradictory rules.

It was also disappointing that no one from the Board of Medicine or from the Radiology Technology Board of Examiners took the time to interview the two individuals that have completed the Radiology Practitioner Assistant program. It may have been more valuable for you to have interviewed the radiologists that served as preceptors to these individuals. You may have gained insight into what types of procedures were well suited for the practices.

The radiologist assistant could be a valuable tool for the radiologists in our state if allowed to function according to their level of education and training. These rules will not add any value to most radiology practices.

I would welcome the opportunity to discuss this issue with you at your convenience. Thank you in advance for your attention to these comments.

Sincerely,

Connie Davis

Connie Davis, RPA/RA, RT(R), ARDMS

TITLE II

LEGISLATIVE RULE

WEST VIRGINIA BOARD OF MEDICINE

SERIES 9

CERTIFICATION, DISCIPLINARY AND COMPLAINT PROCEDURES, CONTINUING EDUCATION, RADIOLOGIST ASSISTANTS.

§11-9-1. General.

1.1. Scope. – W. Va. Code §30-3-7a requires the Board of Medicine to regulate the practice of Radiologist Assistants, and with the advice of the West Virginia Medical Imaging and Radiation Therapy Technology Board of Examiners the Board of Medicine is to propose rules to establish the scope of practice of a Radiologist Assistant, develop the education and training requirements for a Radiologist Assistant and regulate Radiologist Assistants.

1.2. Authority. – W. Va. Code §30-3-7a.

1.3. Filing date –

1.4. Effective date –

§11-9-2. Definitions.

2.1. For purposes of this rule, the following definitions apply:

a. "ARRT" means the American Registry of Radiologic Technologists.

b. "Certification" means the approval of individuals by the Board of Medicine to serve as Radiologist Assistants.

c. "Direct Supervision" means the radiologist must be present in the office suite and immediately available to furnish assistance and directions to the radiologist assistant throughout the performance of the procedure.

d. "Radiologist" means a physician licensed by the West Virginia Board of Medicine (M.D.) specializing in radiology who is Board certified in radiology by a member board of the American Board of Medical Specialties.

Board certification is not a requirement to be a licensed radiologist. According to the Physician Assistant rules 1B-3.1 – states that the physician must be licensed. I know in our own facility there have been licensed physicians supervising Pas, that were not board certified , therefore this requirement appears discriminatory. Board certification is not a requirement for licensure, it may be a requirement for hospital privileges.

e. "Radiologist Assistant" means a person, other than a licensed practitioner, who is qualified by education and certification, as an advanced-level radiologic technologist who works under the supervision of a radiologist to enhance patient care by assisting the radiologist in the medical-imaging environment.

f. "Supervision" means the opportunity and ability of the radiologist to exercise control and direction over the services of radiologist assistants. Constant physical presence of the supervising radiologist of a radiologist assistant certified by the Board of Medicine is not required so long as the supervising radiologist and the radiologist assistant are or may easily be in contact in person by radio, telephone, e-mail, teleradiology or other telecommunications methods. Supervision requires continuous availability of the supervising radiologist.

§11-9-3. Supervision of Radiologist Assistants by licensed radiologist.

3.1. A radiologist fully licensed under W. Va. Code §30-3-1 et seq. may submit a job description to the Board of Medicine to supervise a radiologist assistant.

3.2. The delegation of certain acts to a radiologist assistant shall be stated on the job description in a manner consistent with sound radiological practice and with the protection of the health and safety of the patient in mind.

§11-9-4. Submission of application; job description.

4.1. An application completed by the applicant radiologist assistant and a job description signed by the supervising radiologist listing in numerical order the duties which are requested to be performed by the radiologist assistant must be in the office of the Board of Medicine, 101 Dee Drive, Suite 103, Charleston, West Virginia 25311, thirty (30) days prior to a Board of Medicine meeting. Meetings are held bimonthly or as needed beginning in January. The filing of a application and job description does not entitle a radiologist assistant to certification. The Board of Medicine is the only legal authority for certification.

4.2. An application for certification and the proposed job description shall be accompanied by the following:

a. Documentation that the applicant is currently certified by the American Registry of Radiologic Technologists as a radiologic technologist (RT), and

b. Documentation that the applicant is currently certified by the American Registry of Radiologic Technologists as a radiologist assistant, and

The Legislative Auditor stated in the Sunrise Report:

"The Board will accept both the ARRTs certification test for RAs and the CBRPAs certification test for RPAs as credentialing tests to qualify an individual for West Virginia licensure as an RA. The Legislative Auditor supports the use of those tests as measurement of RA qualifications."

Certification by the CBRPA should be included. The CBRPA has certified over 300 RPAs. There are currently no RAs from West Virginia. There are currently two RPAs in the state of West Virginia with three more expected by August 2007. The CBRPA has been certifying RPAs since 1996 and is an approved certifying body. Nuclear Medicine has two recognized certifying bodies, the ARRT and the CNMB. Ultrasound has two recognized certifying bodies, the ARRT and the ARDMS. Radiologist Assistants should not be penalized for taking the CBRPA exam, especially since it has been validated and administered for over ten years. The ARRT gave their first examination two years ago.

c. Documentation that the applicant has unencumbered licensure, certification, or registration status in all other jurisdictions where the applicant holds or held licensure, certification or registration.

d. The applicable fee of $100.

4.3. The Board of Medicine at its next regular meeting following receipt of the required items shall make a determination as to certification of the radiologist assistant.

4.4. Application for changes to the standard approved job description as provided for in subdivision 14.2. of this rule, or for a previously approved job description shall be made thirty (30) days prior to the Board of Medicine meeting. The proposed job description shall be signed by the supervising radiologist and radiologist assistant.

§11-9-5. Biennial Report of Radiologist Assistants Performing, Renewal, Annual Report of the Board of Medicine.

5.1. Radiologist assistants and their supervising radiologists must submit to the Board of Medicine biennial reports, signed either individually or combined, on the professional conduct, capabilities and performance of the radiologist assistant. The report shall be submitted in conjunction with each completed renewal application and shall be submitted to the Board of Medicine office by April 1.

5.2. The Board of Medicine shall compile and publish in an annual report a list of currently certified radiologist assistants, their supervisors, and their location in the state.

§11-9-6. Supervision and Control of Radiologist Assistant.

6.1. The radiologist assistant, whether employed by a health care facility or the supervising radiologist, shall perform only under the supervision and control of the supervising radiologist. The radiologist assistant may function in any setting within which the supervising radiologist routinely practices, but in no instance shall a separate place of work for the radiologist assistant be established. The supervising radiologist shall be a physician permanently licensed in this state by the Board of Medicine, specializing in radiology and Board certified in radiology.

Board certification is not a requirement to be a licensed radiologist. According to the Physician Assistant rules 1B-3.1 – states that the physician must be licensed. I know in our own facility there have been licensed physicians supervising Pas, that were not board certified , therefore this requirement appears discriminatory. Board certification is not a requirement for licensure, it may be a requirement for hospital privileges.

§ 11-9-7. Limitations on Supervision.

7.1. A supervising radiologist may not supervise more than two (2) radiologist assistants at any one time.

7.2. In the absence of the supervising radiologist, another radiologist may serve as the supervising radiologist, however, the legal responsibility remains at all times with the absent supervising radiologist.

7.3. It is appropriate for a radiologist assistant to provide radiologic services to another supervising radiologist's patients at his or her direction in settings such as a health care facility, partnerships, group practices and other mutually agreed on patient coverage arrangements where a radiologist assistant is providing radiologic services to another supervising

radiologist's patients at his or her direction in such settings. That supervising radiologist is also legally responsible with the Board of Medicine's approved supervising radiologist for the radiologist assistant.

7.4. No radiologist assistant shall be supervised by and work for more than three (3) supervising radiologists at one time. Radiologist assistants who are supervised by more than one (1) supervising radiologist shall be those whose scope of professional duties require multiple radiologist supervisors.

Radiology practices differ from other practitioners. A Radiologist Assitant could be working for large radiology groups and this rule would impose hardships to these practices. The practice of radiology is very different from family practice or other practices. Physician assistant rules will not fit the practice of radiology. The number of radiologist an assistant can work for needs changed, reworded, or deleted.

7.5. A supervising radiologist shall not permit a radiologist assistant to independently practice radiology. The supervising radiologist shall supervise the radiologist assistant at all times.

§11-9-8. Limitations on Scope of Duties of Radiologist Assistant.

8.1. The radiologist assistant may not interpret images, preliminary or final or otherwise make diagnoses, or prescribe medications or therapies.

8.2. A radiologist assistant shall not perform any physical examination nor analyze data such as signs and symptoms, laboratory values or significant abnormalities.

Radiologist Assistant's educational curriculum included comprehensive instruction in physical examination. Radiology technologists can analyze data such as signs/symptoms and laboratory values. This should not be restricted from RAs.

8.3. The radiologist assistant is not authorized to recognize life threatening abnormalities regarding any Electrocardiogram for which he or she may apply leads.

The RPA has Advanced Cardiac Life Support

8.4. The radiologist assistant is not authorized to monitor IV therapy for flow rate and complications.

This is contradictory to 14.2.k which states that the RA can monitor IV therapy for flow rate and complications in compliance with facility and regulatory rules. This statement should be removed.

8.5. The radiologist assistant shall not administer any conscious sedation.

8.6. The radiologist assistant is not authorized to assess any patient who he or she may be observing who has received any conscious sedation.

Radiologists have Advanced Cardiac Life Support training. This rule should be removed.

8.7. The radiologist assistant is not authorized to administer general medications as prescribed by the supervising radiologist. The term "medications" excludes contrast media and radiopharmaceuticals.

The RPA educational curriculum consisted of courses in pharmacology. Pharmaceuticals routinely used in radiology should be permitted under the supervision and instruction (dosage) of the radiologist.

8.8. The radiologist assistant is not authorized to monitor a patient for side effects of a pharmaceutical.

The RPA has received training in recognizing side effects. Radiology Technologists do this on a daily basis. Also 14.2.n states that a RA can recognize and respond to medical emergencies. This rule should be removed.

8.9. The radiologist assistant shall not perform the following procedures, including contrast media administration and needle or catheter placement:

a. Lumbar puncture under fluoroscopic guidance.

b. Lumbar myelogram.

c. Thoracic or cervical myelogram.

d. Joint injection and aspiration.

e. Arthrogram (conventional, CT, and MR).

f. PICC placement.

g. Non-tunneled venous central line placement.

h. Paracentesis with appropriate image guidance.

i. Thoracentesis with appropriate image guidance.

j. Venous catheter placement for dialysis.

k. Lower extremity venography.

l. Breast needle localization.

m. Ductogram (galactogram).

These examinations/procedures are included in the RA Role Delineation approved by the ARRT and supported by the American College of Radiology. Radiology practices may vary from facility to facility. The radiologist should be qualified to verify competency and supervise these procedures. These restrictions will not benefit radiologists. Rural areas in West Virginina will be negatively impacted. The rural practices are where RAs are most needed. Radiologists are in short supply nationally and especially in small hospitals in West Virginia, and RAs will be a tremendous help to those radiologists who are doing their best to provide decent service to small rural hospitals. The RPA training included psycho-social medicine, medical ethics and law, patient care and assessement, computerized imaging, quality assurance/fluoroscopy, evaluation of osseous system, chest, abdomen and GI system, genitourinary system, and central nervous system, clinical pathways, problem patient management, cross sectional anatomy, invasive imaging studies, imaging pathophysiology, pharmacology II, radiobiology and health physics, federal regulations, patient education in radiology, cardiology, and ACLS. The training is comprehensive and the rules should reflect this and allow the RPA/RA to perform as an advanced level professional.

8.10. The radiologist assistant is not authorized to record previously communicated observations of imaging procedures in the chart.

The ARRT role delineation for RAs supports the RA to make initial observations and communicate them to the radiologist only and recording observations with the radiologist providing final interpretation. The RPA was required to spend a minimum of 8 hours per week reading with the radiologist and an additional 16 hours in clinical setting for 18 months. The RPA received education/training in the following areas: osseous system, chest, GI and GU, Central nervous system, cardiac anatomy/pathology, patient assessment, patient management, physical examination, ACLS, Federal Regulations, radiation safety, cross-sectional anatomy, computer

related topics, pharmacology, and psychosocial medicine. The radiologist should determine competency. This rule should be removed from the restrictions and added to activities allowed.

8.11. A radiologist assistant shall not independently bill patients for services provided.

8.12. A radiologist assistant shall not sign prescriptions.

8.13. A radiologist assistant shall not independently delegate a task assigned to him or her by his or her supervising radiologist to another individual.

8.14. A radiologist assistant shall not perform any services which his or her supervising radiologist is not qualified to perform.

8.15. A radiologist assistant shall not perform any services which are not included in his or her job description and approved by the Board of Medicine.

§11-9-9. Identification of Radiologist Assistant.

9.1. When functioning as a radiologist assistant, the radiologist assistant must wear a nametag which identifies the radiologist assistant as a certified radiologist assistant or the letters "CRA" after his or her name.

"CRA" , these initials would be confusing and should be changed to RRA.

§11-9-10. Responsibilities of the supervising radiologist.

10.1. The supervising radiologist is responsible for observing, directing and evaluating the work, records and practices performed by the radiologist assistant.

10.2. The supervising radiologist shall notify the Board of Medicine in writing of any termination of the employment of his or her radiologist assistant within ten (10) days of the termination.

10.3. The legal responsibility for any radiologist assistant remains that of his or her supervising radiologist at all times. Also, in temporary situations not to exceed twenty-one (21) days, when a certified and fully qualified radiologist assistant is substituting for another certified radiologist assistant, the acts and omissions of the substituting radiologist assistant are the legal responsibility of the absent radiologist assistant's designated supervising radiologist.

10.4. The temporary change in supervisory responsibility shall be provided to the Board of Medicine in writing, within ten (10) days of the effective date of the substitution, signed by the affected supervising radiologists and radiologist assistants, and clearly specifying the dates of substitution.

§11-9-11. Disciplinary Action Against a Radiologist Assistant.

11.1. The certification of a radiologist assistant shall be restricted, suspended or revoked by the Board of Medicine in accordance with all the alternatives set out at W. Va. Code §30-3-14(i) when, after due notice and a hearing in accordance with the manner and form prescribed by the contested case hearing procedure, W. Va. Code §§29A-5-1 et seq. and rules of the Board of Medicine set out in Procedural Rule 11 CSR 3, if it is found:

a. That the assistant has held himself or herself out or permitted another person to represent him or her as a licensed radiologist;

b. That the assistant has in fact performed other than at the direction and under the supervision of a supervising radiologist licensed by the Board of Medicine;

c. That the assistant has been delegated and performed a task or tasks beyond his or her competence and not in accordance with the job description approved by the Board of Medicine;

d. That the assistant is a habitual user of intoxicants or drugs to such an extent that he or she is unable to safely perform as an assistant to the radiologist.

e. That the assistant has been convicted in any court, state or federal, of any felony or other criminal offense involving moral turpitude;

f. That the assistant has been adjudicated a mental incompetent or his or her mental condition renders him or her unable to safely perform as an assistant to a radiologist.

g. That the assistant has failed to comply with any of the provisions of this rule or the West Virginia Medical Practice Act; W. Va. Code §§30-3-1 et seq.; or

h. That the assistant is guilty of unprofessional conduct which includes, but is not limited to, the following:

1. Misrepresentation or concealment of any material fact in obtaining any certificate or license or a reinstatement of any certificate or license;

2. The commission of an offense against any provision of state law related to the practice of radiologist assistants, or any rule promulgated under the law;

3. The commission of any act involving moral turpitude, dishonesty or corruption, when the act directly or indirectly affects the health, welfare or safety of citizens of this State. If the act constitutes a crime, conviction of the crime in a criminal proceeding is not a condition precedent to disciplinary action;

4. Conviction of a felony, as defined under the laws of this State or under the laws of any other state, territory or country;

5. Misconduct in his or her practice as a radiologist assistant or performing tasks fraudulently, beyond his or her authorized scope of practice, with incompetence or with negligence on a particular occasion or negligence on repeated occasions;

6. Performing tasks as a radiologist assistant while the ability to do so is impaired by alcohol, drugs, physical disability or mental instability;

7. Impersonation of a licensed radiologist or another certified radiologist assistant;

8. Offering, undertaking or agreeing to cure or treat disease by a secret method, procedure, treatment or medicine; treating or prescribing for any human condition by a method, means or procedure which the radiologist assistant refuses to divulge upon demand of the Board of Medicine; or using methods or treatment processes not accepted by a reasonable segment of licensed radiologist;

9. Prescribing a prescription drug, including any controlled substance under state or federal law.

10. Conviction of a misdemeanor or a felony, as defined under the laws of this State or under the laws of any other state, territory or country, if the offense relates to the practice of medical imaging.

§11-9-12. Denial of Certification of Radiologist Assistant.

12.1. The burden of satisfying the Board of Medicine of his or her qualifications for certification is on the applicant.

12.2. Whenever the Board of Medicine determines that an applicant has failed to satisfy the Board of Medicine that he or she should be certified, the Board of Medicine shall immediately notify the applicant of its decision and indicate in what respect the applicant has failed to satisfy the Board of Medicine. The applicant shall be given a formal hearing before the Board of Medicine upon request of the applicant filed with or mailed by registered or certified mail to the Secretary of the Board, 101 Dee Drive, Suite 103, Charleston, West Virginia 25311. The request must be filed within thirty (30) days after receipt of the Board of Medicine's decision, stating the reasons for the request. The Board of Medicine shall within twenty (20) days of receipt of the request, notify the applicant of the time and place of a public hearing, which shall be held within a reasonable time. Following the hearing, the Board of Medicine shall determine on the basis of this rule whether the applicant is qualified to be certified. The decision of the Board of Medicine is final as to that application.

