Advisory Board on Radiologic Technology

Board of Medicine
Wednesday, February 6, 2013, 1:00 pm.
9960 Mayland Drive, Suite 201
Richmond, Virginia
Board Room 1

Call to Order – Elizabeth L. Meixner, RT, Chair

Emergency Egress Procedures - Elizabeth L. Meixner, RT, Chair i

Roll Call – Beulah Archer

Approval of Minutes of October 3, 2012 1-4

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

New Business

1. Legislative Report – Elaine Yeatts 5-12
2. Review of Regulatory Revisions – Elaine Yeatts 13-45

Announcements

Next meeting date: June 5, 2013 @ 1:00 pm

Adjournment

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EGRESS OF BOARD AND TRAINING ROOMS

(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY
Virginia Board of Medicine
October 3, 2012
1:00 p.m.

The Advisory Board on Radiologic Technology met on Wednesday, October 3, 2012 at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:	Elizabeth Meixner, RT, Chair Karsten Konerding, MD Rebecca Keith, RT
MEMBERS ABSENT:	Renee Hess, RT
STAFF PRESENT:	William L. Harp, MD, Executive Director Alan Heaberlin, Deputy Executive Director Elaine Yeatts, Senior Regulatory Analyst Beulah Baptist Archer, Licensing Specialist
GUESTS PRESENT:	Adriea Clarke, Fortis College Katharine Walton, Fortis College

CALL TO ORDER

Elizabeth Meixner, R.T., Chair, called the meeting to order at 1:05 p.m.

EMERGENCY EGRESS PROCEDURES

Dr. William L. Harp announced the Emergency Egress Procedures prior to proceeding with the agenda.

ROLL CALL

Roll was called and a quorum declared.

Rebecca Keith seconded. Motion carried.

3. Statutory and Regulatory Review for Radiation Science Professionals–Elizabeth Meixner

Ms. Meixner suggested that in Section 54.1-2900 of the Code of Virginia the definition of "Practice of Radiologic Technology" be redefined to read "means the application of ~~x-rays~~ ionizing radiation for diagnostic and therapeutic purposes. Furthermore, the definition of "Radiologic technologist" shall be redefined to read "means an individual...who (i) performs ...or who is licensed to perform a comprehensive scope of diagnostic or therapeutic radiologic procedures employing ~~equipment which emits~~ ionizing radiation and (ii) is delegated or exercises responsibility for the operation of radiation-generating equipment,..."

Rebecca Keith moved to request the support of the Board of Medicine for the necessary changes to the statute. The motion was seconded and carried.

4. Review of Applications-Alan Heaberlin

Alan Heaberlin reviewed Radiologic Technology, Radiologic Technology-Limited, and Radiologist Assistant applications, for accuracy, clarity and content. Various changes were discussed for each application and agreed on for revision. The revisions to the applications will occur as the paper applications are moved to the electronic format.

Changes to forms on the DHP website for Limited Scope Radiologic Technology include adding anatomical areas and the expiration date of the clinical training period on the TC-1.

5. Meeting Calendar for 2013 – Dr. William L. Harp

Dr. Harp reviewed the meeting calendar for 2013 with the Advisory Board. No action was required.

6. Election of Officers

Rebecca Keith nominated Beth Meixner as Chair. The motion was seconded and carried.

Karsten Konerding nominated Rebecca Keith as Vice-Chair. The motion was seconded and carried.

7. Conflict of Interest Training- Alan Heaberlin

Alan Heaberlin presented packets to the Advisory Board members for online access to the training.

ANNOUNCEMENTS

Mr. Heaberlin announced that there are currently in Virginia 662 Limited Radiologic Technologists, 3,742 Licensed Radiologic Technologists, 10- Radiologist Assistants practicing in Virginia.

NEXT MEETING DATE

February 6, 2013

ADJOURNMENT

Beth Meixner motioned to adjourn. Rebecca Keith seconded. Motioned carried.

_____
Elizabeth L. Meixner, RT, Chair

_____
William L. Harp, MD, Executive Director

_____
Beulah Baptist Archer, Recording Secretary

Report of the 2013 General Assembly

Board of Medicine - Advisory Boards

HB 1352 Health care records; increases maximum copying fee that a health provider may charge.

Chief patron: Habeeb

Summary as introduced:
Health care records; copying fees. Increases the maximum fee that a health care provider may charge for retrieving, reviewing, and preparing copies of patient records in response to a subpoena duces tecum or a request by the patient, his attorney, or his executor or administrator. The maximum fee is raised from $0.50 to $0.75 per page for up to 50 pages and from $0.25 to $0.50 per page for documents in excess of 50 pages. The bill also raises the maximum search and handling fee from $10 to $20.