§11-9-13. Complaint and Disciplinary Procedures.

13.1. The complaint and disciplinary process and procedures set forth in the contested case hearing procedure, W. Va. Code §§29A-5-1 et seq., and in the Board of Medicine Procedural Rule 11 CSR 3, also apply to the complaint process for radiologist assistants and to disciplinary actions instituted against radiologist assistants with the same provisions regarding the appeal of decisions made to circuit courts.

§11-9-14. Radiologist Assistant Utilization.

14.1. The tasks a radiologist assistant may perform are those which require technical skill, execution of standing orders, routine radiologic tasks and procedures which the supervising radiologist may wish to delegate to the radiologist assistant after the supervising radiologist has satisfied himself or herself as to the ability and competence of the radiologist assistant. The supervising radiologist may, with due regard for the safety of the patient and in keeping with sound medical practice, delegate to the radiologist assistant those radiologic procedures and tasks that are usually performed within the scope of the practice of radiology, subject to the limitations set forth in this rule at section eight (8) and the West Virginia Medical Practice Act, W. Va. Code § 30-3-1 et seq. and the training and expertise of the radiologist assistant.

14.2. The radiologist assistant shall, under the appropriate direction and supervision by a radiologist, augment the radiologist's data gathering abilities in order to assist the supervising radiologist in reaching decisions and instituting plans of care for the radiologist's patients. A radiologist assistant shall have, as a minimum, the knowledge and competency to perform the following functions and may under appropriate supervision perform them; the standard job description is not meant to be specific or all-inclusive:

The words "as a minimum" should be removed. Some of the procedures may have been elective and depending on clinical site if these procedures are offered. You should state that the procedures in "t." can be performed if competency is met.

a. Review patient medical record to verify the appropriateness of a specific exam or procedure and report significant findings to radiologist

This is a radiology technologist competency. RA can already do this as a radiology technologist.

b. Interview patient to obtain, verify, and update medical history.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

c. Explain procedure to patient or significant others, including a description of risks, benefits, alternatives, and follow-up. Patient must be able to communicate with the radiologist if he/she requests or if any questions arise that cannot be appropriately answered by the radiologist assistant.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

d. Obtain informed consent. Patient must be able to communicate with the radiologist if he/she requests or if any questions arise that cannot be appropriately answered by the radiologist assistant.

e. Determine if patient has followed instructions in preparation for the examination (e.g., diet, premedications).

This is a radiology technologist competency. RA can already do this as a radiology technologist.

f. Assess and review with the radiologist the risk factors that may contraindicate the procedure (e.g. health history, medications, pregnancy, psychological indicators, alternative medicines).

This is a radiology technologist competency. RA can already do this as a radiology technologist.

g. Obtain and evaluate vital signs.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

h. Apply ECG leads.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

i. Perform urinary catheterization. Catheterization can be performed by appropriately trained radiologist assistants under general supervision. If a patient is known to have an anatomic anomaly, recent surgery in the area, etc., direct supervision would be needed.

j. Perform venipuncture.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

k. Monitor IV for flow rate and complications in compliance with facility and regulatory rules.

l. Position patient to perform required procedure, using immobilization devices and modifying technique as necessary. Application of restraints should be in compliance with departmental rules and regulations.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

m. Assess patient's vital signs and level of anxiety/pain and inform radiologist when appropriate.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

n. Recognize and respond to medical emergencies (e.g. drug reactions, cardiac arrest, hypoglycemia) and activate emergency response systems, including notification of the radiologist.

o. Administer oxygen as prescribed.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

p. Operate a fixed/mobile fluoroscopic unit.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

q. Assure documentation of fluoroscopy time.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

r. Explain effects and potential side effects to the patient of the radiopharmaceutical and contrast media required for the examination.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

s. Administer contract agents and radiopharmaceuticals as prescribed by the radiologist.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

t. Under direct supervision, meaning the radiologist must be present in the office suite and immediately available to furnish assistance and directions throughout the

performance of the procedure, may perform the following fluoroscopic examinations and procedures including contrast media administration and operation of fluoroscopic unit:

1. upper GI
2. esophagus
3. small bowel studies
4. barium enema
5. cystogram
6. t-tube cholangiogram
7. hysterosalpingogram (imaging only)
8. retrograde urethrogram
9. nasoentric and oroentric feeding tube placement
10. port injection
11. fistulogram/sinogram
12. loopogram
13. swallowing study

Direct supervision should be changed to general supervision. A radiology technologist routinely performs after hours contrast injections when the radiologist is not in the office. Other physicians assume responsibility when radiologist is not present.

The following procedures should be added to the list and statement added that they can be performed once radiologist has verified competency: PICC placement, joint injections, arthrograms, paracentesis and thoracentesis with image guidance, lower extremity venogram, breast needle localization, specialized CT/MR post processing.

u. Evaluate images for completeness and diagnostic quality, and recommend additional images as required in general radiography, CT or MR. (Additional images only in the same modality such as additional CT cuts.)

Should add nuclear medicine, ultrasound or not specify modality. Some RAs have ultrasound and or nuclear medicine experience.

v. Evaluate images for diagnostic utility and report observations to the radiologist in general radiography, CT, and MR.

Should add nuclear medicine, ultrasound or not specify modality. Some RAs have ultrasound and or nuclear medicine experience.

w. Review imaging procedures, make initial observations, and communicating observations only to the radiologist,

x. Communicate radiologist's reports to referring physician consistent with ACR Communication Guidelines.

y. Provide physician-prescribed post care instructions (no medicines) to patients.

z. Perform follow-up patient evaluation and communicate findings to the radiologist.

aa. Document procedure in appropriate record and document exceptions from established protocol or procedure.

bb. Write patient discharge summary for review and co-signature by radiologist.

cc. Participate in quality improvement activities within radiology practice (e.g. quality of care, patient flow, reject-repeat analysis, patient satisfaction.

This is a radiology technologist competency. RA can already do this as a radiology technologist.

dd. Assist with data collection and review for clinical trials or other research.

14.3. A radiologist assistant making application to the Board of Medicine for job description changes or additions shall document that his or her training and competency supports the request.

14.4. If the supervising radiologist absents himself or herself in such a manner or to such a manner or to such an extent that he or she is unavailable to aid the radiologist assistant when required, the supervising radiologist shall not delegate tasks to his or her radiologist assistant unless he or she has made arrangements for another supervising radiologist. The legal responsibility for the acts and omissions of the radiologist assistant remains with the supervising radiologist at all times.

14.5. It is the responsibility of the supervising radiologist to ensure that supervision is maintained in his or her absence.

14.6. Designated representatives of the Board of Medicine are authorized to make on-site visits to the offices of supervising radiologists and facilities utilizing radiologist assistants to review the following:

a. The supervision of radiologist assistants.

b. Utilization of radiologist assistants in conformity with the provisions of this section.

c. Identifications of radiologist assistants; and

d. Compliance with certification requirements.

14.7. The Board of Medicine reserves the right to review radiologist assistant utilization without prior notice to either the radiologist assistant or the supervising radiologist. It is a violation of this rule for a supervising radiologist or a radiologist assistant to refuse to undergo a review by the Board of Medicine.

14.8. The provisions of this section shall not be construed to require medical care facilities or radiologists to accept radiologist assistants or to use them within their premises. It is appropriate for the radiologist assistant to provide services to the hospitalized patients of his or her supervising radiologist under the supervision of the radiologist, if the health care facility permits it.

14.9. Radiologist assistants employed directly by health care facilities shall perform services only under the supervision of a clearly identified supervising radiologist.

14.10. It is the supervising radiologist's responsibility to be alert to patient complaints concerning the type or quality of services provided by the radiologist assistant.

14.11. In the supervising radiologist's office and any office in which the radiologist assistant may function, a notice plainly visible to all patients shall be posted in a prominent place explaining the meaning of the term "Radiologist Assistant". The radiologist assistant's certificate must be prominently displayed in any office in which he or she may function. A radiologist assistant may obtain a duplicate certificate from the Board of Medicine if required.

14.12. The radiologist assistant is required to notify the Board of Medicine of changes in his or her employment within thirty (30) days. The radiologist assistant must provide the Board of Medicine with his or her new address and telephone number of his or her residence, address and telephone number of employment and name of his or her supervising radiologist.

14.13. The supervising radiologist is required to notify the Board of Medicine of any changes in his or her supervision of a radiologist assistant within ten (10) days.

§11-9-15. Continuing Education.

15.1. Beginning the first day of April, 2010, each radiologist assistant, as a condition of his or her biennial renewal of radiologist assistant certification, shall provide to the Board written documentation of participation in and successful completion during the preceding two (2) year period of a minimum of fifty (50) hours of continuing education. A copy of the certificate of registration from the ARRT for both of the applicable years will satisfy the Board of Medicine as written documentation.

§11-9-16. Fees.

16.1. The fee for an initial application is $100.

16.2. The fee for the biennial certification is $100.

16.3. The fee for any change of supervising radiologist is $25.

16.4. The fee for reinstatement of an expired certification is $25.

asrt
American Society of
Radiologic Technologists

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May 30, 2007

West Virginia Board of Medicine
Attention: Robert C. Knittle, Executive Director
101 Dee Drive, Suite 103
Charleston, WV 25311

Re: Comment on Proposed Rule 11 CSR 9

Dear Mr. Knittle,

Thank you for the opportunity to comment on proposed rule 11 CSR 9, Radiologist Assistant. The ASRT has played a significant role in the development of the Radiologist Assistant profession, working conjointly with the American College of Radiology (ACR) and the American Registry of Radiologic Technologists (ARRT) in establishing the education curriculum, role delineation and proposed practice standards.

The ASRT would like to specifically comment on technical issues in section 11-9-8 Limitations on Scope of Duties of Radiologist Assistant of the proposed rules. We have no problem with item 8.1 stating the radiologist assistant shall not interpret images. However; the remaining items, 8.2 through 8.15, are specifically contemplated as part of the radiologist assistant scope of practice as developed by the ACR, ASRT and ARRT rather than being specifically excluded from the scope of practice as indicated in the language of the proposed regulations. Additionally, some of these items are part of the regular radiography practice. A radiologist assistant is an advanced practice radiographer and holds the R.T.(R) credential as well; the language in this section of the proposed rules would created a situation where a radiographer would have a broader scope than one with a more advanced credential. Additionally, the scope of practice limitations in section 11-9-8 contradicts some of the authorized procedures under item 14.2 in section 11-9-14 Radiologist Assistant Utilization.

The ASRT proposes the following changes to the proposed rules:

1. Retain item 8.1 under section 8 as written.
2. Item 8.2, strike the words "shall not" and replace with "may" and strike the word "nor" and replace with "or", and move to section 11-9-14 under item 14.2 and designate as ee..
3. Item 8.3, strike the word "not" and move to section 11-9-14 under item 14.2 and designate as ff.

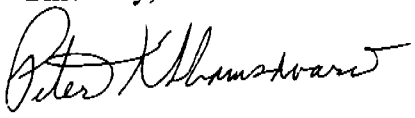
4. Strike item 8.4 completely.
5. Item 8.5, strike the word strike the words "shall not" and replace with "may" and move to section 11-9-14 under item 14.2 and designate as gg.
6. Item 8.6, strike the word strike the word "not" and move to section 11-9-14 under item 14.2 and designate as hh.
7. Item 8.7, strike the word strike the words "not" and the sentence, "The term "medications" excludes contrast media and radiopharmaceuticals" and move to section 11-9-14 under item 14.2 and designate as ii.
8. Item 8.8, strike the word strike the words "not" and move to section 11-9-14 under item 14.2 and designate as jj.
9. Item 8.9, strike the word strike the words "shall not" and replace with "may" and move the entire list to section 11-9-14 under item 14.2 and designate as kk, remove letter designation of the listing and number instead.
10. Retain 8.10 through 8.15 as written and renumber as 8.2 through 8.7.

Attached for your convenience and reference is a copy of the proposed practice standards for the radiologist assistant developed by the ASRT's Practice Standards Advisory Council. The ASRT House of Delegates will consider these standards for adoption this year. The section of the standards under "Scope of Practice" contains those procedures listed under section 11-9-8 as outside of the scope of practice. These standards have been reviewed by the ACR as well.

Outside of those issues with sections 11-9-8 and 11-9-14, we support the remainder of the proposed regulations as presented.

I would be happy to answer any additional questions you or the board may have regarding the radiologist assistant. I can be reached via telephone at 800-444-2778, extension 1319, or e-mail at pshams-avari@asrt.org. Once again thank you for the opportunity to provide these comments.

Sincerely,



Peter K. Shams-Avari
Health Policy Manager

Introduction to Radiologist Assistant Practice Standards

The practice of imaging and radiation science is performed by a segment of health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic, or research purposes. An interdisciplinary team of radiologists, radiologist assistants, radiographers, and other support staff plays a critical role in the delivery of health services as new modalities emerge and the need for imaging procedures increase in an aging population. A radiologist assistant (RA) is an advanced-practice role for the registered radiographer who performs complex or invasive imaging procedures under the supervision of a radiologist.

The RA conducts selected examinations and procedures involving contrast media administration and needle, catheter, or line placement to create images needed for diagnosis. RAs recognize patient conditions essential for successful completion of the procedures and exercise independent professional and ethical judgment by integrating scientific knowledge, advanced technical and nontechnical skills, as well as patient management strategies.

Radiologist Assistant – General Requirements

Radiologist assistants must demonstrate an understanding of human anatomy, physiology, pathology, pharmacology, functional patient assessment, advanced patient management, imaging equipment operation, cultural awareness, medical terminology, patient education, and clinical correlation for initial image observations.

Duties in this area include determining whether a patient has been appropriately prepared for a procedure, reviewing laboratory values for acceptable levels, and obtaining informed patient consent when delegated by the radiologist. RAs provide accurate information, answer patient questions, discuss radiation risks, and determine contraindications of the procedure. RAs adapt the examination protocols to improve diagnostic quality or refer the request for further consideration before the examination is performed. The RA makes initial observations of the images for the radiologist, but does not provide a final image interpretation as defined by the American College of Radiology (ACR).

Radiologist assistants must maintain a high degree of skill in access methods for needle, catheter, line placement, and closure devices. The RA must operate the fluoroscopic unit using the highest degree of radiation protection and safety standards. The RA independently performs – or assists the licensed independent practitioner in the completion of – complex or invasive imaging procedures, provides follow-up patient evaluation, communicates his or her initial observations to the radiologist, and conveys the radiologist's report to the referring physician. RAs prepare, administer, and document imaging activities related to contrast media and medications in accordance with state and federal law or institutional policy.

The RA acts as a liaison between patients, radiographers, radiologists, and other members of the health care team. Radiologist assistants must remain sensitive to the physical, cultural, and emotional needs of patients through good communication, comprehensive patient assessment, continuous patient monitoring, and advanced patient care skills. RAs use independent, professional, ethical judgment and critical thinking to safely produce diagnostic images.

Radiologist assistants engage in continuing education to enhance patient care, public education, knowledge and technical competence while embracing a life of learning.

Education and Certification

Radiologist assistants are registered radiographers who have received additional didactic and clinical education in a program recognized by a mechanism acceptable to the American Registry of Radiologic Technologists (ARRT). Baccalaureate degree, postbaccalaureate certificate, and master's degree programs for radiologist assistants exist throughout the United States.

Upon completion of a radiologist assistant course of study from a program recognized by the ARRT, individuals may apply to take the national certification examination. Those who successfully complete the certification examination may practice as a radiologist assistant and identify themselves as such. In accordance with ARRT protocol, the registered radiologist assistant (R.R.A.) may then add these initials following his or her name, e.g., Jack Smith, R.R.A., R.T.(R). To maintain ARRT certification, RAs must complete appropriate continuing education requirements to sustain a level of expertise and awareness of changes and advances in practice.

Practice Standards

The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession for judging the quality of practice, service, and education.

Professional practice constantly changes as a result of a number of factors including technological advances, market and economic forces, and statutory and regulatory mandates. While a minimum standard of acceptable performance is appropriate and should be followed by all radiologist assistants, it is inappropriate to assume that professional practice is the same in all regions of the United States. Community custom, state statute or regulation may dictate practice parameters. *Wherever there is a conflict between these standards and state or local statutes and regulations, the state or local statutes and regulations supersede these standards*. Recognizing this, the profession has adopted standards that are general in nature. A radiologist assistant should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure. *In addition, because radiologist assistant holds radiographer credentials, specific criteria for radiographers are incorporated into these standards by reference.* The radiologist assistant standards and the radiography standards sections should be consulted when seeking practice standards information for radiologist assistant practice.

Format

The standards are divided into five sections: scope of practice, clinical performance, quality performance, professional performance, and advisory opinion.

Scope of Practice. The scope of practice delineates the parameters of radiologist assistant practice.

Clinical Performance Standards. The clinical performance standards define the activities of the radiologist assistant in the care of patients and delivery of diagnostic or therapeutic

procedures. The section incorporates patient assessment and management with procedural analysis, performance, and evaluation.

Quality Performance Standards. The quality performance standards define the activities of the radiologist assistant in the technical areas of performance including equipment and material assessment, safety standards, and total quality management.

Professional Performance Standards. The professional performance standards define the activities of the radiologist assistant in the areas of education, interpersonal relationships, self-assessment, and ethical behavior.

Advisory Opinion Statements. The advisory opinions are interpretations of the standards intended for clarification and guidance for specific practice issues.

A profession's practice standards serve as a guide for appropriate practice. Standards provide role definition for radiologist assistants that can be used by individual facilities to develop job descriptions and practice parameters. Those outside the imaging, therapeutic, and radiation science community can use the standards as an overview of the role and responsibilities of the radiologist assistant as defined by the profession.

Each section is subdivided into individual standards. The standards are numbered and followed by a term or set of terms that identify the standards such as "assessment" or "analysis/determination." The next statement is the expected performance of the radiologist assistant when performing the procedure or treatment. A rationale statement follows and explains why a radiologist assistant should adhere to the particular standard of performance.

Criteria. Criteria are used in evaluating a radiologist assistant's performance. Each set of criteria is divided into two parts, the general criteria and the specific criteria. Both general and specific criteria should be used in evaluating performance.

General Criteria. General criteria are written in a style that applies to imaging and radiation science professionals. These criteria are the same in all sections of the standards and should be applied for the appropriate area of practice.

Specific Criteria. Specific criteria meet the needs of the radiologist assistants in the various areas of professional practice. While many areas of practice within imaging and radiation sciences are similar, others are not. The specific criteria are drafted with these differences in mind.

Radiologist Assistant Scope of Practice

A radiologist assistant is defined as an advanced-practice radiographer who enhances patient care by extending the capacity of the radiologist. The individual has completed an academic program encompassing a nationally recognized radiologist assistant curriculum that includes a radiologist-directed clinical preceptorship. The individual must also successfully pass a nationally recognized examination for advanced practice in radiologic technology, and maintain the appropriate state license, permit or certification requirements as defined by law.

The scope of practice of the radiologist assistant includes:

1. Reviewing the patient's medical record to verify the appropriateness of a specific exam or procedure.
2. Interviewing the patient to obtain, verify, and update medical history.
3. Explaining the procedure to the patient, significant others, or other care providers, including a description of risks, benefits, alternatives, and follow-up.
4. Following physician delegation to obtain informed consent.
5. Determining patient compliance, if needed, with pre-examination preparation instructions (e.g., diet, medications).
6. Assessing risk factors that may contraindicate the procedure (e.g., health history, medications, pregnancy, psychological indicators, and alternative medicines).
7. Obtaining and evaluating vital signs.
8. Performing physical examinations and analysis of data (e.g., signs and symptoms, laboratory values, and significant abnormalities) and reporting findings to the supervising radiologist.
9. Interpreting electrocardiogram (ECG) and recognizing life-threatening abnormalities.
10. Performing urinary catheterization.
11. Performing venipuncture.
12. Monitoring IV therapy for flow rate and complications.
13. Positioning the patient to perform the required procedure, using immobilization devices and modifying technique as necessary and in compliance with any regulations, policies, or standards.
14. Administering conscious sedation.

15. Observing and assessing the patient who has received conscious sedation.

16. Assessing the patient's level of anxiety or pain and informing radiologist as appropriate.

17. Recognizing and responding to medical emergencies (e.g., drug reactions, cardiac arrest, hypoglycemia), activating emergency response systems, and notifying appropriate personnel.

18. Administering oxygen as prescribed.

19. Operating a fluoroscopic unit.

20. Documenting fluoroscopy time.

21. Explaining the effects and potential adverse effects to the patient of the pharmaceutical required for the examination.

22. Administering contrast media, radioactive materials, and other medications as prescribed by the radiologist or licensed independent practitioner.

23. Monitoring the patient for adverse effects of pharmaceutical.

24. Performing examinations that may include but are not limited to:
    a. Upper GI.
    b. Esophagram.
    c. Small bowel studies.
    d. Barium enema.
    e. Cystogram.
    f. T-tube cholangiogram.
    g. Hysterosalpingogram.
    h. Retrograde urethrogram.
    i. Nasoenteric and oroenteric feeding tube placement.
    j. Port injection.
    k. Fistulogram or sinogram.
    l. Loopogram.
    m. Swallowing study.

25. Performing procedures that may include but are not limited to:
    a. Lumbar puncture under fluoroscopic guidance.
    b. Lumbar myelogram.
    c. Thoracic or cervical myelogram with lumbar puncture.
    d. Joint injection and aspiration.
    e. Arthrogram (conventional, CT, and MR).
    f. Peripherally inserted central catheter (PICC) placement.
    g. Nontunneled venous central line placement.
    h. Paracentesis with appropriate image guidance.
    i. Thoracentesis with appropriate image guidance.

j. Nontunneled venous catheter placement for dialysis.
k. Lower extremity venography.
l. Breast needle localization.
m. Ductogram or galactogram.

26. Performing additional studies the radiologist deems appropriate in accordance with supervision guidelines jointly established by the ACR, ASRT and ARRT.

27. Performing routine and specialized image postprocessing.

28. Evaluating images for completeness and diagnostic quality, and recommending additional images as required.

29. Evaluating images for diagnostic quality and reporting clinical observations to the radiologist.

30. Reviewing imaging procedures, making initial observations, and communicating observations only to the radiologist.

31. Recording previously communicated initial observations of imaging procedures according to protocols.

32. Communicating the radiologist's report to the referring physician consistent with American College of Radiology guidelines.

33. Providing physician-prescribed postcare instructions to patients.

34. Performing follow-up patient evaluation and communicating findings to the radiologist.

35. Documenting the procedure in the appropriate record and noting exceptions from protocol or procedure.

36. Providing patient discharge summary for review and co-signature by the radiologist.

37. Participating in quality improvement activities within the radiology practice (e.g., quality of care, patient flow, reject-repeat analysis, patient satisfaction).

38. Assisting with data collection and review for clinical trials or other research.

Radiologist Assistant Clinical Performance Standards

Standard One – Assessment

The radiologist assistant collects pertinent data about the patient and the procedure.

Rationale
Information about the patient's health status is essential in providing appropriate imaging and therapeutic services.

General Stipulation
Federal and state laws, accreditation standards necessary to participate in gover[illegible] programs, and institutional policies and procedures supersede these standards. The indiv[illegible]dual m[illegible] be educationally prepared and clinically competent as a prerequisite to professio[illegible]l practic[illegible]

General Criteria
The radiologist assistant:

1. Uses consistent and appropriate techniques to gather relevan[illegible]nforma[illegible]n from the patient, medical record, significant others, and healt[illegible] care pro[illegible]
2. Reconfirms patient identification and verifies the pr[illegible]dure r[illegible]uested or prescribed.
3. Reviews the patient's medical record to v[illegible]rify the [illegible]propr[illegible]ateness of a specific exam or procedure.
4. Verifies the patient's pregnancy s[illegible]
5. Determines whether the patie[illegible]as been p[illegible]epared appropriately for the procedure.
6. Corroborates patient's [illegible] histo[illegible]th procedure.
7. Assesses factors tha[illegible]may contr[illegible]ndicate[illegible] procedure, such as medications, patient history, insuffi[illegible]nt p[illegible]nt prep[illegible]aration, or artifacts.
8. R[illegible]es si[illegible] and symptoms of an emergency.

Spec[illegible] Criteri[illegible]
The radi[illegible]ist assistant:

1. Per[illegible]s physical examinations, analyzes data (e.g., signs and symptoms, laboratory values, [illegible]al signs, and significant abnormalities), evaluates information, and reports deviation[illegible]to the radiologist.
2. Observes and assesses a patient who has received conscious sedation.
3. Assesses the patient's level of anxiety or pain and informs radiologist.
4. Interviews patient to obtain, verify, and update medical history.

See also Radiography Practice Standards.

Standard Two – Analysis/Determination

The radiologist assistant analyzes the information obtained during the assessment phase and develops an action plan for completing the procedure.

Rationale
Determining the most appropriate action plan enhances patient safety and comfort, optimizes diagnostic and therapeutic quality, and improves efficiency.

General Stipulation
Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria
The radiologist assistant:

1. Selects the most appropriate and efficient action plan after reviewing all pertinent data and assessing the patient's abilities and condition.

2. Uses professional judgment to adapt imaging and therapeutic procedures to improve diagnostic quality and therapeutic outcome.

3. Consults appropriate medical personnel to determine a modified action plan when necessary.

4. Determines the need for accessory equipment, shielding and immobilization devices.

5. Determines the course of action for an emergency or problem situation.

6. Determines that all procedural requirements are in place to achieve a quality diagnostic or therapeutic procedure.

Specific Criteria
The radiologist assistant:

1. Determines patient compliance, if needed, with pre-examination preparation instructions (e.g., diet, medications).

2. Reviews the patient's medical record and the licensed independent practitioner's request to determine optimal imaging procedure for clinical indications.

See also Radiography Practice Standards.

Standard Three – Patient Education

The radiologist assistant provides information about the procedure and related health issues according to protocol.

Rationale
Communication and education are necessary to establish a positive relationship.

General Stipulation
Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria
The radiologist assistant:

1. Verifies that the patient has consented to the procedure and fully understands its risks, benefits, alternatives, and follow-up. When appropriate, the radiologist assistant verifies that written or informed consent has been obtained.

2. Provides accurate explanations and instructions at an appropriate time and at a level the patients and their care providers can understand. Addresses and documents patient questions and concerns regarding the procedure.

3. Refers questions about diagnosis, treatment, or prognosis to a licensed independent practitioner.

4. Provides related patient education.

Specific Criteria
The radiologist assistant:

1. Makes certain that all procedural requirements are in place to achieve a quality diagnostic examination.

2. Explains procedure to the patient or significant others, including a description of risks, benefits, alternatives, and follow-up.

3. Provides licensed independent practitioner-prescribed postcare instructions to the patient.

4. Obtains informed consent.

5. Provides information regarding risks and benefits of radiation.

6. Refers questions about diagnosis, treatment, or prognosis to the radiologist.

See also Radiography Practice Standards.

Standard Four – Performance

The radiologist assistant performs the action plan.

Rationale
Quality patient services are provided through the safe and accurate performance of a deliberate plan of action.

General Stipulation
Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria
The radiologist assistant:

1. Performs procedural time-out.
2. Implements an action plan.
3. Explains each step of the action plan to the patient and elicits the cooperation of the patient.
4. Uses an integrated team approach.
5. Modifies the action plan according to the clinical situation.
6. Administers first aid or provides life support in emergency situations.
7. Uses accessory equipment.
8. Assesses and monitors the patient's physical, emotional, and mental status.
9. Administers oxygen as prescribed.
10. Uses principles of sterile technique.
11. Positions patient for anatomic area of interest, respecting patient ability and comfort.
12. Immobilizes patient for examination

Specific Criteria
The radiologist assistant:

1. Performs urinary catheterization.
2. Interprets ECG wave forms, recognizing clinically significant situations.

3. Administers conscious sedation.

4. Observes and assesses the patient who has received conscious sedation.

5. Recognizes and responds to medical emergencies, activates emergency response systems, and provides advanced life support intervention.

6. Performs delegated fluoroscopic examinations.

7. Administers radiopharmaceuticals and other medications as prescribed by the radiologist or licensed independent practitioner.

8. Monitors patient's physical condition during the procedure and responds to changes in patient vital signs, hemodynamics, and level of consciousness.

9. Collects and documents tissue samples.

See also Radiography Practice Standards.

Standard Five – Evaluation

The radiologist assistant determines whether the goals of the action plan have been achieved.

Rationale
Careful examination of the procedure is important to determine that expected outcomes have been met.

General Stipulation
Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria
The radiologist assistant:

1. Evaluates the patient and the procedure to identify variances that may affect the expected outcome.
2. Completes the evaluation process in a timely, accurate, and comprehensive manner.
3. Measures the procedure against established policies, protocols, and benchmarks.
4. Identifies exceptions to the expected outcome.
5. Documents exceptions in a timely, accurate, and comprehensive manner.
6. Develops a revised action plan as necessary to achieve the intended outcome.
7. Communicates revised action plan to appropriate team members.

Specific Criteria
None added.

See also Radiography Practice Standards.

Standard Six – Implementation

The radiologist assistant implements the revised action plan.

Rationale
It may be necessary to make changes to the action plan to achieve the expected outcome.

General Stipulation
Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria
The radiologist assistant:

1. Bases the revised plan on the patient's condition and the most appropriate means of achieving the expected outcome.

2. Takes action based on patient and procedural variances.

3. Measures and evaluates the results of the revised action.

4. Notifies appropriate health care provider when immediate clinical response is necessary based on procedural findings and patient condition.

Specific Criteria
The radiologist assistant:

1. Communicates rationale for recommendations to the radiologist.

2. Performs retrospective reconstruction of raw data.

3. Performs routine and specialized postprocessing.

See also Radiographic Practice Standards.

Standard Seven – Outcomes Measurement

The radiologist assistant reviews and evaluates the outcome of the procedure.

Rationale

To evaluate the quality of care, the radiologist assistant compares the actual outcome with the expected outcome.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria

The radiologist assistant:

1. Reviews all diagnostic or therapeutic data for completeness and accuracy.
2. Determines whether the actual outcome is within established criteria.
3. Evaluates the process and recognizes opportunities for future changes.
4. Assesses the patient's physical, emotional, and mental status prior to discharge from the radiologist assistant's care.

Specific Criteria

The radiologist assistant:

1. Evaluates images for completeness and diagnostic quality, and recommends additional images.
2. Reports initial observations to the radiologist.
3. Performs follow-up patient evaluation and communicates findings to the radiologist.

See also Radiographer Practice Standards.

Standard Eight – Documentation

The radiologist assistant documents information about patient care, the procedure, and the final outcome.

Rationale

Clear and precise documentation is essential for continuity of care, accuracy of care, and quality assurance.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in gov[illegible]ment programs, and institutional policies and procedures supersede these standards. The individu[illegible] must be educationally prepared and clinically competent as a prerequisite to professional pr[illegible]ice.

General Criteria

The radiologist assistant:

1. Documents diagnostic, treatment, and patient data in the appropriate record in a timely, accurate, and comprehensive manner.

2. Documents exceptions from the established criteria or procedures.

3. Provides appropriate information to authorized individual(s) involved in the patient's care.

4. Participates in billing and coding procedu[illegible]

5. Archives images or data.

Specific Criteria

The radiologist assistant:

1. Provides patient discharge sum[illegible]ary fo[illegible]view and co-signature by radiologist.

2. Documents use of con[illegible]us se[illegible]ation.

3. Report[illegible]e initi[illegible]bservations from the examination to the radiologist.

4. [illegible]mmunicates the radiologist's report to the referring licensed independent practitioner co[illegible]ent with the American College of Radiology guidelines.

See also Radio[illegible]phy Practice Standards.

Radiologist Assistant Quality Performance Standards

Standard One – Assessment

The radiologist assistant collects pertinent information regarding equipment, procedures, and the work environment.

Rationale

The planning and provision of safe and effective medical services relies on the collection of pertinent information about equipment, procedures, and the work environment.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in gove[illegible]rograms, and institutional policies and procedures supersede these standards. The indiv[illegible]dual mu[illegible]e educationally prepared and clinically competent as a prerequisite to professio[illegible]l practice.

General Criteria

The radiologist assistant:

1. Determines that services are performed in a safe envir[illegible]ment, [illegible] f[illegible] any potential hazards, in accordance with established guidelines.

2. Confirms that equipment performance, maint[illegible]ce, and oper[illegible]tion comply with manufacturer's specifications.

3. Verifies that protocol and procedure manu[illegible] include recommended criteria and are reviewed and revised.

Specific Criteria

The radiologist assistant:

1. Participates in radiat[illegible]n protect[illegible]n, pati[illegible]safety, risk management, and quality management act[illegible]ti[illegible]

See also Radiographer Practice Standards.

Standard Two – Analysis/Determination

The radiologist assistant analyzes information collected during the assessment phase to determine the need for changes to equipment, procedures, or the work environment.

Rationale
Determination of acceptable performance is necessary to provide safe and effective services.

General Stipulation
Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria
The radiologist assistant:

1. Assesses services, procedures, and environment to meet or exceed established guidelines and adjusts the action plan.

2. Monitors equipment to meet or exceed established standards and adjust the action plan.

3. Assesses and maintains the integrity of medical supplies such as a lot/expiration, sterility, etc.

Specific Criteria
None added.

See also Radiography Practice Standards.

Standard Three – Education

The radiologist assistant informs the patient, public, and other health care providers about procedures, equipment, and facilities.

Rationale
Open communication promotes safe practices.

General Stipulation
Federal and state laws, accreditation standards necessary to participate in gov[illegible]ment programs, and institutional policies and procedures supersede these standards. The individu[illegible] must be educationally prepared and clinically competent as a prerequisite to professional pr[illegible]ice.

General Criteria
The radiologist assistant:

1. Elicits confidence and cooperation from the patient, the public, and other health care providers by providing timely communication and effective instruction.

2. Presents explanations and instructions at the learner's level of understanding.

3. Educates the public and other health care providers about procedures along with the biological effects of radiation, sound waves, or magnetic fields, and protection strategies.

4. Provides information to patients, health care providers, students, and the public concerning the role and responsibilities of individuals in the profession.

Specific Criteria
None added

See also Radiography Practice Standards.

Standard Four – Performance

The radiologist assistant performs quality assurance activities.

Rationale
Quality assurance activities provide valid and reliable information regarding the performance of equipment, materials, and processes.

General Stipulation
Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria
The radiologist assistant:

1. Acquires information on equipment, materials, and processes.
2. Performs quality assurance activities.
3. Provides evidence of ongoing quality assurance activities.
4. Verifies performance and results of quality control of imaging and support equipment.

Specific Criteria
The radiologist assistant:

1. Participates in quality improvement activities within the radiology practice (e.g., quality of care, patient flow, reject-repeat analysis, patient satisfaction).
2. Provides a safe and sterile environment for patients and staff.

See also Radiographer Practice Standards.

Standard Five – Evaluation

The radiologist assistant evaluates quality assurance results and establishes an appropriate action plan.

Rationale

Equipment, materials, and processes depend on ongoing quality assurance activities that evaluate performance based on established guidelines.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria

The radiologist assistant:

1. Verifies quality assurance testing conditions and results.
2. Compares quality assurance results to established acceptable values.
3. Formulates an action plan following the comparison of
4. Participates in the institution's quality assessment and improvement plan.