11/29/12 House: Referred to Committee for Courts of Justice
01/10/13 House: Assigned Courts sub: #2 Civil
01/21/13 House: Subcommittee failed to recommend reporting (3-Y 4-N)
01/23/13 House: Subcommittee recommends reporting with amendment(s) (5-Y 1-N)

HB 1422 Interchangeable biosimilar biological products; permits pharmacists to dispense.

Chief patron: O'Bannon

Summary as introduced:
Dispensing of interchangeable biosimilar biological products. Permits pharmacists to dispense a biosimilar that has been licensed by the U.S. Food and Drug Administration as interchangeable with a prescribed biological product unless the prescriber indicates such substitution is not authorized or the patient insists on dispensing of the prescribed biological product. The bill requires any pharmacist who dispenses an interchangeable biosimilar to inform the patient prior to dispensing the biosimilar, provide notification of the substitution to the prescriber, and record the brand name or the product name and name of the manufacturer of the biosimilar on the record of dispensing and the prescription label.

01/21/13 House: Engrossed by House - floor substitute HB1422H1
01/22/13 House: Read third time and passed House (91-Y 6-N 1-A)
01/22/13 House: VOTE: PASSAGE (91-Y 6-N 1-A)
01/23/13 Senate: Referred to Committee on Education and Health

HB 1444 Medications; administration by certain employees or contract service providers.

Chief patron: O'Bannon

Summary as introduced:
Administration of medications by employees or contract service providers of providers licensed by the Department of Behavioral Health and Developmental Services. Provides that employees of or persons providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services may administer insulin, glucagon, and epinephrine in certain circumstances; provides protection from liability for certain acts related to such administration; and requires the Board of Nursing to promulgate regulations governing training in the administration of epinephrine by persons authorized to administer epinephrine.

01/22/13 House: Impact statement from DPB (HB1444E)
01/22/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/23/13 Senate: Referred to Committee on Education and Health

HB 1463 Tramadol; adds to list of Schedule IV controlled substances.

Chief patron: Yost

Summary as introduced:
Schedule IV controlled substances; tramadol. Adds tramadol, an opiate painkiller, to the list of Schedule IV controlled substances.

12/28/12 House: Referred to Committee on Health, Welfare and Institutions
01/07/13 House: Impact statement from VCSC (HB1463)
01/11/13 House: Assigned HWI sub: #2
01/24/13 House: Subcommittee recommends reporting with amendment(s) (7-Y 0-N)

HB 1468 Public schools; possession & administration of epinephrine by employees of local governing bodies.

Chief patron: Greason

Summary as introduced:
Public schools; possession and administration of epinephrine. Adds employees of local governing bodies and employees of local health departments to the lists of individuals who are permitted to possess and administer epinephrine and not be held liable for civil damages when certain conditions are met. The bill also requires local school boards to include in policies for the possession and administration of epinephrine a provision adding any employee of a local governing body or an employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine to administer the drug to any student believed to be having an anaphylactic reaction.

EMERGENCY

01/23/13 House: Emergency clause added
01/23/13 House: Engrossed by House as amended HB1468E
01/24/13 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

HB 1499 Emergency medical services personnel; administration of medications.

Chief patron: Stolle

Summary as introduced:
Administration of medications. Clarifies the circumstances under which emergency medical services personnel may administer medications and provides that emergency medical services personnel may administer medications pursuant to an oral or written order or standing protocol.

01/22/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/23/13 Senate: Referred to Committee on Education and Health

HB 1501 Pharmacy; collaborative agreements.

Chief patron: O'Bannon

Summary as introduced:
Pharmacy; collaborative agreements. Clarifies parties with whom a pharmacist may enter into a collaborative

agreement; provides that a patient who does not wish to participate in a collaborative procedure must notify the prescriber of his decision; and provides that a prescriber may elect to have a patient not participate in a collaborative agreement by contacting the pharmacist or his designated alternative pharmacist or by documenting his decision on the patient's prescription. The bill also clarifies that collaborative agreements may be in writing or in electronic form.

01/24/13 House: Committee amendments agreed to
01/24/13 House: Engrossed by House as amended HB1501E
01/24/13 House: Printed as engrossed 13100522D-E
01/25/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)

HB 1516 Pharmacies; access to the Prescription Monitoring Program.

Chief patron: Lewis

Summary as introduced:
Pharmacies; access to the Prescription Monitoring Program. Requires every pharmacy permitted by the Board of Pharmacy to ensure that at least one pharmacist who is physically present at the pharmacy shall have access to the Prescription Monitoring Program at all times.

01/03/13 House: Prefiled and ordered printed; offered 01/09/13 13102118D
01/03/13 House: Referred to Committee on Health, Welfare and Institutions
\01/15/13 House: Assigned HWI sub: #1

HB 1564 Drugs; administration by a person to a child in private school.