Specific Criteria

The radiologist assistant:

1. Evaluates radiation safety, patient safety, risk management, and quality management activities.

See also Radiography Practice Standard

Standard Six – Implementation

The radiologist assistant implements the quality assurance action plan for equipment, materials, and processes.

Rationale

Implementation of a quality assurance action plan promotes safe and effective services.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria

The radiologist assistant:

1. Obtains assistance from appropriate personnel to support the quality assurance action plan.

2. Implements the quality assurance action plan.

Specific Criteria

The radiologist assistant:

1. Implements radiation safety, patient safety, risk management, and quality management decisions.

See also Radiography Practice Standards

Standard Seven – Outcomes Measurement

The radiologist assistant assesses the outcome of the quality management action plan for equipment, materials, and processes.

Rationale

Outcomes assessment is an integral part of the ongoing quality management action plan to enhance diagnostic and therapeutic services.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in gov[illegible]ment programs, and institutional policies and procedures supersede these standards. The individ[illegible] must be educationally prepared and clinically competent as a prerequisite to professional pr[illegible]ice.

General Criteria

The radiologist assistant:

1. Reviews the implementation process for accuracy and validity.
2. Determines that actual outcomes are within established criteri[illegible]
3. Develops and implements a modified action plan.

Specific Criteria

The radiologist assistant:

1. Collects data for clinical trials or other res[illegible]rch.

See also Radiography Practice Standards.

Standard Eight – Documentation

The radiologist assistant documents quality assurance activities and results.

Rationale

Documentation provides evidence of quality assurance activities designed to enhance safety.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria

The radiologist assistant:

1. Maintains documentation of quality assurance activities, procedures, and results in accordance with established guidelines.
2. Provides timely, accurate, and comprehensive documentation.
3. Provides documentation that adheres to protocol, policy, and procedures.
4. Reports the need for equipment maintenance and repair.

Specific Criteria

The radiologist assistant:

1. Documents previously communicated initial interpretations of the imaging procedures.

See also Radiography Practice Standards.

Radiologist Assistant Professional Performance Standards

Standard One – Quality

The radiologist assistant strives to provide optimal patient care.

Rationale

Patients expect and deserve optimal care during diagnosis and treatment.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria

The radiologist assistant:

1. Collaborates with others to elevate the quality of care.
2. Participates in quality assurance programs.
3. Adheres to standards, policies, and procedures adopted by the profession and regulated by law.
4. Applies professional judgment and discretion while performing diagnostic study or treatment.
5. Anticipates and responds to patient needs.
6. Respects cultural variations and addresses misconceptions.

Specific Criteria

None added.

See also Radiographer Practice Standards.

Standard Two – Self-Assessment

The radiologist assistant evaluates personal performance.

Rationale

Self-assessment is necessary for personal growth and professional development.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria

The radiologist assistant:

1. Monitors personal work ethics, behaviors, and attitudes.
2. Evaluates performance and recognizes opportunities for self-improvement.
3. Recognizes and applies personal and professional strengths.
4. Performs procedures only when educationally prepared and clinically competent.
5. Recognizes opportunities for educational growth and improvement in technical and problem-solving skills.
6. Actively participates in professional societies and organizations.

Specific Criteria

None added.

See also Radiography Practice Standards.

Standard Three – Education

The radiologist assistant acquires and maintains current knowledge in clinical practice.

Rationale

Advancements in the profession require additional knowledge and skills through education.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria

The radiologist assistant:

1. Demonstrates completion of education related to clinical practice.
2. Maintains credentials and certification related to clinical practice.
3. Participates in continuing education and case review to maintain and enhance competency and performance.
4. Shares knowledge and expertise with others.
5. Demonstrates understanding of and continued competency in the functions and operations of equipment, accessories, treatment and imaging methods, and protocols.

Specific Criteria

None added.

See also Radiography Practice Standards

Standard Four – Collaboration and Collegiality

The radiologist assistant promotes a positive, collaborative practice atmosphere with other members of the health care team.

Rationale

To provide quality patient care, all members of the health care team must communicate effectively and work together efficiently.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria

The radiologist assistant:

1. Shares knowledge and expertise with members of the health care team.

2. Develops collaborative partnerships to enhance diagnostic and therapeutic quality and efficiency.

3. Promotes understanding of procedures through in-service for other health care providers.

Specific Criteria

The radiologist assistant:

1. Collaborates with others to promote consistency of patient care.

See also Radiography Practice Standards.

Standard Five – Ethics

The radiologist assistant adheres to the profession's accepted ethical standards.

Rationale

Decisions made and actions taken on behalf of the patient are based on a sound ethical foundation.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria

The radiologist assistant:

1. Provides health care services with respect for the patient's dignity, age-specific needs, and culture.
2. Acts as a patient advocate to support patients' rights.
3. Takes responsibility for professional decisions made and actions taken.
4. Delivers patient care and service free from bias or discrimination.
5. Respects the patient's right to privacy and confidentiality.
6. Adheres to the established practice standards of the profession.

Specific Criteria

The radiologist assistant:

1. Secures all orders and prescriptions as required.
2. Determines accuracy of all patient data including coding, billing, and medical records.
3. Communicates with radiologist prior to providing final diagnosis to other health care providers.
4. Performs procedures in accordance with institutional credentialing restrictions.

See also Radiography Practice Standards.

Standard Six – Research and Innovation

The radiologist assistant participates in the acquisition and dissemination of knowledge and the advancement of the profession.

Rationale

Scholarly activities such as research, scientific investigation, presentation, and publication advance the profession.

General Stipulation

Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

General Criteria

The radiologist assistant:

1. Reads and critically evaluates research in diagnostic and therapeutic services.
2. Participates in data collection.
3. Investigates innovative methods for application in practice.
4. Shares information with colleagues through publication, presentation, and collaboration.
5. Adopts new best practices.
6. Pursues a life of learning.

Specific Criteria

None added.

See also Radiography Practice Standards.

Radiologist Assistant Advisory Opinion Statements

Medical Imaging and Radiation Therapy Glossary

Advanced-practice radiologic technologist – A registered technologist who has gained additional knowledge and skills through successful completion of an organized program or radiologic technology education that prepares radiologic technologists for advanced practice roles and has been recognized by the national certification organization to engage in the practice of advanced-practice radiologic technology.

Arthrogram – Visualization of a joint by radiographic study after injection of a contrast medium into joint space.

Artifact – A structure or feature produced by the technique used and not occurring naturally.

Assess – To determine the significance, importance, or value.

Assessment – The process by which a patient's condition is appraised or evaluated.

Clinical – Pertaining to or founded on actual observation and treatment of patients.

Competency – Performance in a manner that satisfies the demands of a situation.

Contrast medium – Substance administered to a patient undergoing an imaging procedure that provides a difference in density (contrast) so that tissue, organ, or pathology can be better visualized.

Contraindicate – To warrant an otherwise advisable procedure or treatment inappropriate.

Cholangiogram – A radiograph of the bile duct(s).

Cystogram – A radiograph of the bladder.

Disease – A pathological condition of the body that presents a group of clinical signs, symptoms, and laboratory findings peculiar to it and setting the condition apart as an abnormal entity different from other normal or pathological conditions.

Ductogram – A radiograph of the breast duct after injection of a contrast medium.

Electrocardiogram (ECG) – A record of the electrical activity of the heart.

Esophagram – A series of x-rays of the esophagus. The x-ray images are captured after the patient drinks a solution that coats and outlines the walls of the esophagus. Also called a barium swallow.

Ethical – Conforming to the norms or standards of professional conduct.

Examination preparation – The act of helping to ready a patient for a diagnostic imaging procedure.

Fistulogram – A radiograph of a sinus tract filled with radiopaque contrast medium to determine the range and course of the tract.

Galactogram – A radiograph of the breast duct after injection of a contrast medium.

Hysterosalpingogram – A radiograph of the uterus and oviducts after injection of a contrast medium.

Initial observation – Assessment of technical image quality with pathophysiology correlation communicated to a radiologist.

Interpretation – The process of examining and analyzing all images within a given procedure and integration of the imaging data with appropriate clinical data in order to render an impression or conclusion set forth in a formal written report composed and signed by the radiologist.

Interventional procedures – Percutaneous catheterization for diagnostic and therapeutic purposes.

Licensed independent practitioner – An individual permitted by law to provide care and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted privileges (e.g., physician, nurse practitioner, physician assistant).

Loopogram – A radiograph of the ileal conduit following the injection of a contrast medium.

Myelogram – A radiograph of the spinal cord and associated nerves.

Paracentesis – Puncture of a cavity with removal of fluid.

Pathophysiology – The study of how normal physiological processes are altered by disease.

Pharmaceuticals – Contrast media, radiopharmaceuticals or other medications. Note: the ASRT House of Delegates has indicated that administration of contrast media or other medications is within the scope of practice for radiologic technologists (see also ASRT Position Statements titled "Drug Administration by Radiologic Technologists).

Protocol – The plan for carrying out a scientific study or a patient's treatment regimen.

Qualified Supervisor – Individual who is educationally prepared, clinically competent, and credentialed in the medical imaging and radiation therapy sciences who provides clinical supervision to the individual.

Quality assurance – Activities and programs designed to achieve a desired degree or grade of care in a defined medical, nursing, or health care setting or program.

Radiation protection – Prophylaxis against injury from ionizing radiation. The only effective preventive measures are shielding the operator, handlers, and patients from the radiation source; maintaining appropriate distance from the source; and limiting the time and amount of exposure.

Radiography – The process of obtaining an image for diagnostic examination using x-rays.

Sinogram – A radiograph of a sinus tract filled with radiopaque contrast medium to determine the range and course of the tract.

T-tube – A device inserted into the biliary duct after removal of the gallbladder.

Thoracentesis – Puncture of the chest wall for removal of fluids, usually done by using a large-bore needle.

Time-out – Immediate preprocedural pause to review procedure and determine that correct procedure is conducted upon the correct patient in the correct manner.

Urethrogram – A radiograph of the urethra after it has been filled with a contrast medium.

Upper GI series – A series of x-rays of the esophagus, stomach, small intestine (upper gastrointestinal, or GI, tract) that are taken after the patient drinks a barium solution.

Venipuncture – The puncture of a vein.

Martinsburg Radiology Associates, Inc.

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June 19, 2007

Mr. Robert C. Knittle
Executive Director
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

Dear Mr. Knittle:

This letter presents the comments of Martinsburg Radiology Associates, Inc. on the proposed rule for WV Code §30-3-7a, which requires the Board of Medicine to regulate radiologist assistants ("RAs") in the state of West Virginia. In the effort to ensure public safety, the West Virginia Board of Medicine ("the Board"), has proposed a rule with overly burdensome and overly restrictive aspects that will limit the practice of providing radiology services in West Virginia. The proposed rule severely limits the practice of RAs and radiologists by imposing overly restrictive regulations on the supervision of RAs and limitations on the scope of the duties of RAs that are more burdensome and more restrictive than both the standard for practice within the field and the high level of regulation imposed by Medicare standards require. Ultimately, such stringent regulations may negatively affect the ability of West Virginia's many critical access and rural hospitals to provide radiology services to patients. The proposed rule also establishes restrictive and burdensome regulations with regard to certification and renewal processes Martinsburg Radiology Associates, Inc. believes that the Board can achieve the goal of ensuring public safety with less burdensome and less restrictive regulations and urges the Board to adopt a rule that more closely parallels the standard practices within the field and Medicare regulations. Specifically, the Board should adopt a rule with the following features:

I. ***The rule should account for the various settings in which radiologist assistants will practice.*** RAs may work outside the office setting of provider-based entities and diagnostic centers and inside the hospital setting, but under the proposed rule, the regulation of RA supervision does not account for how the different settings affect the practice of providing radiology services. The definitions and limitations of supervision expressed in §11-9-2 and §11-9-7 do not account for the affect of the different settings and create limitations beyond those requirements imposed upon radiologic technologists ("RTs")

The definitions of "direct supervision" and "supervision" in §11-9-2 have a limited scope. The definitions only apply in the context of an office suite and do not account for how the meaning of supervision may change in another context. For example, the definition of "supervision" in 2.1f states that "supervision requires continuous availability of the supervising *radiologists*;" however, in the hospital setting, an RA may occasionally seek assistance from a non-radiologist physician-member of

the hospital's medical staff who can provide supervision.[1] In most hospitals throughout West Virginia – particularly in rural hospitals – a supervising radiologist will not be on-hand twenty-four (24) hours a day, seven (7) days a week, but physicians in the emergency department are available to assist RAs in the event of an emergency for procedures that do not require the personal supervision of a radiologist..

The Board should resolve the limitations of the definitions in the proposed rule by expanding §11-9-2 and adopting definitions that define different levels of supervision that will be appropriate for different settings. It is appropriate for West Virginia's rule to define the levels of supervision in a manner similar to how Medicare regulations define the levels of supervision required in a non-hospital setting, because Medicare standards set forth the highest level of regulation so as to ensure public safety and quality of service. Medicare regulations define three (3) levels of supervision that apply in the non-hospital setting.[2] The Board should consider the following definitions, which are based upon those Medicare regulations, to regulate radiologist assistants:

> 1. *General supervision*-the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. The training of the radiologist assistant who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.
>
> 2. *Direct supervision*-the physician must be present and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean the physician must be present in the room when the procedure is performed.
>
> 3. *Personal supervision*-a physician must be in attendance in the room during the performance of the procedure.

Under these levels of supervision, the Board can regulate the supervision of RAs in a manner that is appropriate for the different settings in which RAs will practice. The Board should most definitely adopt a definition of *personal supervision*, because adopting such a definition will allow RAs to fulfill their role as physician-extenders while at the same time providing their services under the proper level of supervision..

Some aspects of §11-9-7 are overly burdensome and restrictive and will limit the ability of RAs and radiologists to provide radiology services in a variety of settings. Much like the language of 2.1f in §11-9-2, the rule's limitation to radiologist in 7.2 does not account for an RA who may seek the assistance of a non-radiologist physician-member of a hospital's medical staff in the occasional absence of a radiologist. The Board can account for RAs working in the hospital setting by changing the rule to read as follows: "In the absence of the supervising radiologist, another physician may serve as supervising physician..." The language of legal responsibility and the temporal restrictions in §11-9-7 are ambiguous and might create unnecessary burdens and restrictions. The Board should resolve these overly burdensome and restrictive aspects by clarifying the ambiguous language:

- The language of "at one time" in 7.1 and 7.4 needs clarification. Does the phrase signify simultaneous supervision or does it apply to a supervisor going between multiple RAs?
- In the absence of a clear definition of "legal responsibility," we urge the Board to adopt the language of "general" or "overall" responsibility in 7.2 and 7.3.

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1 CMS imposes only a *general* supervision requirement on most tests performed in a hospital setting.

2 See 42 C.F.R. 410.32(b)(3)

Martinsburg Radiology Associates, Inc. also urges the board to increase the number of RAs a supervising radiologist may supervise to four (4). These changes will ease the burden of supervising an RA that the proposed rule creates.

II. ***The rule should allow for an expanded scope of the duties of radiologist assistants when those duties are performed under an appropriate level of supervision.*** The scope of duties under §11-9-8 and §11-9-14 severely limits the ability of radiologist to work with RAs to provide radiology services. Martinsburg Radiology Associates, Inc. proposes that the rule should allow RAs to perform some of the duties limited by §11-9-8 under direct or personal supervision. Specifically, we believe the rule should allow RAs to perform those duties listed in 8.2 and in 8.5-8.8, when RAs perform those services under the direct supervision of a physician.[3] In issuing this proposed rule, the Board has departed from the Role Delineation for Registered Radiologist Assistants put forth by the American Registry of Radiologic Technologists ("ARRT"), which the West Virginia Radiologic Technology Board of Examiners, in the July 2006 Sunshine Report, found to restrict RA autonomy more than other professional licensing and certifying bodies.[4] The Board should not adopt a rule that is such a far departure from those professional standards. Thus, we recommend that the Board should adopt rules that allow RAs and RPAs to perform duties that the principal certifying board within the field – the ARRT – has identified as acceptable.

We also think that an RA should be allowed to perform 8.9 duties under personal supervision, which will ensure patient safety by requiring the utmost level of supervision. The Board should look to Medicare regulations of a non-hospital setting as a useful reference point, because the procedures in 8.9 are analogous to those procedures discussed under 42 C.F.R. 410.32, under which a physician may report and bill for procedures performed by a non-physician under that physician's supervision in a non-hospital setting. Even under the most stringent of Medicare regulations in a non-hospital setting, a non-physician may perform these diagnostic tests and duties under the supervision of a physician. Likewise, we urge the Board to allow RAs in West Virginia to perform these duties under the same level of supervision as the Medicare program.

We also believe the Board has been too hasty in the decision to list PICC placements under 8.9f as one of the procedures RAs shall not perform. The restriction on the scope of the duties of an RA may unduly limit the ability of patients in rural settings to access this vital radiology service. Instead, we urge the Board to amend §11-9-14 so that PICC placements fall under those duties listed under 14.2, which an RA may perform under the direct supervision of a radiologist or other physician. The contradictory prohibition and requirement that RAs monitor IV for flow rate and complications under 8.4 and 14.2k suggests that there may still be some debate among the Board and rulemakers as to the scope of some of the duties RAs may perform. Radiologists at Martinsburg Radiology Associates, Inc. have found the ability of RAs to perform PICC placements to be a vital part of the practice and assert that the Board should adopt a rule that provides for a scope of duties of an RA that includes the procedure.

III. ***The rule should not impose burdensome and restrictive requirements for certification and renewal procedures.*** The proposed rule may set forth regulations for certification and renewal that are burdensome and restrictive. Section 11-9-4 of the proposed rule requires that an applicant for certification provide documentation of ARRT certification, but such a regulation excludes those RAs and radiology practitioner assistants ("RPAs") who have received certification through the Certification Board for Radiology Practitioner Assistants ("CBRPA"). CBRPA-certified individuals have received comparable training and have developed comparable (if not greater) competencies as ARRT-certified

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3 If the Board chooses not to adopt a rule that allows RAs to perform these duties, at the very least, we urge the Board to exempt local anesthetic injections from the meaning of the term "medications" under 8.7.

4 See ARRT's Registered Radiologist Assistant Role Delineation (Jan. 2006)

individuals, and we propose that the Board adopt a rule that allows for a dual pathway to eligibility through CBRPA and ARRT certification. Martinsburg Radiology Associates, Inc. also suggests that the Board supply a form that will ease any administrative burdens associated with filing the biennial report under §11-9-5.

Martinsburg Radiology Associates, Inc. believes the comments put forth in this letter will allow the Board to regulate the emerging radiologist assistant profession without imposing severe limitations on the practice of providing radiology services, and we strongly urge the Board to embrace our views at it looks to adopt rules for regulating the RA profession under WV Code §30-3-7a.

Sincerely,

John Blanco, M.D.

Hojoon Jung, M.D.

Dimitri Misailidis, M.D.

Sanjay Saluja, M.D.

central or peripheral) to permit monitoring of beneficiaries in the future if the initial test was performed with a technique that is different from the proposed monitoring method.

(d) *Beneficiaries who may be covered.* The following categories of beneficiaries may receive Medicare coverage for a medically necessary bone mass measurement:

(1) A woman who has been determined by the physician (or a qualified nonphysician practitioner) treating her to be estrogen-deficient and at clinical risk for osteoporosis, based on her medical history and other findings.

(2) An individual with vertebral abnormalities as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia, or vertebral fracture.

(3) An individual receiving (or expecting to receive) glucocorticoid (steroid) therapy equivalent to 7.5 mg of prednisone, or greater, per day for more than 3 months.

(4) An individual with primary hyperparathyroidism.

(5) An individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy.

(e) *Denial as not reasonable and necessary.* If CMS determines that a bone mass measurement does not meet the conditions for coverage in paragraphs (b) or (d) of this section, or the standards on frequency of coverage in paragraph (c) of this section, it is excluded from Medicare coverage as not "reasonable" and "necessary" under section 1862(a)(1)(A) of the Act and § 411.15(k) of this chapter.

[63 FR 34327, June 24, 1998]

§ 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

(a) *Ordering diagnostic tests.* All diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who is treating the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician who is treating the beneficiary are not reasonable and necessary (see § 411.15(k)(1) of this chapter).

(1) *Chiropractic exception.* A physician may order an x-ray to be used by a chiropractor to demonstrate the subluxation of the spine that is the basis for a beneficiary to receive manual manipulation treatments even though the physician does not treat the beneficiary.

(2) *Mammography exception.* A physician who meets the qualification requirements for an interpreting physician under section 354 of the Public Health Service Act as provided in § 410.34(a)(7) may order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary.

(3) *Application to nonphysician practitioners.* Nonphysician practitioners (that is, clinical nurse specialists, clinical psychologists, clinical social workers, nurse-midwives, nurse practitioners, and physician assistants) who furnish services that would be physician services if furnished by a physician, and who are operating within the scope of their authority under State law and within the scope of their Medicare statutory benefit, may be treated the same as physicians treating beneficiaries for the purpose of this paragraph.

(b) *Diagnostic x-ray and other diagnostic tests*—(1) *Basic rule.* Except as indicated in paragraph (b)(2) of this section, all diagnostic x-ray and other diagnostic tests covered under section 1861(s)(3) of the Act and payable under the physician fee schedule must be furnished under the appropriate level of supervision by a physician as defined in section 1861(r) of the Act. Services furnished without the required level of supervision are not reasonable and necessary (see § 411.15(k)(1) of this chapter).

(2) *Exceptions.* The following diagnostic tests payable under the physician fee schedule are excluded from the basic rule set forth in paragraph (b)(1) of this section:

(i) Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.

(ii) Diagnostic tests personally furnished by a qualified audiologist as defined in section 1861(ll)(3) of the Act.

(iii) Diagnostic psychological testing services personally furnished by a clinical psychologist or a qualified independent psychologist as defined in program instructions.

(iv) Diagnostic tests (as established through program instructions) personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist and permitted to provide the service under State law.

(v) Diagnostic tests performed by a nurse practitioner or clinical nurse specialist authorized to perform the tests under applicable State laws.

(vi) Pathology and laboratory procedures listed in the 80000 series of the Current Procedural Terminology published by the American Medical Association.

(3) *Levels of supervision.* Except where otherwise indicated, all diagnostic x-ray and other diagnostic tests subject to this provision and payable under the physician fee schedule must be furnished under at least a general level of physician supervision as defined in paragraph (b)(3)(i) of this section. In addition, some of these tests also require either direct or personal supervision as defined in paragraphs (b)(3)(ii) or (b)(3)(iii) of this section, respectively. (However, diagnostic tests performed by a physician assistant (PA) that the PA is legally authorized to perform under State law require only a general level of physician supervision.) When direct or personal supervision is required, physician supervision at the specified level is required throughout the performance of the test.

(i) *General supervision* means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

(ii) *Direct supervision* in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

(iii) *Personal supervision* means a physician must be in attendance in the room during the performance of the procedure.

(c) *Portable x-ray services.* Portable x-ray services furnished in a place of residence used as the patient's home are covered if the following conditions are met:

(1) These services are furnished under the general supervision of a physician, as defined in paragraph (b)(3)(i) of this section.

(2) The supplier of these services meets the requirements set forth in part 486, subpart C of this chapter, concerning conditions for coverage for portable x-ray services.

(3) The procedures are limited to—

(i) Skeletal films involving the extremities, pelvis, vertebral column, or skull;

(ii) Chest or abdominal films that do not involve the use of contrast media; and

(iii) Diagnostic mammograms if the approved portable x-ray supplier, as defined in subpart C of part 486 of this chapter, meets the certification requirements of section 354 of the Public Health Service Act, as implemented by 21 CFR part 900, subpart B.

(d) *Diagnostic laboratory tests.* (1) *Who may furnish services.* Medicare Part B pays for covered diagnostic laboratory tests that are furnished by any of the following:

(i) A participating hospital or participating RPCH.

(ii) A nonparticipating hospital that meets the requirements for emergency outpatient services specified in subpart G of part 424 of this chapter and the laboratory requirements specified in part 493 of this chapter.

(iii) The office of the patient's attending or consulting physician if that physician is a doctor of medicine, osteopathy, podiatric medicine, dental surgery, or dental medicine.

(iv) An RHC.

(v) A laboratory, if it meets the applicable requirements for laboratories of part 493 of this chapter, including the laboratory of a nonparticipating hospital that does not meet the requirements for emergency outpatient services in subpart G of part 424 of this chapter.

(vi) An FQHC.

(vii) An SNF to its resident under § 411.15(p) of this chapter, either directly (in accordance with § 483.75(k)(1)(i) of this chapter) or under an arrangement (as defined in § 409.3 of this chapter) with another entity described in this paragraph.

(2) *Documentation and recordkeeping requirements.*

(i) *Ordering the service.* The physician or (qualified nonphysican practitioner, as defined in paragraph (a)(3) of this section), who orders the service must maintain documentation of medical necessity in the beneficiary's medical record.

(ii) *Submitting the claim.* The entity submitting the claim must maintain the following documentation:

(A) The documentation that it receives from the ordering physician or nonphysician practitioner.

(B) The documentation that the information that it submitted with the claim accurately reflects the information it received from the ordering physician or nonphysician practitioner.

(iii) *Requesting additional information.* The entity submitting the claim may request additional diagnostic and other medical information to document that the services it bills are reasonable and necessary. If the entity requests additional documentation, it must request material relevant to the medical necessity of the specific test(s), taking into consideration current rules and regulations on patient confidentiality.

(3) *Claims review.* (i) *Documentation requirements.* Upon request by CMS, the entity submitting the claim must provide the following information:

(A) Documentation of the order for the service billed (including information sufficient to enable CMS to identify and contact the ordering physician or nonphysician practitioner).

(B) Documentation showing accurate processing of the order and submission of the claim.

(C) Diagnostic or other medical information supplied to the laboratory by the ordering physician or nonphysician practitioner, including any ICD–9–CM code or narrative description supplied.

(ii) *Services that are not reasonable and necessary.* If the documentation provided under paragraph (d)(3)(i) of this section does not demonstrate that the service is reasonable and necessary, CMS takes the following actions:

(A) Provides the ordering physician or nonphysician practitioner information sufficient to identify the claim being reviewed.

(B) Requests from the ordering physician or nonphysician practitioner those parts of a beneficiary's medical record that are relevant to the specific claim(s) being reviewed.

(C) If the ordering physician or nonphysician practitioner does not supply the documentation requested, informs the entity submitting the claim(s) that the documentation has not been supplied and denies the claim.

(iii) *Medical necessity.* The entity submitting the claim may request additional diagnostic and other medical information from the ordering physician or nonphysician practitioner to document that the services it bills are reasonable and necessary. If the entity requests additional documentation, it must request material relevant to the medical necessity of the specific test(s), taking into consideration current rules and regulations on patient confidentiality.

(4) *Automatic denial and manual review.* (i) *General rule.* Except as provided in paragraph (d)(4)(ii) of this section, CMS does not deny a claim for services that exceed utilization parameters without reviewing all relevant documentation that is submitted with the claim (for example, justifications prepared by providers, primary and secondary diagnoses, and copies of medical records).

(ii) *Exceptions.* CMS may automatically deny a claim without manual review if a national coverage decision or LMRP specifies the circumstances under which the service is denied, or

the service is specifically excluded from Medicare coverage by law.

(e) Diagnostic laboratory tests furnished in hospitals and CAHs. The provisions of paragraphs (a) and (d)(2) through (d)(4), inclusive, of this section apply to all diagnostic laboratory test furnished by hospitals and CAHs to outpatients.

[62 FR 59098, Oct. 31, 1997, as amended at 63 FR 26308, May 12, 1998; 63 FR 53307, Oct. 5, 1998; 63 FR 58906, Nov. 2, 1998; 64 FR 59440, Nov. 2, 1999; 66 FR 58809, Nov. 23, 2001]

§410.33 Independent diagnostic testing facility.

(a) *General rule.* (1) Effective for diagnostic procedures performed on or after March 15, 1999, carriers will pay for diagnostic procedures under the physician fee schedule only when performed by a physician, a group practice of physicians, an approved supplier of portable x-ray services, a nurse practitioner, or a clinical nurse specialist when he or she performs a test he or she is authorized by the State to perform, or an independent diagnostic testing facility (IDTF). An IDTF may be a fixed location, a mobile entity, or an individual nonphysician practitioner. It is independent of a physician's office or hospital; however, these rules apply when an IDTF furnishes diagnostic procedures in a physician's office.

(2) *Exceptions.* The following diagnostic tests that are payable under the physician fee schedule and furnished by a nonhospital testing entity are not required to be furnished in accordance with the criteria set forth in paragraphs (b) through (e) of this section:

(i) Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.

(ii) Diagnostic tests personally furnished by a qualified audiologist as defined in section 1861(ll)(3) of the Act.

(iii) Diagnostic psychological testing services personally furnished by a clinical psychologist or a qualified independent psychologist as defined in program instructions.

(iv) Diagnostic tests (as established through program instructions) personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist and permitted to provide the service under State law.

(b) *Supervising physician.* (1) An IDTF must have one or more supervising physicians who are responsible for the direct and ongoing oversight of the quality of the testing performed, the proper operation and calibration of the equipment used to perform tests, and the qualification of nonphysician personnel who use the equipment. This level of supervision is that required for general supervision set forth in §410.32(b)(3)(i).

(2) The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF. The proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is located. In the case of a procedure requiring the direct or personal supervision of a physician as set forth in §410.32(b)(3)(ii) or (b)(3)(iii), the IDTF's supervising physician must personally furnish this level of supervision whether the procedure is performed in the IDTF or, in the case of mobile services, at the remote location. The IDTF must maintain documentation of sufficient physician resources during all hours of operations to assure that the required physician supervision is furnished. In the case of procedures requiring direct supervision, the supervising physician may oversee concurrent procedures.

(c) *Nonphysician personnel.* Any nonphysician personnel used by the IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by an appropriate national credentialing body. The IDTF must maintain documentation available for review that these requirements are met.

(d) *Ordering of tests.* All procedures performed by the IDTF must be specifically ordered in writing by the physician who is treating the beneficiary,

Registered Radiologist Assistant
Role Delineation
January 2005

Background

The American Registry of Radiologic Technologists (ARRT) is developing a certification program for a new level of imaging technologist called the Registered Radiologist Assistant (R.R.A.). A consensus statement developed by the American College of Radiology (ACR) and the American Society of Radiologic Technologists (ASRT) proposed that the R.R.A. is an advanced-level radiographer who works under the supervision of a radiologist to promote high standards of patient care by assisting radiologists in the diagnostic imaging environment. Under radiologist supervision, the R.R.A. performs patient assessment, patient management, and selected clinical imaging procedures. Certification as an R.R.A. does not qualify the R.R.A. to perform interpretations (preliminary, final, or otherwise) of any radiological examination.[1]

The R.R.A. will be certified and registered in radiography by ARRT and, in addition, will have met the educational, ethics, and examination standards established by ARRT for certification and registration as an R.R.A.

Role Delineation Purpose

In order to develop certification standards, ARRT had to first identify the specific activities that define the role of the radiologist assistant. This role delineation serves as the basis upon which ARRT's R.R.A. certification standards will be based. Each activity has associated with it a level of radiologist supervision. The definitions of these levels of supervision (i.e., personal, direct, general) are consistent with those used by the Centers for Medicare & Medicaid Services (CMS) of the United States Department of Health and Human Services (see page 2), but may not correspond to current supervision levels established under CMS policy. The depth and range of knowledge covered on the certification examination and incorporated into the clinical competency requirements will reflect the activities and levels of supervision listed in this document.

Role Delineation Development

ARRT developed a draft role delineation based upon a survey of radiologists and radiology practitioner assistants (RPAs) conducted in early 2004. Radiologists were asked to rate each of 80 possible clinical activities as to whether the activity should be considered as a radiologist assistant responsibility and, if so, under what level of radiologist supervision the activity should be performed. RPAs were asked to indicate if they performed the activities and, if so, what level of supervision they received. Approximately 30% of the 1,000 radiologists contacted responded to the survey. About 56% of the RPAs responded.

[1] *ACR ASRT Joint Statement: Radiologist Assistant Roles and Responsibilities (2003)*

Survey responses were reviewed by an ARRT advisory committee. The committee was composed of four radiologists, two radiologist assistant educational program directors, two RPAs, one physicist and organizational liaisons. The radiologist data was used as the primary source of information and the RPA data provided further input. Some tasks were deleted based upon the data, other tasks were clarified and some were combined. Each retained activity was assigned a level of supervision based upon the survey responses. This resulted in a list of activities each with an associated level of supervision that served as a draft description of the role of a radiologist assistant.

In developing the draft, the committee followed the approach of including clinical activities that could be considered as possible radiologist assistant responsibilities and assigning an appropriate level of supervision. It was felt that excluding activities from the document could lead to confusion as to whether activities excluded had been overlooked or just assumed to be included within the role of the radiologist assistant. The document is intended to definitively identify those activities that ARRT will include within its R.R.A. certification standards. To serve this purpose, ARRT felt that keeping an activity in the role delineation and revising its level of supervision would be more helpful than deleting the activity.

The draft role delineation was placed on the ARRT's web site (www.arrt.org) along with an invitation for the professional community to submit comments. The feedback received from professional organizations and individuals was presented to ARRT's advisory committee in September 2004. Revisions were made to the document based upon that input resulting in an advanced draft. Further refinements were subsequently made based upon organizational feedback. The ARRT Board of Trustees adopted this final version of the R.R.A. Role Delineation in January 2005.

Conclusion

Inclusion of activities in the R.R.A. Role Delineation should not be interpreted as authorizing the performance of the activities by the radiologist assistant. Neither should inclusion suggest that the activities may be legally performed by a radiologist assistant in all states nor that the activities, if performed by a radiologist assistant, are eligible for reimbursement under current CMS or private insurance regulations. Individual state, insurer, and institutional regulations should be consulted to determine the specific role allowed for a radiologist assistant in a specific situation.

This R.R.A. Role Delineation should be considered as a vision of what will be created through the establishment of structured educational programs, selection of appropriately qualified and experienced radiographers, implementation of a certification mechanism, modification of existing regulations, and acceptance by the professional community. The outcome of efforts to establish a new level of imaging technologist supervised by radiologists will be enhanced access for patients to high-quality radiology services.

Definitions of Levels of Supervision:

Personal Supervision means the radiologist must be in attendance in the room during the performance of the procedure.

Direct Supervision means the radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. The radiologist is not required to be present in the room when the procedure is performed.

General Supervision means the procedure is furnished under the radiologist's overall direction and control, but the radiologist's presence is not required during the performance of the procedure.