Chief patron: Orrock

Summary as introduced:
Administration of drugs; private schools, private nursery schools, and private preschools. Provides that nothing shall prevent the administration of drugs by a person to a child in a private nursery school or preschool that is accredited by the Virginia Council for Private Education and exempt from licensure by the Board of Social Services, or in a private school that is accredited by the Virginia Council for Private Education in accordance with standards prescribed by the Board of Education, provided such person has completed an approved training program, obtained written authorization of the parent, and administers drugs dispensed from a pharmacy and maintained in the original labeled container only to the child identified on the prescription label and in accordance with the prescriber's instructions.

01/17/13 House: Read second time and engrossed
01/18/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/21/13 Senate: Referred to Committee on Education and Health

HB 1644 Birth control; definition.

Chief patron: Watts

Summary as introduced:
Birth control; definition. Adds a definition of birth control. "Birth control" means contraceptive methods that are approved by the U.S. Food and Drug Administration. Birth control shall not be considered abortion for the purposes of Title 18.2.

01/07/13 House: Prefiled and ordered printed; offered 01/09/13 13101037D
01/07/13 House: Referred to Committee for Courts of Justice

HB 1666 Professional counselors; establishes minimum education requirements for licensure.

Chief patron: Yost

Summary as introduced:
Licensure of professional counselors. Establishes minimum education requirements for licensure as a professional counselor and provides that an applicant must have received a master's degree from a program in which the primary emphasis is on preparation for the practice of counseling. The bill exempts individuals who meet all other requirements for licensure as a professional counselor related to coursework and completion of a supervised residency by July 1, 2017, from provisions related to completion of a graduate degree.

01/07/13 House: Referred to Committee on Health, Welfare and Institutions
01/11/13 House: Assigned HWI sub: #2
01/24/13 House: Subcommittee recommends reporting with amendment(s) (7-Y 0-N)

HB 1672 Naloxone; administration by unlicensed individual in cases of opiate overdose.

Chief patron: O'Bannon

Summary as introduced:
Naloxone; administration in cases of opiate overdose. Provides that nothing shall prohibit an unlicensed individual from administering naloxone to a person who is experiencing or is about to experience a life-threatening opiate overdose, provided the unlicensed individual has completed a training program approved by the Board of Health. The bill also requires the Board of Health and the Board of Pharmacy to work together with law-enforcement agencies to develop a pilot program for the training of law-enforcement personnel and provision of nasally administered naloxone to law-enforcement personnel for the purpose of enabling law-enforcement personnel to administer naloxone to persons experiencing opiate overdose and to work together with recovery support organizations and other stakeholders to develop a pilot program for the training of members of the public and provision of nasally administered naloxone to members of the public for the purpose of enabling members of the public who have received such training to administer naloxone to persons experiencing opiate overdose.

01/07/13 House: Referred to Committee on Health, Welfare and Institutions
01/11/13 House: Assigned HWI sub: #1

HB 1702 Counseling, Board of; confirmation of appointments by General Assembly.

Chief patron: Carr

Summary as introduced:
Board of Counseling; confirmation of appointments by General Assembly. Provides that all appointments to the Board of Counseling that are made by the Governor shall be subject to confirmation by the General Assembly.

01/08/13 House: Referred to Committee on Privileges and Elections
01/11/13 House: Assigned P & E sub: Appointments
01/11/13 House: Impact statement from DPB (HB1702)
01/24/13 House: Subcommittee recommends reporting (7-Y 0-N)
01/25/13 House: Reported from Privileges and Elections (22-Y 0-N)

HB 1704 Prescription Monitoring Program; disclosure of information to local chief law enforcement officer.

Chief patron: Stolle

Summary as introduced:
Prescription Monitoring Program; disclosure of information to local law enforcement. Adds an agent designated by the chief law-enforcement officer of any county or city to the list of individuals to whom the Department of Health

Professions must disclose information relevant to a specific investigation of a specific recipient or of a specific dispenser or prescriber upon request.

01/22/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/22/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)
01/23/13 Senate: Constitutional reading dispensed
01/23/13 Senate: Referred to Committee on Education and Health
01/24/13 House: Impact statement from DPB (HB1704E)

HB 1778 Mammography; provider must notify patient about dense breast tissue.

Chief patron: Filler-Corn

Summary as introduced:
Mammography results; information about dense breast tissue. Clarifies the conditions under which a mammography services provider must notify a patient of dense breast tissue and adds language to the notice that must be sent to patients under the existing law.

01/24/13 House: Read second time
01/24/13 House: Committee substitute agreed to 13104024D-H1
01/24/13 House: Engrossed by House - committee substitute HB1778H1
01/25/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/25/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

HB 1791 Practitioners; suspension of license, etc., by health regulatory agency.