Clinical Activities	Levels of Supervision
1. Review the patient's medical record to verify the appropriateness of a specific exam or procedure and report significant findings to radiologist.	General
2. Interview patient to obtain, verify, or update medical history.	General
3. Explain procedure to patient or significant others, including a description of risks, benefits, alternatives, and follow-up. Patient must be able to communicate with the radiologist if he/she requests or if any questions arise that cannot be appropriately answered by the radiologist assistant.	General
4. Obtain informed consent. Patient must be able to communicate with the radiologist if he/she requests or if any questions arise that cannot be appropriately answered by the radiologist assistant.	General
5. Determine if patient has followed instructions in preparation for the exam (e.g., diet, premedications).	General
6. Assess risk factors that may contraindicate the procedure (e.g., health history, medications, pregnancy, psychological indicators, alternative medicines). (Note: Must be reviewed by radiologist.)	General
7. Obtain and evaluate vital signs.	General
8. Perform physical examination and analysis of data (e.g., signs and symptoms, laboratory values, and significant abnormalities) and report findings to the supervising radiologist for the following:	
a. abdomen	General
b. thorax, lung, and respiratory function	General
c. cardiovascular function	General
d. musculoskeletal (muscles, bones, and joints of extremities)	General
e. spine	General
f. peripheral vascular system	General
g. neurological function	General
h. breasts and axillae (clinical breast exam)	General
9. Apply ECG leads and recognize life threatening abnormalities.	General
10. Perform urinary catheterization. Catheterization can be performed by appropriately trained radiologist assistant under general supervision. If the patient is known to have an anatomic anomaly, recent surgery in the area, etc. direct supervision would be needed.	General
11. Perform venipuncture.	General
12. Monitor IV for flow rate and complications in compliance with facility and regulatory rules.	General
13. Monitor IV therapy for flow rate and complications in compliance with facility and regulatory rules.	Direct
14. Position patient to perform required procedure, using immobilization devices and modifying technique as necessary. Application of restraints should be in compliance with departmental rules and regulations.	General
15. Administer moderate (conscious) sedation in compliance with facility and regulatory rules.	Personal
16. Observe and assess patient who has received moderate (conscious) sedation in compliance with facility and regulatory rules.	Direct

Clinical Activities		Levels of Supervision
17.	Assess patient's vital signs and level of anxiety/pain and inform radiologist when appropriate.	General
18.	Recognize and respond to medical emergencies (e.g., drug reactions, cardiac arrest, hypoglycemia) and activate emergency response systems, including notification of the radiologist.	General
19.	Administer oxygen as prescribed.	General
20.	Operate a fixed/mobile fluoroscopic unit.	General
21.	Assure documentation of fluoroscopy time.	General
22.	Explain effects and potential side effects to the patient of the pharmaceutical required for the examination.	General
23.	Administer contrast agents and radiopharmaceuticals as prescribed by the radiologist.	Direct
24.	Administer general medications as prescribed by the radiologist. (Note: for purposes of this document, the term medications excludes contrast media and radiopharmaceuticals.)	Medications administered parenterally always Personal and medications administered orally usually Direct.
25.	Monitor patient for side effects or complications of the pharmaceutical.	General or Direct depending on medication administered
26.	Perform the following fluoroscopic examinations and procedures including contrast media administration and operation of fluoroscopic unit:	
	a. upper GI	Direct
	b. esophagus	Direct
	c. small bowel studies	Direct
	d. barium enema	Direct
	e. cystogram	Direct
	f. t-tube cholangiogram	Direct
	g. hysterosalpingogram (imaging only) (Personal by radiologist if obstetrician/gynecologist not in the room; Direct by radiologist if obstetrician/gynecologist present in room.	Personal/Direct
	h. retrograde urethrogram	Direct
	i. nasoenteric and oroenteric feeding tube placement	Direct
	j. port injection	Direct
	k. fistulogram/sinogram	Direct
	l. loopogram	Direct
	m. swallowing study	Direct
27.	Perform the following procedures including contrast media administration and needle or catheter placement:	
	a. lumbar puncture under fluoroscopic guidance	Personal
	b. lumbar myelogram	Personal
	c. thoracic or cervical myelogram	Personal

Clinical Activities		Levels of Supervision
	d. joint injection and aspiration	Direct
	e. arthrogram (conventional, CT, and MR)	Direct
	f. PICC placement (*Level of supervision dependent upon complexity of examination).*	Direct/General
	g. non-tunneled venous central line placement	Personal
	h. paracentesis with appropriate image guidance	Direct
	i. thoracentesis with appropriate image guidance	Direct
	j. venous catheter placement for dialysis	Personal
	k. lower extremity venography	Direct
	l. breast needle localization	Personal
	m. ductogram (galactogram)	Personal
28.	Perform additional procedures the radiologist deems appropriate.	Personal
29.	Perform routine CT post-processing (e.g., 3D reconstruction, modifications to FOV, slice spacing, algorithm).	General
30.	Perform specialized CT post-processing (e.g., cardiac scoring, shunt graft measurements).	General
31.	Perform MR post processing data analysis: (e.g., 3D reconstructions, MIP, 3D surface rendering, volume rendering).	General
32.	Evaluate images for completeness and diagnostic quality, and recommend additional images as required (general radiography, CT, and MR). (Note: Additional images only in the same modality such as additional CT cuts.)	General
33.	Evaluate images for diagnostic utility and report clinical observations to the radiologist. (Note: Applies to general radiography, CT, and MR).	General
34.	Review imaging procedures, make initial observations, and communicate observations only to the radiologist.	General
35.	Record previously communicated initial observations of imaging procedures according to approved protocols.	General
36.	Communicate radiologist's report to referring physician consistent with ACR Communication Guideline.	General
37.	Provide physician-prescribed post care instructions to patients.	General
38.	Perform follow-up patient evaluation and communicate findings to the radiologist.	General
39.	Document procedure in appropriate record and document exceptions from established protocol or procedure.	General
40.	Write patient discharge summary for review and co-signature by radiologist.	General
41.	Participate in quality improvement activities within radiology practice (e.g., quality of care, patient flow, reject-repeat analysis, patient satisfaction).	General
42.	Assist with data collection and review for clinical trials or other research.	General

June 20, 2007

Dear Mr. Knittle:

I am writing to comment on the proposed rules for the **Radiologist Assistant.**

- The CBRPA examination should be a recognized examination to qualify for licensure. The CBRPA has been in existence for over ten years and has certified over 300 RPAs working in 42 states. The ARRT RA examination has only been used for 2 years and only has 24 RAs to who have successfully completed the examination. The **Legislative Auditor** stated that the Board **will** recognize both the CBRPA and the ARRT examination. There are no RAs working or living in West Virginia. There are several RPAs certified by the CBRPA and several RPA students living in West Virginia.

- RPAs have completed a rigorous two year educational curriculum. The RPA training included psycho-social medicine, medical ethics and law, patient care and assessment, computerized imaging, quality assurance/fluoroscopy, evaluation of osseous system, chest, abdomen and GI system, genitourinary system, and central nervous system, clinical pathways, problem patient management, cross sectional anatomy, invasive imaging studies, imaging pathophysiology, pharmacology II, radiobiology and health physics, federal regulations, patient education in radiology, cardiology, and ACLS. The training is comprehensive and the rules should reflect this. The rules should reflect an advanced level practice professional instead of making rules that radiology technologists can already perform.

- RPAs were required to spend a minimum of 8 hours per week reading with the radiologist and 16 clinical hours per week performing procedures and other patient related tasks for two years.

- RPAs were required to have a minimum of five years experience as a radiology technologist before being admitted to the program.

- The current proposed rules do not reflect the education and training obtained by these individuals. The proposed rules consist mainly of what a radiology technologist can perform.

  Please review the rules for inclusion of the supported functions by the American Registry of Radiological Technologists and the American Board of Radiology.

- The current proposed rules will not add any benefit to the practice of radiology. These rules need to be changed to reflect the needs of radiology practices. Rules for physician assistants cannot be copied to fit radiology practices. Radiologist supervision should be general and not direct for common procedures such as fluoroscopy and PICC lines. If the radiologist has to be present during these procedures, why would he/she not do them?

- The supervising radiologist should be licensed by the board of medicine. The rules for other midlevel practitioners do not require the supervising physician to have board certification in their specialties. This is an unfair rule. Board certification is not a requirement to be a licensed radiologist. According to the Physician Assistant rules 1B-3.1 – states that the physician must be licensed. I know there have been physicians who are not board certified supervising PAs in

- West Virginia. Therefore this requirement appears discriminatory. Board certification is not a requirement for licensure; it may be a requirement for hospital privileges.

Thank you for your attention to these comments.

Susi Byer RT(R)

125 Laurlane Dr

Middleport, Oh. 45760

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- RPAs were required to have a minimum of five years experience as a radiology technologist before being admitted to the program.
- The current proposed rules do not reflect the education and training obtained by these individuals. The proposed rules consist mainly of what a radiology technologist can perform. Why would a RPA/RA want to pay $100 for a license and obtain 50 CEUs to do something they can already do under their radiology technologist license? The scope of practice should reflect the education and training. Please consider broadening the scope of practice.
- Radiologists are struggling and trying to offer the best care possible to our citizens that deserve quality care. Radiologist assistants could be a tremendous asset to ease the burden and improve patient care. The current proposed rules are not going to add any relief.
- The supervising radiologist should be licensed by the board of medicine. The rules for other midlevel practitioners in West Virginia do not require the supervising physician to have board certification in their specialties. This is an unfair rule.

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RT(R)

Ginger K. Denney
1415 Keystone Rd
Vinton OH 45686

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Joy Moriarity RT(R)

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Mark A. Gillespie RT.

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- The CBRPA examination should be a recognized examination to qualify for licensure. The **Legislative Auditor** stated that the Board **will** recognize both the CBRPA and the ARRT examination. The Board did not do this in the rules. There are individuals in West Virginia who are certified by the CBRPA. There are no individuals in West Virginia certified by the ARRT.

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- RPAs were required to have a minimum of five years experience as a radiology technologist before being admitted to the program.

- The current proposed rules do not reflect the education and training obtained by these individuals. The proposed rules consist mainly of what a radiology technologist can perform. Why would a RPA/RA want to pay $100 for a license and obtain 50 CEUs to do something they can already do under their radiology technologist license? The scope of practice should reflect the education and training. Please consider broadening the scope of practice.

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Thank you for your attention to these comments.

Adam Ball R.T.(R)

June 20, 2007

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Vincent Hill RT, RDMS

Joshua S Smith RT(R)M

Canace Arney

Donna Sayre

Karla Forbes

Bob Hall

Angie Tracy

Christina Doolin

Connie Hill

June 20, 2007

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Rt. 2 Box 858

Pt. Pleasant, W.V. 25550

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RR2 Box 858
Point Pleasant, WV
25550

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Thank you for your attention to these comments.

Cindy Leachman

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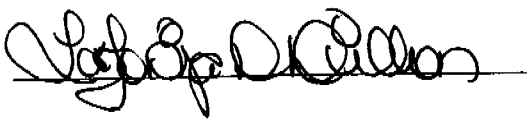

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[redacted] L.RT(R)(CT)(M)A-R.RT

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Amanda N Fetty RT(R)

Amanda N Fetty
177 N. Park Dr.
Pt Pleasant WV 25550

From: Gene Cordell <flyfish000@yahoo.com>
To: Bob Knittle <bobknittle@wvdhhr.org>
Date: 6/21/2007 11:21:11 PM
Subject: Proposed Rule for Radiology Assistants

6/21/07

To: Bob Knittle
West Virginia Board of Medicine

From: Ronald E. Cordell, M.D.

Suggested changes in the West Virginia Board of Medicine Proposed Rule for Radiology Assistants:

11-9-8 Limitations on Scope of Practice of RA

8.2 Change to read "A Radiology Assistant shall not perform any physical examination."

8.3 (ECG) Delete

8.4 (IV's) Delete

8.5 (Conscious sedation) Delete - to be combined with 8.7

8.6 (Conscious sedation) Delete

8.7 Change to read: " The Radiologist Assistant is only authorized to administer medications, including conscious sedation medications, under the personal supervision of the supervising radiologist.

This also requires a new definition in 11-9-2 for Personal Supervision: the radiologist is in attendance in the room during the performance of the procedure.

8.8 (Monitoring) Delete

8.9 d. Delete

e. Change to: Conventional Arthrogram. (This does allow them to introduce contrast within joint space for CT or MR arthrography.)

f. (PICC lines) Delete

k. (Venography) Delete

m. (Ductogram) Delete

11-9-9 I believe the final terminology agreed upon by the ARRT and ACR is Registered Radiology Assistant, and the letters would be RRA.

11-9-14 h. Change to read: "Apply ECG leads and be able to recognize life threatening abnormalities."

s. Add: "Administer medications including conscious sedation medications only under the

personal supervision of the supervising radiologist."

t. Add: 14. Contrast injection into joint for MR or CT arthrogram.

15. PICC line placement

16. Lower extremity venography

17. Ductogram (galactogram)

I believe that it is very important to keep the Radiology Assistant certification only for ARRT certification in WV. This is the only body that has worked with and endorsed the joint guidelines in conjunction with the ACR. The RPA and CBRPA designation is associated with a group that feels that no boundaries should be placed on Radiology Assistants and that they should be able to function just like physicians, although their training is that of a technologist.

Thank you for the opportunity to comment on the proposed rules for Radiology Assistants. I believe that we can come to an agreement that allows these physician extenders to function at their highest level of training under the supervision of a radiologist physician, while protecting the health and safety of our patients.

Ronald E. Cordell, M.D.

CC: John Reifsteck <jreifsteck@suddenlink.net>, Shawn ReesmanMD <smreesman@juno.com>, Amy Tolliver <amy@wvsma.com>

From: Gene Cordell <flyfish000@yahoo.com>
To: "Grady M. Bowyer" <gradymbowyer@suddenlink.net>, Bob Knittle <bobknittle@wvdhhr.org>
Date: 6/23/2007 1:13:14 AM
Subject: Fw: RA Rules

6/22/07
Additionally, the same argument applies for other medications that may need to be administered in that type of setting or during a procedure in CT or US or MR, where medications for high blood pressure, etc. may need to be administered without disrupting the procedure.

REC

---- Forwarded Message ----
From: Gene Cordell <flyfish000@yahoo.com>
To: Grady M. Bowyer <gradymbowyer@suddenlink.net>; Bob Knittle <bobknittle@wvdhhr.org>
Sent: Saturday, June 23, 2007 1:02:15 AM
Subject: Re: RA Rules

6/22/07
My reasoning for inclusion under personal supervision only (radiologist in the room) is that if the patient is, for example, on the angiography/ interventional /table with the radiologist performing an interventional procedure. The patient needs additional medication for pain control/conscious sedation and the radiologist cannot unglove to administer medication without losing the catheter position. The Radiology Assitant should be able to give these meds under this circumstance or similar ones, especially since not every hospital will have both a radiology nurse and a radiology assistant available in the radiology department or interventional suite. I think there is going to be a trade-off with hospitals deciding to hire one or the other - either radiology assistant or radiology nurse in all but the larger hospitals that may have both. So the radiology assistant needs to be a useful adjunct to patient care in this scenario. I understand your point and I have struggled with this, knowing the arguments on both sides. Hopefully, a tightly structured rule that ensures the presence of the supervising radiologist in the room will be an appropriate compromise. Alternatively, the words "conscious sedation" could be stricken and replaced by the words "sedation and pain control".

REC

----- Original Message ----
From: Grady M. Bowyer <gradymbowyer@suddenlink.net>
To: Bob Knittle <bobknittle@wvdhhr.org>
Cc: "Gene Cordell, M.D." <flyfish000@yahoo.com>
Sent: Friday, June 22, 2007 1:25:42 PM
Subject: RA Rules

Bob,

Dr. Cordell sent me his comments on the RA Rule proposed by the Board of Medicine. I agree with all of his comments except the conscious sedation one. I, personally, would have a hard time allowing anyone other than a doctor or nurse anesthetists administering conscious sedation on me. Again, this is a personal opinion and not the opinion of the Board.

Grady

From: Gene Cordell <flyfish000@yahoo.com>
To: Bob Knittle <bobknittle@wvdhhr.org>
Date: 6/22/2007 11:26:31 PM
Subject: Fw: Proposed Rule for Radiology Assistants

6/22/07

Clarification of 11-9-8 8.2. Keep the sentence " A Radiology Assistant shall not perform any physical examination." Delete the rest of this section.

REC

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To: Bob Knittle <bobknittle@wvdhhr.org>
Cc: John Reifsteck <jreifsteck@suddenlink.net>; Shawn ReesmanMD <smreesman@juno.com>; Amy Tolliver <amy@wvsma.com>
Sent: Thursday, June 21, 2007 11:20:20 PM
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West Virginia Board of Medicine

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Ronald E. Cordell, M.D.

From: Gene Cordell <flyfish000@yahoo.com>
To: Bob Knittle <bobknittle@wvdhhr.org>
Date: 6/21/2007 12:09:05 AM
Subject: Proposed Radiology Assistant Rules

6/20/07

Bob-

I was just made aware of the proposed Radiology assistant rules on the WV Board of Medicine website. I was not aware that they had been written yet, since I had been told that via communication from WVSMA that radiology representatives' input would be part of the process in writing these rules. Imagine my surprise upon finding that they had not only been written and were ready to be finalized, but unfortunately precluded the radiology assistant from providing the majority of the services that they will be trained to perform. We wanted this legislation to make sure that it was clearly defined that they could not interpret imaging studies and would work under the supervision of a radiologist. However the rules need to conform to CMS degree of oversight regulations to allow payment for services provided by these physician extenders. Also the limitations on radiology assistants scope of practice in the proposed rules essentially prohibits them from practicing the majority of the skills that they received the additional training to perform. These are not the average radiology technologists, but will be trained to function at a skill level of physician assistants to perform imaging and some interventional procedures under the appropriate level of supervision. The American College of Radiology has spent considerable time and effort working with the American Registry of Radiologic Technologists to define the scope of training and practice and the appropriate level of radiologist supervision for each clinical skill. Section 11-9-8 needs to be extensively reworked to allow these radiologist assistants to practice in the radiology community in West Virginia. If the current limitations are allowed to stand, then all our work in getting this bill passed will be for naught and the radiology physician and technologist communities will no longer trust our approach of having the Board of Medicine involved in oversight of these physician extenders. It has been an uphill battle since originally the Radiology Technologist Board wanted to have complete oversight for radiology assistants. Please do not shoot us in the foot for taking this approach and involving the Board of Medicine with primary oversight. Below are links to the ARRT website delineating the scope of practice and oversight levels for radiologist assistants as agreed to by the ARRT and the American College of Radiology, and to the CMS physician oversight levels. Keep in mind that not all radiology assistants will train for and utilize all of these skills- for example, a radiology assistant working in an interventional radiology setting would certainly have more training in placing lines such as PICC lines than an RA doing fluoroscopic gastrointestinal studies. As an example, nurses place PICC lines, so why would you prevent RA's who probably are practicing in a more conducive environment with more supervision, from placing these lines? Also, especially in an interventional radiology setting, these RA's must be able to be a true physician assistant in helping to assess the patient before,during, and after the procedure, and patient safety and well-being issues include recognizing ECG abnormalities, dealing with IV fluids, and evaluating the patient's vital signs. These are important patient care issues both in the interventional setting and in the CT and MR settings. The RA's will receive appropriate higher level training than an radiology technologist before they can perform these higher level tasks (see ARRT website for training and certification processes). RA's, like physician assistants will need to show the Board of Medicine and the hospitals in which they work evidence of appropriate training and competence in each of the procedures they wish to have privileges to perform.
http://www.arrt.org/index.html?content=radasst/raintro.htm

The radiology community will be glad to work with the Board of Medicine on the Radiology Assistant scope of practice issues so that all parties feel comfortable with the outcome. However, the current proposed limitations on radiology assistants are not reasonable and if allowed to stand will damage the credibility of all parties involved and the credibility of the approach that we took to resolve this before it

became a political issue as opposed to a medical issue.

http://www.arrt.org/radasst/finalraroledelineation.pdf
http://www.cms.hhs.gov/ClinicalLabFeeSched/downloads/410_32.pdf

I appreciate your help in working through this problem.