Chief patron: Garrett

Summary as introduced:
Suspension of license, registration or certificate by a health regulatory agency; practice pending appeal. Prohibits a practitioner of the healing arts whose license, certificate, registration, or permit has been suspended or revoked by a health regulatory board from engaging in practice pending appeal of the board's order.

01/15/13 House: Referred to Committee for Courts of Justice
01/21/13 House: Subcommittee recommends reporting (8-Y 0-N)
01/22/13 House: Assigned Courts sub: #2 Civil
01/23/13 House: Reported from Courts of Justice (17-Y 0-N)
01/25/13 House: Read first time

HB 1876 Sterilization operations; for persons capable of informed consent.

Chief patron: McClellan

Summary as introduced:
Sterilization operations for persons capable of informed consent. Eliminates the requirement for a 30-day waiting period prior to a sterilization operation for persons who are over the age of 18 and capable of giving informed consent who have not previously become the natural or adoptive parent of a child.

01/08/13 House: Referred to Committee on Health, Welfare and Institutions
01/17/13 House: Reported from Health, Welfare and Institutions (21-Y 1-N)
01/17/13 House: Impact statement from DPB (HB1876)
01/18/13 House: Motion to rerefer to committee agreed to
01/18/13 House: Rereferred to Health, Welfare and Institutions

HB 1933 Lyme disease; disclosure of information to patients.

Chief patron: Comstock

Summary as introduced:
Lyme disease; disclosure of information to patients. Requires physicians to provide each patient for whom a test for the presence of Lyme disease is ordered with a notice about Lyme disease, about testing for Lyme disease, and about the need to contact his physician with questions or concerns about Lyme disease.

01/09/13 House: Prefiled and ordered printed; offered 01/09/13 13102771D
01/09/13 House: Referred to Committee on Health, Welfare and Institutions
01/14/13 House: Impact statement from DPB (HB1933)
01/15/13 House: Assigned HWI sub: #1

HB 2120 Health care practitioner, licensed; procedure for physical evidence recovery kit examination.

Chief patron: Herring

Summary as introduced:
Individual incapable of making an informed decision; procedure for physical evidence recovery kit examination. Provides that a licensed health care provider may perform a physical evidence recovery kit examination for a person who is believed to be the victim of a sexual assault and who is incapable of making an informed decision regarding consent to such examination when there is an immediate need to conduct the examination, no legally authorized representative is available to provide consent, and a capacity reviewer provides written certification that the person is incapable of providing informed consent and that the examination should be performed.

01/09/13 House: Referred to Committee on Health, Welfare and Institutions
01/15/13 House: Referred from Health, Welfare and Institutions
01/15/13 House: Referred to Committee for Courts of Justice
01/18/13 House: Impact statement from DPB (HB2120)
01/25/13 House: Assigned Courts sub: #1 Criminal

HB 2136 Methasterone and prostanozol; added to list of Schedule III controlled substances.

Chief patron: Hodges

Summary as introduced:
Adding methasterone and prostanozol to Schedule III. Adds methasterone and prostanozol to Schedule III.

01/22/13 House: Reported from Health, Welfare and Institutions (22-Y 0-N)
01/23/13 House: Read first time
01/24/13 House: Read second time and engrossed
01/25/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/25/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

HB 2161 Nurses; authority to possess and administer oxygen to treat emergeucy medical conditions.

Chief patron: O'Bannon

Summary as introduced:
Nurses; authority to possess and administer oxygen to treat emergency medical conditions. Provides that a prescriber may authorize registered nurses and licensed practical nurses to possess oxygen for administration in treatment of emergency medical conditions.

01/22/13 House: Reported from Health, Welfare and Institutions (22-Y 0-N)
01/23/13 House: Read first time
01/24/13 House: Read second time and engrossed
01/25/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/25/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

HB 2181 Medical equipment suppliers; delivery of sterile water and saline.

Chief patron: Hodges

Summary as introduced:
Medical equipment suppliers; delivery of sterile water and saline. Adds sterile water and saline to the list of prescription drugs and devices that a permitted medical equipment supplier may receive, store, and distribute to a consumer.

01/22/13 House: Reported from Health, Welfare and Institutions (22-Y 0-N)
01/23/13 House: Read first time
01/24/13 House: Read second time and engrossed
01/25/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/25/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

HB 2312 Pharmacies; clarifies definition of compounding, etc.

Chief patron: Jones

Summary as introduced:
Compounding pharmacies. Clarifies the definition of "compounding" and adds a requirement for a current inspection report for registration or renewal of a registration for a nonresident pharmacy.

01/18/13 House: Presented and ordered printed 13103613D
01/18/13 House: Referred to Committee on Health, Welfare and Institutions
01/25/13 House: Impact statement from DPB (HB2312)

HJ 571 JCHC; study of feasibility of developing program of trained primary care personnel.

Chief patron: Hope

Summary as introduced:
JCHC; study of the feasibility of developing a program of trained primary care personnel to extend the reach of primary care services and reduce health care costs in the Commonwealth; report. Directs the Joint Commission on Health Care to study (i) the feasibility of developing and (ii) the potential impacts on access to and the quality and cost of health care resulting from implementation of a program whereby individuals are trained to provide primary health care services through telephone contacts and home visits, in accordance with standardized protocols and under the supervision of a licensed nurse or physician, using the Grande-Aides model or a similar program.

12/18/12 House: Prefiled and ordered printed; offered 01/09/13 13100760D
12/18/12 House: Referred to Committee on Rules
01/16/13 House: Assigned Rules sub: Studies

SB 858 Surgical assistants and surgical technologists; licensure and certification by Board of Medicine.

Chief patron: Blevins

Summary as introduced:
Surgical technologists and surgical assistants. Requires certification for surgical technologists and licensure for surgical assistants, and provides requirements for such certification and licensure. The bill creates the Advisory Board of Surgical Technology and Surgical Assisting to assist the Board of Medicine in the regulation of surgical technologists and surgical assistants.

01/03/13 Senate: Prefiled and ordered printed; offered 01/09/13 13101106D
01/03/13 Senate: Referred to Committee on Education and Health
01/09/13 Senate: Assigned Education sub: Health Professions
01/09/13 Senate: Impact statement from DPB (SB858)

SB 898 Practitioners; Board of Medicine to revoke license of certain (Twomey bill).

Chief patron: Reeves

Summary as introduced:
Board of Medicine; license revocation (Twomey bill). Makes it mandatory for the Board to revoke a license of a practitioner who engages in sexual contact with a patient under certain circumstances and provides that the person whose license has been revoked may not apply for reinstatement for five years. Under current law, revocation is at the Board's discretion and the person may apply for reinstatement after three years.

01/09/13 Senate: Assigned Education sub: Health Professions
01/24/13 Senate: Reported from Education and Health with substitute (15-Y 0-N)
01/24/13 Senate: Committee substitute printed 13103765D-S1
01/25/13 Senate: Constitutional reading dispensed (40-Y 0-N)

SB 950 Practitioners of medicine, etc.; updates terminology in sections governing licensure, etc.

Chief patron: Garrett

Summary as introduced:
Practice of medicine and other healing arts. Updates terminology in sections governing licensure of practitioners of the healing arts, provides for use of electronic communication, and eliminates the Psychiatric Advisory Board.

01/07/13 Senate: Referred to Committee on Education and Health
01/15/13 Senate: Assigned Education sub: Health Professions
01/24/13 Senate: Reported from Education and Health (15-Y 0-N)
01/25/13 Senate: Constitutional reading dispensed (40-Y 0-N)

SB 1250 Prescription Monitoring Program; Board of Pharmacy to identify "drugs of concern".

Chief patron: Puckett

Summary as introduced:
Designation and reporting of drugs of concern. Authorizes the Board of Pharmacy to identify "drugs of concern" and requires prescribers to report prescription drugs of concern to the Prescription Monitoring Program.

01/09/13 Senate: Presented and ordered printed 13103116D
01/09/13 Senate: Referred to Committee on Education and Health
01/15/13 Senate: Assigned Education sub: Health Care

Notice of Periodic Review

Board of Medicine

Pursuant to Executive Order 14 (2010) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Medicine is conducting a periodic review of:

18VAC85-15	Regulations Governing Delegation to an Agency Subordinate
18VAC85-40	Regulations Governing the Practice of Respiratory Care
18VAC85-50	Regulations Governing the Practice of Physician Assistants
18VAC85-80	Regulations Governing the Licensure of Occupational Therapists
18VAC85-101	Regulations Governing the Licensure of Radiologic Technologists and Radiologic Technologists-Limited
18VAC85-110	Regulations for Licensed Acupuncturists
18VAC85-120	Regulations Governing the Licensure of Athletic Trainers
18VAC85-130	Regulations Governing the Practice of Licensed Midwives

The review is part of the **Governor's Regulatory Reform Project with the goal of:**

a. Repealing regulations that are unnecessary or no longer in use;
b. Reducing unnecessary regulatory burdens on individuals, businesses, and other regulated groups; and
c. Identifying statutes that require unnecessary or overly burdensome regulations.

Further, the Board is seeking comment on whether this regulation should be terminated, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

The comment period begins November 5, 2012 and ends on December 5, 2012.