- Gene Cordell

CC: Deborah Rodecker <deborahrodecker@wvdhhr.org>, John Wade <sw2734@charter.net>

From: "Grady M. Bowyer" <gradymbowyer@suddenlink.net>
To: "Gene Cordell" <flyfish000@yahoo.com>, "Bob Knittle" <bobknittle@wvdhhr.org>
Date: 6/23/2007 8:25:19 AM
Subject: Re: RA Rules

Dr. Cordell,

I totally agree with you in a situation like this. As you can tell, it has been many years since I have been in a sterile situation and didn't even think of that scenario.

Grady
----- Original Message -----
From: Gene Cordell
To: Grady M. Bowyer ; Bob Knittle
Sent: Saturday, June 23, 2007 1:02 AM
Subject: Re: RA Rules

6/22/07
My reasoning for inclusion under personal supervision only (radiologist in the room) is that if the patient is, for example, on the angiography/ interventional /table with the radiologist performing an interventional procedure. The patient needs additional medication for pain control/conscious sedation and the radiologist cannot unglove to administer medication without losing the catheter position. The Radiology Assitant should be able to give these meds under this circumstance or similar ones, especially since not every hospital will have both a radiology nurse and a radiology assistant available in the radiology department or interventional suite. I think there is going to be a trade-off with hospitals deciding to hire one or the other - either radiology assistant or radiology nurse in all but the larger hospitals that may have both. So the radiology assistant needs to be a useful adjunct to patient care in this scenario. I understand your point and I have struggled with this, knowing the arguments on both sides. Hopefully, a tightly structured rule that ensures the presence of the supervising radiologist in the room will be an appropriate compromise. Alternatively, the words "conscious sedation" could be stricken and replaced by the words "sedation and pain control".

REC

----- Original Message -----
From: Grady M. Bowyer <gradymbowyer@suddenlink.net>
To: Bob Knittle <bobknittle@wvdhhr.org>
Cc: "Gene Cordell, M.D." <flyfish000@yahoo.com>
Sent: Friday, June 22, 2007 1:25:42 PM
Subject: RA Rules

Bob,

Dr. Cordell sent me his comments on the RA Rule proposed by the Board of Medicine. I agree with all of his comments except the conscious sedation one. I, personally, would have a hard time allowing anyone other than a doctor or nurse anesthetists administering conscious sedation on me. Again, this is a personal opinion and not the opinion of the Board.

Grady

Mr. Robert Knittle
Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

RE: Proposed Rule Certification, Diplomacy and Complaint Procedure, Continuing Education, Radiology Assistants 11CSR9

Dear Mr. Knittle:

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I have read the response sent to the Board by Martinsburg Radiology Associates and completely agree with their positions; including the allowance of dual pathway to eligibility through CBRPA and ARRT certification.

I hope that these comments are helpful to the Board.

Sincerely,

Bonita M. Sroka RT(R) Date 6/25/07

Mr. Robert Knittle
Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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Sincerely,

RT(R) Date 6-25-07

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WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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[signature] R.T. Date 6-25-07

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Mary A Vanvorhis RTRM Date 6/25/07

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WV Board of Medicine
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Charleston, WV 25311

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Selenna Stevens Date 6/25/07

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Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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Megan E. Antonver Date 6/25/07

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WV Board of Medicine
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Lori A Swiger RT(R)(M)(CV) Date 6-25-07

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WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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Sincerely,

Elizabeth A Knittle RT(R)(ARRT) Date 6/25/7

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Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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Sincerely,

Dennis A. Wyckoff RT(R) Date 25 JUN 07

Mr. Robert Knittle
Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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Date 25 JUNE 07

MARK A. EISSENS

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WV Board of Medicine
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Robert White RT(R) Date 6-25-07

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WV Board of Medicine
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Lisa Agney RT(R)(CT) Date 6/25/07

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Yuri Brunet, RDMS Date 6-25-07

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WV Board of Medicine
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Brenda Murray, RT, RDMS Date 6-25-07

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Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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Mary E. Estes RT-R
RDMS AB OB

Date 6-25-07

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WV Board of Medicine
101 Dee Drive, Suite 103
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Wendy P. Cass, CNMT Date 6-25-07

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Executive Director
WV Board of Medicine
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Raymond L Bolyard RT CNMT Date 6-25-07

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Executive Director
WV Board of Medicine
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[signature] RT, CNMT Date 25 Jun 07

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RE: Proposed Rule Certification, Diplomacy and Complaint Procedure, Continuing Education, Radiology Assistants 11CSR9

Dear Mr. Knittle:

I am writing in response to the proposed rule for WV Code §30-3-7a, regulating radiologist assistants ("RAs") in the State of West Virginia. As a certified radiologic technologist (RT) I find the proposed levels of supervision and the scope of duties unreasonable and an interference to providing quality health care in West Virginia. The proposed rule does not consider the level of education and clinical training that a radiology assistant has achieved. This is demonstrated by several points in the proposed rule, which require higher levels of supervision and tougher restrictions on procedures than those currently placed on RTs. Furthermore, the rule does not account for the effect of the different settings, which creates further limitations than those required for RTs.

With a mission of serving patients and society, the American College of Radiology (ACR) is widely recognized as the leading society for radiology and is devoted to safe, effective and accessible radiology services. ACR has endorsed the ARRT Role of Delineation and Certification Requirements and I believe that your Board should follow these carefully designed guidelines. I also believe that Board should expand the definitions of levels of supervision similar to those of Medicare, which is the strictest regulating body in healthcare.

I have read the response sent to the Board by Martinsburg Radiology Associates and completely agree with their positions; including the allowance of dual pathway to eligibility through CBRPA and ARRT certification.

I hope that these comments are helpful to the Board.

Sincerely,

James Snyder RT(R)(M) CNMT Date 6-25-07

Mr. Robert Knittle
Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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Sincerely,

Rhonda Barrett RT(R) Date 6-25-07

Mr. Robert Knittle
Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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Sincerely,

RT(R) Date 6/25/07

Mr. Robert Knittle
Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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Sincerely,

[signature] R.T. (ARRT) Date 6/25/07

Mr. Robert Knittle
Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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Sincerely,

RDMS Date 6-25-07

Mr. Robert Knittle
Executive Director
WV Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

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Date 6-25-07

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WV Board of Medicine
101 Dee Drive, Suite 103
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I hope that these comments are helpful to the Board.

Sincerely,

_____ Date 6/25/07

From: "Amy Tolliver" <Amy@wvsma.com>
To: "Bob Knittle" <bobknittle@wvdhhr.org>
Date: 6/25/2007 4:30:47 PM
Subject: Comment on Radiology Assistant Rule - 11 CSR 9

Bob,
Attached is comment from the WV State Medical Association
Thank you,
Amy Tolliver

Amy N. Tolliver, MS
Government Relations Specialist
WESPAC Director/Treasurer
West Virginia State Medical Association
PO Box 4106
4307 MacCorkle Avenue, SE
Charleston, WV 25364
Phone: (304) 925-0342 ext. 25
Fax: (304) 925-0345

WEST VIRGINIA State Medical Association

June 25, 2007

Mr. Robert C. Knittle
Executive Director
Board of Medicine
101 Dee Street, Suite 103
Charleston, WV 25301

Dear Mr. Knittle,

On behalf of the West Virginia State Medical Association (WVSMA), we respectfully submit the following comments to the proposed new rule 11 C.S.R. § 9, Certification, Disciplinary and Complaint Procedures, Continuing Education, Radiologist Assistants, which aims to regulate radiologist assistants per the passage of HB 2800 codified as W. Va. Code § 30-3-7a.

The WVSMA has supported the development of legislation and rulemaking to regulate radiology assistants in WV and is pleased to see the Board of Medicine's (BOM) progress toward achieving this goal. This letter is submitted within the time-frame of the comment period to provide the following suggested modifications to clarify the proposed rule:

§ 11-9-2. Definitions.
The WVSMA suggests that the BOM include definitions for and incorporate throughout the rule all three levels of radiologist supervision adopted by the American Registry of Radiologic Technologists (ARRT) in the document *"Registered Radiologist Assistant, Role Delineation, January 2005."*[1] These three levels of supervision (i.e. personal, direct and general) are consistent with those adopted by the Centers for Medicare and Medicaid Services. Setting forth these levels of supervision will help regulate the radiologist assistants in a manner appropriate with their specified job duties within their scope of practice and consistent with the definitions utilized nationally.

§ 11-9-3. Supervision of Radiologist Assistants by licensed radiologist.
The WVSMA recommends the BOM clarify section 3.1 by adding the following sentence at the end of the subsection:

[1] WVSMA suggests that the three levels of radiologist assistant supervision defined in the "*Registered Radiologist Assistant, Role Delineation, January 2005* be included in the rule. The Document may be accessed at the following website: http://www.arrt.org/index.html?content=radasst/raintro.htm

Upon approval of the submitted job description by the Board of Medicine the radiologist will be deemed a "supervising radiologist."

This addition will help to clarify the meaning of the term "supervising radiologist" as used throughout the rule.

§ 11-9-7. Limitations on Supervision.
The WVSMA seeks clarification of subsection 7.2. It appears that this subsection is providing for the substitution of a supervising radiologist; however, it is unclear in light of sections 7.3 and 7.4 which seem to have conflicting language.

§ 11-9-8. Limitations on Scope of Duties of Radiologist Assistant.
The WVSMA believes that the scope of practice of the radiologist assistant as set forth in this section is too restrictive. Some of the limitations listed interfere with the goal of certifying these professionals by not permitting them to utilize their skills and expertise in a manner consistent with their training. The WVSMA recommends the following modifications to this section: *These recommendations are identical to those which Ronald E. " Gene" Cordell, MD submitted to the BOM via email on June 21, 2007.*

§ 11-9-8.
8.2 Replace the sentence with the following: "A Radiology Assistant shall not perform any physical examination."

8.3 *Delete*

8.4 *Delete*

8.5 *Delete*

8.6 *Delete*

8.7 Replace the sentence with the following: " The Radiologist Assistant is only authorized to administer medications, including conscious sedation medications, under the personal supervision of the supervising radiologist. (This requires a new definition for "personal supervision" to be included in the definition section 11-9-2 as recommended above.)

8.8 *Delete*

The following changes are suggested to subsection 8.9:
d. *Delete*
e. *Replace section with the following:* Conventional Arthrogram.
(This would allow the RA to introduce contrast within joint space for CT or MR arthrography.)

f. *Delete*
k. *Delete*
m. *Delete*

§ 11-9-9. Identification of Radiologist Assistant.
In light of the fact that the BOM has reviewed and relied upon the ARRT Radiologist Assistant role delineation document, it seems appropriate that the BOM adopt the same identification used by the ARRT for radiologist assistants. The WVSMA recommends that the term "certified radiologist assistant" and "CRA" be changed to "registered radiologist assistant" and "RRA."

§ 11-9-10. Identification of Radiologist Assistant.
The WVSMA recommends a modification be made in subsection 10.4 to permit electronic notification in addition to written medium of a temporary change in supervisory responsibility.

§ 11-9-14. Radiologist Assistant Utilization.
In light of the WVSMA suggested modifications to the scope of practice in § 11-9-8, we include the following additional modifications to allow the radiologist assistant to perform additional responsibilities commensurate with their training and certification. *These recommendations are identical to those which Ronald E. "Gene" Cordell, MD submitted to the BOM via email on June 21, 2007.*

§ 11-9-14.2
h. *Replace the sentence with the following:* "Apply ECG leads and recognize life threatening abnormalities."
s. Add a second sentence to read as follows: "Administer medications including conscious sedation medications only under the personal supervision of the supervising radiologist."
t. *Add 14 through 17*:
14. Contrast injection into joint for MR or CT arthrogram.
15. PICC line placement
16. Lower extremity venography
17. Ductogram (galactogram)
x. Spell out "ACR" to read "American College of Radiology"
Add a new subsection: "ee. Monitor IV therapy for flow rate and complications."

We thank you for the opportunity to provide comments to the rule and hope the BOM finds our suggestions to be helpful as you finalize the regulations governing radiologist assistants. Please do not hesitate to contact me, should you have any questions.

Respectfully,

Amy N. Tolliver, MS
Government Relation Specialist

RESPONSES TO COMMENTS RECEIVED

ATTACHMENT

Responses to Comments

from

Interested Parties

State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

July 13, 2007

J. Van Valkenburg, PhD
CBRPA Executive Director
225 Dupont
PO Box 1626
Lander, Wyoming 82520

Dear Dr. Van Valkenburg:

We are in receipt of your May 29, 2007, comment e-mailed to this office.

Board members have reviewed all the comments received and have made a number of adjustments to the proposed rule to make it less restrictive.

As the enabling legislation authorizes RA's and makes no mention of RPA's, your suggestion about the CBRPA was not accepted. The Board does not in any sense believe it is discriminating against CBRPA. There is no indication that in West Virginia RPA's are RA's. Further, there is a pathway for RPA's to become certified as RA's by the ARRT which is available until the end of 2007. See attached.

The Board has not located any state that recognizes the CBRPA pathway for certification solely of RA's.

Sincerely,

Robert C. Knittle

/jsp
Enclosure

RPA Pathway to R.R.A.® Certification

ARRT has expanded its R.R.A.® eligibility requirements to establish a temporary pathway for Radiology Practitioner Assistants (RPAs) who want to earn ARRT's Registered Radiologist Assistant (R.R.A.®) credential.

The RPA pathway to R.R.A.® certification will be available through 2007, to accommodate those previously graduated from or currently enrolled in RPA educational programs. Under this pathway, all requirements, including passing the ARRT examination, must be completed by December 31, 2007. After that date, candidates for ARRT certification must directly meet all ARRT requirements.

The RPA pathway will permit individuals meeting the qualifications noted below to sit for ARRT's R.R.A.® certification examination and, upon passing the examination, to receive the R.R.A.® designation. It is expected that these individuals will already have satisfied the clinical education components listed in the R.R.A.® Certification Packet as part of their RPA clinical education; therefore they are not required to submit this documentation as part of their application process.

RPA candidates for ARRT's R.R.A.® credential must:

1. be ARRT-certified and registered in radiography;
2. meet ARRT's 1-year clinical pre-registered radiologist assistant experience requirement;
3. meet ARRT's ethics requirements;
4. have a baccalaureate degree; and
5. either be certified as an RPA by the Certification Board for Radiology Practitioner Assistants, or have graduated from a Radiology Practitioner Assistant educational program that is based in an educational institution accredited by a mechanism acceptable to ARRT.

Individuals wishing to apply for ARRT's Registered Radiologist Assistant certification must obtain an RPA Pathway to R.R.A.® Certification Application from ARRT, which can be downloaded and printed, or requested by phoning the ARRT office at (651) 687-0048, ext. 560.

If you have questions about RPA eligibility for ARRT's R.R.A.® certification, please contact ARRT at (651) 687-0048, ext. 560.

State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

July 13, 2007

Shawn Reesman, M.D.
West Virginia Radiological Society, Inc.
1120 Kanawha Blvd., East
PO Box 11137
Charleston, WV 25339

Dear Dr. Reesman:

Thank you for your comments on the proposed rule 11 CSR 9, relating to Radiologist Assistants.

Board members reviewed all the comments received and adopted your suggestion as to 11 CSR 9 8.9 and eliminated the limitation in 8. as to monitoring IV therapy. Thank you for pointing out the discrepancy between the prohibition at 8. and the provision at 14.2 k.

Board members chose not to further elaborate on "evaluate" and "therapy'.

Sincerely,

Robert C. Knittle

/jsp

State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

July 13, 2007

John E. Reifsteck, M.D.
President 2007, West Virginia Radiological Society
1120 Kanawha Blvd., East
PO Box 11137
Charleston, WV 25339

Dear Dr. Reifsteck:

Thank you for your comments on the Board's proposed rule relating to Radiologist Assistants.

The section 11 CSR 9.8 has been extensively revised in line with your suggestions.

As the Board will be certifying the RA's registered with the ARRT, Board members do want for the certified RA to be identified as such, and the proposed rule at 9.1 has been changed to read "RA-C" to indicate that the RA-C may lawfully function in this State as an RA.