Comments may be submitted online to the Virginia Regulatory Town Hall at:
http://www.townhall.virginia.gov/L/Forums.cfm.
Comments may also be sent to Elaine J. Yeatts, Agency Regulatory Coordinator, Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233 or faxed to (804) 527-4434 or emailed to elaine.yeatts@dhp.virginia.gov.

Following the close of the public comment period, a report of the periodic review will be posted on the Town Hall and published in the Virginia Register of Regulations.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF Radiologic Technology

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-101-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 29 of Title 54.1 of the *Code of Virginia*

Revised Date: December 7, 2011

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804) 367-4600 (TEL)
(804) 527-4426 (FAX)
email: medbd@dhp.virginia.gov

TABLE OF CONTENTS

Part I. General Provisions....43
18VAC85-101-10. Definitions....43
18VAC85-101-20. Public Participation Guidelines....43
18VAC85-101-25. Fees....43
18VAC85-101-26. Current name and address....65
Part II. Licensure Requirements - Radiologist Assistants....65
18VAC85-101-27. Educational requirements for radiologist assistants....65
18VAC85-101-28. Licensure requirements....65
Part III. Licensure Requirements - Radiologic Technologist....75
18VAC85-101-30. Educational requirements for radiologic technologists....75
18VAC85-101-40. Licensure requirements....76
18VAC85-101-50. Traineeship for unlicensed graduate....76
Part IV. Licensure Requirements - Radiologic Technologist-Limited....76
18VAC85-101-55. Educational requirements for radiologic technologists-limited....76
18VAC85-101-60. Licensure requirements....87
18VAC85-101-61. Traineeship for an applicant for licensure as a radiologic technologist-limited. 109
18VAC85-101-70 to 18VAC85-101-90. (Repealed.)....109
Part V. Practice of Radiologist Assistants....109
18VAC85-101-91. General requirements....109
18VAC85-101-92. Supervision of radiologist assistants....11109
Part VI. Practice of Radiologic Technologists....1110
18VAC85-101-100. General requirements....1110
18VAC85-101-110. Individual responsibilities to patients and to licensed doctor of medicine, osteopathy, chiropractic, or podiatry....1110
18VAC85-101-120. Supervisory responsibilities....1110
Part VII. Practice of Radiologic Technologist-Limited....1210
18VAC85-101-130. General requirements....1210
18VAC85-101-140. Individual responsibilities to patients and licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic, or podiatry....1211
18VAC85-101-145. Registration for voluntary practice by out-of-state licensees....1211
Part VIII. Renewal of Licensure....1311
18VAC85-101-150. Biennial renewal of license....1311
18VAC85-101-151. Reinstatement....14132
18VAC85-101-152. Inactive license....1413
18VAC85-101-153. Restricted volunteer license....1513
18VAC85-101-160. [Repealed]....1514
Part IX. Standards of Professional Conduct....1514
18VAC85-101-161. Confidentiality....1514
18VAC85-101-162. Patient records....1514
18VAC85-101-163. Practitioner-patient communication....1614
18VAC85-101-164. Practitioner responsibility....16154
18VAC85-101-165. Sexual contact....1615
18VAC85-101-166. Refusal to provide information....1716

Part I. General Provisions.

18VAC85-101-10. Definitions.

In addition to definitions in § 54.1-2900 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"ACRRT" means the American Chiropractic Registry of Radiologic Technologists.

"ARRT" means the American Registry of Radiologic Technologists.

"Bone densitometry" means a process for measuring bone mineral density by utilization of single x-ray absorptiometry (SXA), dual x-ray absorptiometry (DXA) or other technology that is substantially equivalent as determined by the board.

"Direct supervision" means that a licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic or podiatry is present and is fully responsible for the activities performed by radiologic personnel, with the exception of radiologist assistants.

"Direction" means the delegation of radiologic functions to be performed upon a patient from a licensed doctor of medicine, osteopathy, chiropractic, or podiatry, to a licensed radiologic technologist or a radiologic technologist-limited for a specific purpose and confined to a specific anatomical area, that will be performed under the direction of and in continuing communication with the delegating practitioner.

"ISCD" means the International Society for Clinical Densitometry.

"Radiologist" means a doctor of medicine or osteopathic medicine specialized by training and practice in radiology.

" R.T.(R)" means a person who is currently certified by the ARRT as a radiologic technologist with certification in radiography.

"Traineeship" means a period of activity during which an applicant for licensure as a radiologic technologist works under the direct supervision of a practitioner approved by the board while waiting for the results of the licensure examination or an applicant for licensure as a radiologic technologist-limited working under direct supervision and observation to fulfill the practice requirements in 18VAC85-101-60.

18VAC85-101-20. Public Participation Guidelines.

18VAC85-10-10 et seq., Regulations Governing Public Participation Guidelines, provide for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18VAC85-101-25. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Initial licensure fees.

1. The application fee for radiologic technologist or radiologist assistant licensure shall be $130.

2. The application fee for the radiologic technologist-limited licensure shall be $90.

3. All examination fees shall be determined by and made payable as designated by the board.

C. Licensure renewal and reinstatement for a radiologic technologist or a radiologist assistant.

1. The fee for active license renewal for a radiologic technologist shall be $135, and the fee for inactive license renewal shall be $70. If a radiologist assistant holds a current license as a radiologic technologist, the renewal fee shall be $50. If a radiologist assistant does not hold a current license as a radiologic technologist, the renewal fee shall be $150.

2. An additional fee of $50 to cover administrative costs for processing a late renewal application within one renewal cycle shall be imposed by the board.

3. The fee for reinstatement of a radiologic technologist or a radiologist assistant license that has lapsed for a period of two years or more shall be $180 and shall be submitted with an application for licensure reinstatement.

4. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be $2,000.

D. Licensure renewal and reinstatement for a radiologic technologist-limited.

1. The fee for active license renewal shall be $70, and the fee for inactive license renewal shall be $35.

2. An additional fee of $25 to cover administrative costs for processing a late renewal application within one renewal cycle shall be imposed by the board.

3. The fee for reinstatement of a license that has lapsed for a period of two years or more shall be $120 and shall be submitted with an application for licensure reinstatement.

4. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be $2,000.

E. Other fees.

1. The application fee for a traineeship as a radiologic technologist or a radiologic technologist-limited shall be $25.

2. The fee for a letter of good standing or verification to another state for licensure shall be $10; the fee for certification of scores to another jurisdiction shall be $25.

3. The fee for a returned check shall be $35.

4. The fee for a duplicate license shall be $5.00, and the fee for a duplicate wall certificate shall be $15.

18VAC85-101-26. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter given by the board to any such licensee shall be validly given when mailed to the latest address of record provided or served to the licensee. Any change of name or address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

Part II. Licensure Requirements - Radiologist Assistants.

18VAC85-101-27. Educational requirements for radiologist assistants.

An applicant for licensure as a radiologist assistant shall be a graduate of an educational program that is currently recognized by the ARRT for the purpose of allowing an applicant to sit for the ARRT certification examination leading to the Registered Radiologist Assistant credential.

18VAC85-101-28. Licensure requirements.

A. An applicant for licensure as a radiologist assistant shall:

1. Meet the educational requirements specified in 18VAC85-101-27;

2. Submit the required application, fee, and credentials to the board;

3. Hold certification by the ARRT as an R.T.(R) or be licensed in Virginia as a radiologic technologist;

4. Submit evidence of passage of an examination for radiologist assistants resulting in national certification as an Registered Radiologist Assistant by the ARRT; and

5. Hold current certification in Advanced Cardiac Life Support (ACLS).

B. If an applicant has been licensed or certified in another jurisdiction as a radiologist assistant or a radiologic technologist, he shall provide information on the status of each license or certificate held.

C. An applicant who fails the ARRT examination for radiologist assistants shall follow the policies and procedures of the ARRT for successive attempts.

Part III. Licensure Requirements - Radiologic Technologist.

18VAC85-101-30. Educational requirements for radiologic technologists.

An applicant for licensure as a radiologic technologist shall be a graduate of an educational program acceptable to the ARRT for the purpose of sitting for the ARRT certification examination.

18VAC85-101-40. Licensure requirements.

A. An applicant for board licensure shall:

1. Meet the educational requirements specified in 18VAC85-101-30;

2. Submit the required application, fee, and credentials to the board; and

3. Submit evidence of passage of the ARRT certification examination with a minimum passing score acceptable to the board.

Comment [e1]: Nuclear Medicine technologists primarily take the NMTCB exam (which is recognized by the ARRT as equivalent) but they are also eligible to take the ARRT exam. Recommend adding "or NMTCB". I imagine this also means that the definitions would need to be adjusted.

B. If an applicant has been licensed or certified in another jurisdiction, he shall provide information on the status of each license or certificate held and verification from that jurisdiction of any current, unrestricted license.

C. An applicant who fails the ARRT examination shall follow the policies and procedures of the ARRT for successive attempts.

Comment [e2]: Same as previous comment

18VAC85-101-50. Traineeship for unlicensed graduate.

A. An applicant who is an unlicensed graduate of an ARRT acceptable program may be employed as a trainee under the direct supervision of a licensed radiologic technologist, or doctor of medicine, osteopathy, chiropractic, or podiatry.

B. The graduate shall submit an application for a traineeship to the board for review and approval by the Chairman of the Advisory Board on Radiological Technology or his designee.

C. The traineeship shall terminate 14 working days after receipt by the candidate of the licensure examination results. The unlicensed graduate may reapply for a new traineeship while awaiting to take the next examination.