Sincerely,

Robert C. Knittle

/jsp

From: Janie Pote
To: Pust, Peggy
Subject: Re: question please

Ms. Pust,

The way the proposed rule is written, RPA's are not addressed. The proposed rule only addresses RA's.

I hope this has been helpful.

Janie Pote

>>> "Peggy Pust" <PustP@monhealthsys.org> 06/20/07 10:22 AM >>>
I hope this is an appropriate manner to ask my question. I am wondering if the license issued for the Radiologist Assistants will also apply to the Radiology Practitioner Assistants (RPA). On the state web site for the radiology technology board, as well as the ACR web site, there seems to be a definite distinction in the two credentials. Will the WV state Medical Board recognize the RPA credential?

Peggy Pust

Monongalia General Hospital

304.285.2157

State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

July 13, 2007

Samuel Davis, M.D.
PO Box 1107
Montgomery, West Virginia 25136

Dear Dr. Davis:

Thank you for your e-mailed comment of June 22, 2007, regarding the Board's proposed rule on RA's.

Board members reviewed all the comments received and determined in line with the Board's commitment to high standards it was appropriate to maintain its proposed definition of "supervising radiologist". The West Virginia State Medical Association, West Virginia Radiological Society, and, as stipulated by law, the West Virginia Medical Imaging and Radiation Therapy Technology Board of Examiners, advised us on the contents of the proposed rule and had no concern with the present definition.

Sincerely,

Robert C. Knittle

/jsp

State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

July 13, 2007

Suresh Agrawal, M.D.
405 Parrish Avenue
Point Pleasant, West Virginia 25550

Dear Dr. Agrawal:

Thank you for your comments of June 20, 2007, on the Board's proposed rule on Radiologist Assistants.

Board members reviewed all the comments received and as a result of the comments the Board has made substantial changes to the proposed rule, particularly in 11-9-8., that is Limitations on Scope of Duties of Radiologist Assistant. Also, the Board has made substantial changes to the proposed rule in 11-9-14., Radiologist Assistant Utilization. Perhaps these changes will cause you to find the rule more acceptable.

Statements from the Legislative Auditor do not impact the rule making authority given the Board by H.B. 2800, especially when the statements went beyond the scope of the actual legislation that was enacted. There is no mention of RPA's in H.B. 2800, the implementing legislation, unlike the Montana example you provide. The Board did not find a CBRPA pathway for certification specifically and only of RA's to have been recognized by any State. Further, there is a pathway for an RPA to become certified as an RA by the ARRT which is available until the end of 2007. (See attached)

As to your concern about the proposed definition of "supervising radiologist", the Board is committed to high standards and the public safety. Among others, the West Virginia State Medical Association, West Virginia Radiological Society and as stipulated by law, the West Virginia Medical Imaging and Radiation Therapy Technology Board of Examiners, advised us

on the contents of the proposed rule and had no concern with the proposed definition. Therefore, the definition has not been changed by the Board.

Sincerely,

Robert C. Knittle

/jsp
Enclosure

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The RPA pathway will permit individuals meeting the qualifications noted below to sit for ARRT's R.R.A.® certification examination and, upon passing the examination, to receive the R.R.A.® designation. It is expected that these individuals will already have satisfied the clinical education components listed in the R.R.A.® Certification Packet as part of their RPA clinical education; therefore they are not required to submit this documentation as part of their application process.

RPA candidates for ARRT's R.R.A.® credential must:

1. be ARRT-certified and registered in radiography;
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State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084

July 13, 2007

Ms. Connie Davis
PO Box 481
Mason, West Virginia 25260

Dear Ms. Davis:

Thank you for your June 20, 2007, comments on the proposed rule for RA's in the State of West Virginia.

Board members reviewed all the comments received, and though you express your disappointment that no one from the Board of Medicine or the Medical Imaging and Radiation Therapy Technology Board of Examiners took the time to interview you, you were in fact sent a personal letter from this Board on May 18, 2007, with the proposed rule, requesting your comments.

You suggested removing "as a minimum" at 11 CSR 9 14.2, and it was removed, and a number of other changes were made throughout 14.2 which may be more to your liking.

Many of your comments as to proposed limitation on the practice of RA's found in 11 CSR 9.8. have been accepted and approved by the Board. 11 CSR 9.8. has been substantially changed.

In sum, approved changes will add value to radiology practices, in the opinion of the Board.

The enabling legislation authorizes RA's, not RPA's. This Board did not find a CBRPA pathway for certification specifically and only of RA's to have been recognized by any state, and as there is a pathway for an RPA to become certified as an RA by the ARRT which is available until the end of 2007, (see attached), the Board was not inclined to accept your suggestion in this regard. You refer to the RA as an RA/RPA, but the West Virginia legislation, H.B. 2800, didn't recognize this.

The Board does not agree that statements from the Legislative Auditor should have any effect on the rule making authority given the Board of Medicine by H.B. 2800, especially when the statements went beyond the scope of the actual legislation that was enacted.

As to your concern about the proposed definition of "supervising radiologist", the Board is committed to high standards in this regard and determined that it is appropriate to maintain the proposed definition. The West Virginia State Medical Association, West Virginia Radiological Society and as stipulated by law, the West Virginia Medical Imaging and Radiation Therapy Technology Board of Examiners, advised us on the contents of the proposed rule and had no concern with the proposed definition.

The Board changed "CRA" to "RA-C". The Board will be certifying the RA's. "RA-C" indicates that the RA-C may lawfully function in the state. RRA, as you suggest, does not indicate certification.

Sincerely,

Robert C. Knittle

/jsp
Enclosure

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If you have questions about RPA eligibility for ARRT's R.R.A.® certification, please contact ARRT at (651) 687-0048, ext. 560.

State of West Virginia
West Virginia Board of Medicine
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Telephone 304.558.2921
Fax 304.558.2084

July 13, 2007

Peter K. Shams-Avari
Health Policy Manager
American Society of Radiologic Technologists
15000 Central Avenue SE
Albuquerque, NM 87123-3917

Dear Mr. Shams-Avari:

Thank you for your letter of May 30, 2007, commenting on the Board's proposed rule relating to RA's.

Board members reviewed all the comments received and have made several significant adjustments to 11-9-8 and 11-9-14, which I believe will be more to your liking.

Sincerely,

Robert C. Knittle

/jsp

J. David Lynch, Jr., MD
Morgantown

Vettivelu Maheswaran, MD
Charles Town

Bill May, DPM
Huntington

Leonard Simmons, DPM
Fairmont

Badshah J. Wazir, MD
South Charleston

Kenneth Dean Wright, PA-C
Huntington

State of West Virginia

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July 13, 2007

John Blanco, M.D.
Hojoon Jung, M.D.
Dimitri Misailidis, M.D.
Sanjay Saluja, M.D.
Martinsburg, Radiology Associates, Inc.
295 Rock Cliff Drive
Martinsburg, West Virginia 25401

Gentlemen:

Thank you for your June 19, 2007, comments on the proposed rule for RA's in the State of West Virginia.

The Board members reviewed all the comments received and the Board has made the rule less restrictive. Substantial changes have been made in 11-9-8 and 11-9-14, which the Board believes will be to your liking.

The Board has adopted three (3) levels of supervision, as you suggested. The Board did not agree that another physician, not a radiologist, may serve as a supervising radiologist in the absence of the supervising radiologist. This would not be in the interests of public safety and high standards, to which the Board is committed. The same is true as to your suggestion that the number of RA's who may be supervised be increased. Accordingly, no changes were made in 11-9-7.

The enabling legislation authorizes RA's, not RPA's. This Board did not find a CBRPA pathway for certification specifically and only of RA's to have been recognized by any state, and as there is a pathway for an RPA to become certified as an RA by the ARRT which is available until the end of 2007, (see attached), the Board did not accept this suggestion. The ARRT has worked with the American College of Radiology to develop guidelines for appropriate RA practice and is the proper group to recognize for RA certification.

Your suggestion about the Board supplying a form associated with filing the biennial report is excellent.

Sincerely,

Robert C. Knittle

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Enclosure

RPA Pathway to R.R.A.® Certification

ARRT has expanded its R.R.A.® eligibility requirements to establish a temporary pathway for Radiology Practitioner Assistants (RPAs) who want to earn ARRT's Registered Radiologist Assistant (R.R.A.®) credential.

The RPA pathway to R.R.A.® certification will be available through 2007, to accommodate those previously graduated from or currently enrolled in RPA educational programs. Under this pathway, all requirements, including passing the ARRT examination, must be completed by December 31, 2007. After that date, candidates for ARRT certification must directly meet all ARRT requirements.

The RPA pathway will permit individuals meeting the qualifications noted below to sit for ARRT's R.R.A.® certification examination and, upon passing the examination, to receive the R.R.A.® designation. It is expected that these individuals will already have satisfied the clinical education components listed in the R.R.A.® Certification Packet as part of their RPA clinical education; therefore they are not required to submit this documentation as part of their application process.

RPA candidates for ARRT's R.R.A.® credential must:

1. be ARRT-certified and registered in radiography;
2. meet ARRT's 1-year clinical pre-registered radiologist assistant experience requirement;
3. meet ARRT's ethics requirements;
4. have a baccalaureate degree; and
5. either be certified as an RPA by the Certification Board for Radiology Practitioner Assistants, or have graduated from a Radiology Practitioner Assistant educational program that is based in an educational institution accredited by a mechanism acceptable to ARRT.

Individuals wishing to apply for ARRT's Registered Radiologist Assistant certification must obtain an RPA Pathway to R.R.A.® Certification Application from ARRT, which can be downloaded and printed, or requested by phoning the ARRT office at (651) 687-0048, ext. 560.

If you have questions about RPA eligibility for ARRT's R.R.A.® certification, please contact ARRT at (651) 687-0048, ext. 560.

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MEMORANDUM

TO: All those who commented by identical letter of June 20, 2007, on the proposed rule on Certification, Disciplinary and Complaint Procedures, Continuing Education, Radiologist Assistants.

FROM: Robert C. Knittle

DATE: July 13, 2007

RE: Changes to proposed rule.

Thank you for your comments on the above noted proposed rule. They were carefully reviewed by Board members.

This rule is about RA's not RPA's, as is the new law, found in H.B. 2800. The Board does not agree that assurances from the Legislative Auditor should have any effect on the rule making authority given to the Board by legislation, particularly when the assurances went beyond the scope of the actual legislation. There is a pathway for RPA's to become RA's certified by the ARRT available until the end of 2007. (See attached)

As to requiring a supervising radiologist to be Board certified, the Board is committed to requiring high standards for the supervising radiologist in the interests of public safety.

The Board has eliminated a number of the prohibitions on scope of duties of RA's, and your suggestions were very helpful in this regard.

RPA Pathway to R.R.A.® Certification

ARRT has expanded its R.R.A.® eligibility requirements to establish a temporary pathway for Radiology Practitioner Assistants (RPAs) who want to earn ARRT's Registered Radiologist Assistant (R.R.A.®) credential.

The RPA pathway to R.R.A.® certification will be available through 2007, to accommodate those previously graduated from or currently enrolled in RPA educational programs. Under this pathway, all requirements, including passing the ARRT examination, must be completed by December 31, 2007. After that date, candidates for ARRT certification must directly meet all ARRT requirements.

The RPA pathway will permit individuals meeting the qualifications noted below to sit for ARRT's R.R.A.® certification examination and, upon passing the examination, to receive the R.R.A.® designation. It is expected that these individuals will already have satisfied the clinical education components listed in the R.R.A.® Certification Packet as part of their RPA clinical education; therefore they are not required to submit this documentation as part of their application process.

RPA candidates for ARRT's R.R.A.® credential must:

1. be ARRT-certified and registered in radiography;
2. meet ARRT's 1-year clinical pre-registered radiologist assistant experience requirement;
3. meet ARRT's ethics requirements;
4. have a baccalaureate degree; and
5. either be certified as an RPA by the Certification Board for Radiology Practitioner Assistants, or have graduated from a Radiology Practitioner Assistant educational program that is based in an educational institution accredited by a mechanism acceptable to ARRT.

Individuals wishing to apply for ARRT's Registered Radiologist Assistant certification must obtain an RPA Pathway to R.R.A.® Certification Application from ARRT, which can be downloaded and printed, or requested by phoning the ARRT office at (651) 687-0048, ext. 560.

If you have questions about RPA eligibility for ARRT's R.R.A.® certification, please contact ARRT at (651) 687-0048, ext. 560.

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July 13, 2007

Gene Cordell, M.D.
PO Box 11137
Charleston, West Virginia 25339

Dear Dr. Cordell:

Thank you for your e-mails to this office commenting on the Board's proposed rules on Radiologist Assistants.

Board members have reviewed all the comments received and have made a number of adjustments to the rule.

Your comments were accepted and I believe you will find the Board approved proposed rule satisfactory and in accordance with your suggestions.

Sincerely,

Robert C. Knittle

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July 13, 2007

Grady Bowyer, RT (R), Executive Director
Medical Imaging and Radiation Therapy Technology Board of Examiners
1715 Flat Top Road
PO Box 638
Cool Ridge, West Virginia 25825

Dear Mr. Bowyer:

Thank you for your comments on the proposed rule for Radiologist Assistants sent by e-mail on June 22, 2007, on behalf of the Medical Imaging and Radiation Therapy Technology Board of Examiners. Thank you as well for all the advice and assistance that you have given to the Board of Medicine on behalf of your Board in the Board of Medicine's development of the proposed rule during the past months.

Board members have reviewed all the comments received and have made a number of adjustments to the rule. The comments of the Medical Imaging and Radiation Therapy Technology Board of Examiners were accepted and I believe you will find the Board approved proposed rule satisfactory and in accordance with your suggestions.

Sincerely,

Robert C. Knittle

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MEMORANDUM

TO: All those who commented by identical letter of June 25, 2007, on the proposed rule on Certification, Disciplinary and Complaint Procedures, Continuing Education, Radiologist Assistants.

FROM: Robert C. Knittle

DATE: July 13, 2007

RE: Changes to proposed rule.

Thank you for your comments on the above noted proposed rule. They were carefully reviewed by Board members.

The Board has been unable to locate any state that recognizes the CBRPA pathway for certification of RA's. Moreover, there is a pathway for RPA's to become RA's certified by the ARRT available until the end of 2007. (See attached) Further, H.B. 2800 authorizes RA's only, not RPA's.

The proposed rule does recognize that the RA will function in different settings, in the Board's opinion. See for example, 7.3 of the rule which addresses different settings. The levels of supervision have been expanded, at your suggestion, and the suggestion about the Medicare levels of supervision was most helpful.

The Board has eliminated a number of the prohibitions on scope of duties of RA's, at your suggestion. The Board is aware of the close work of the American College of Radiology and the American Registry of Radiologic Technologists with regard to RA's and the Board has made changes in concert with the guidelines that have been developed.

RPA Pathway to R.R.A.® Certification

ARRT has expanded its R.R.A.® eligibility requirements to establish a temporary pathway for Radiology Practitioner Assistants (RPAs) who want to earn ARRT's Registered Radiologist Assistant (R.R.A.®) credential.

The RPA pathway to R.R.A.® certification will be available through 2007, to accommodate those previously graduated from or currently enrolled in RPA educational programs. Under this pathway, all requirements, including passing the ARRT examination, must be completed by December 31, 2007. After that date, candidates for ARRT certification must directly meet all ARRT requirements.

The RPA pathway will permit individuals meeting the qualifications noted below to sit for ARRT's R.R.A.® certification examination and, upon passing the examination, to receive the R.R.A.® designation. It is expected that these individuals will already have satisfied the clinical education components listed in the R.R.A.® Certification Packet as part of their RPA clinical education; therefore they are not required to submit this documentation as part of their application process.

RPA candidates for ARRT's R.R.A.® credential must:

1. be ARRT-certified and registered in radiography;
2. meet ARRT's 1-year clinical pre-registered radiologist assistant experience requirement;
3. meet ARRT's ethics requirements;
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If you have questions about RPA eligibility for ARRT's R.R.A.® certification, please contact ARRT at (651) 687-0048, ext. 560.

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July 13, 2007

Amy N. Tolliver, MS
Government Relations Specialist
West Virginia State Medical Association
4307 MacCorkle Ave, SE
PO Box 4106
Charleston, West Virginia 25364

Dear Ms. Tolliver:

Thank you for the comments of June 25, 2007, filed on behalf of the WVSMA regarding the Board's proposed rule on Radiologist Assistants.

Board members have reviewed all the comments received and have made a number of adjustments to the proposed rule. The Board adopted the WVSMA's suggestion as to incorporating three (3) levels of supervision consistent with national standards. Also, WVSMA's suggested language for 11-9-3 was added. The Board did not believe it necessary to clarify 11-9-7.2., and sees no conflict with 7.3. and 7.4.

The Board added language recommended by WVSMA as to electronic notification in 11-9-10.4. The language changes recommended by both WVSMA and Gene Cordell, M.D., regarding 11-9-8 and 11-9-14.2., were adopted by the Board.

As to the recommended change to 11-9-10 on identification of the Radiologist Assistant, the Board changed "CRA" to "RA-C". The Board will be certifying the RA's. "RA-C" indicates that the RA-C may lawfully function in the State. RRA, as suggested by WVSMA, does not indicate certification and lawful practice.

Sincerely,

Robert C. Knittle

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REASONS FOR CHANGES

REASONS FOR CHANGES

In its initial filing, the Board had not addressed personal supervision, only supervision and direct supervision. Several commenters pointed out the need to have three (3) different levels of supervision, in line with Medicare regulations. This change was made.

Almost all commenters expressed the view that section 11-9-8, Limitations on Scope of Duties of Radiologist Assistant, was too restrictive and not in conformance with the training of Radiologist Assistants, therefore a number of limitations were eliminated. All commenters expressed the view that the section on Radiologist Assistant Utilization, 11-9-14.2 should be opened up as well, to more appropriately utilize Radiologist Assistants, and this was done.