D. An unlicensed graduate may serve in a traineeship for a period not to exceed two years or through three unsuccessful attempts of the licensure examination, whichever comes first. After such time, the graduate shall apply to the Advisory Board on Radiological Technology for approval to continue in practice as a trainee.

Part IV. Licensure Requirements - Radiologic Technologist-Limited.

18VAC85-101-55. Educational requirements for radiologic technologists-limited.

A. An applicant for licensure as a radiologic technologist-limited shall be trained by one of the following:

1. Successful completion of a program of educational coursework that is directed by a radiologic technologist with a bachelor's degree and current ARRT certification, has instructors who are licensed radiologic technologists or doctors of medicine or osteopathic medicine who are board-certified in radiology, and has a minimum of the following coursework:

Comment [e3]: I'm concerned about the term "program" because we definitely have students who are/were in a Radiography program who qualify for limited license by virtue of successfully completing the coursework. They're not in a RT limited program but are eligible to take the limited license test.

a. Image production/equipment operation —25 clock hours;

b. Radiation protection —15 clock hours; and

c. Radiographic procedures in the anatomical area of the radiologic technologist-limited's practice —10 clock hours taught by a radiologic technologist with current ARRT certification or a licensed doctor of medicine, osteopathy, podiatry or chiropractic;

2. An ACRRT-approved program;

3. The ISCD certification course for bone densitometry; or

4. Any other program acceptable to the board.

B. A radiologic technologist-limited who has been trained through the ACRRT-approved program or the ISCD certification course and who also wishes to be authorized to perform x-rays in other anatomical areas shall meet the requirements of subdivision A 1 of this section.

18VAC85-101-60. Licensure requirements.

A. An applicant for licensure by examination as a radiologic technologist-limited shall submit:

1. The required application and fee as prescribed by the board;

2. Evidence of successful completion of an examination as required in this section; and

3. Evidence of completion of training as required in 18VAC85-101-55.

B. To qualify for limited licensure to practice under the direction of a doctor of medicine or osteopathic medicine with the exception of practice in bone densitometry, the applicant shall:

1. Provide evidence that he has received a passing score as determined by the board on the core section of the ARRT examination for Limited Scope of Practice in Radiography;

2. Meet one of the following requirements:

a. Provide evidence that he has received a passing score as determined by the board on the section of the ARRT examination on specific radiographic procedures, depending on the anatomical areas in which the applicant intends to practice; or

b. Until the ARRT offers an examination for limited licensure in the radiographic procedures of the abdomen and pelvis, the applicant may qualify for a limited license by submission of a notarized statement from a licensed radiologic technologist or doctor of medicine or osteopathy attesting to the applicant's training and competency to practice in that anatomical area as follows:

(1) To perform radiographic procedures on the abdomen or pelvis, the applicant shall have successfully performed during the traineeship at least 25 radiologic examinations of the abdomen or pelvis on patients under the direct supervision and observation of a licensed radiologic technologist

or a doctor of medicine or osteopathy. The notarized statement shall further attest to the applicant's competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors. Simulated examinations are not acceptable.

(2) When a section is added to the limited license examination by the ARRT that includes the abdomen and pelvis, the applicant shall provide evidence that he has received a passing score on that portion of the examination as determined by the board; and

3. Provide evidence of baving successfully performed in a traineeship at least 10 radiologic examinations on patients in the anatomical area for which he is seeking licensure under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy. A notarized statement from the supervising practitioner shall attest to the applicant's competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors. Simulated examinations are not acceptable.

C. To qualify for limited licensure to practice in bone densitometry under the direction of a doctor of medicine, osteopathy, or chiropractic, the applicant shall either:

1. Provide evidence that he has received a passing score as determined by the board on the core section of the ARRT examination for Limited Scope of Practice in Radiography; and

a. The applicant shall provide a notarized statement from a licensed radiologic technologist or doctor of medicine, osteopathy, or chiropractic attesting to the applicant's training and competency to practice in that anatomical area. The applicant shall have successfully performed, on patients, at least 10 examinations for bone density under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy. Simulated examinations are not acceptable.; or

b. When a section is added to the limited license examination by the ARRT that includes bone densitometry, the applicant shall provide evidence that he has received a passing score on that portion of the examination as determined by the board; or

2. Provide evidence that he has taken and passed an examination resulting in certification in bone densitometry from the ISCD or any other substantially equivalent credential acceptable to the board.

D. To qualify for a limited license in the anatomical areas of the spine or extremities or in bone densitometry to practice under the direction of a doctor of chiropractic, the applicant shall provide evidence that he has met the appropriate requirements of subsection B, taken and passed the appropriate requirements of subsection C for bone densitometry only, or taken and passed an examination by the ACRRT.

Comment [e4]: I'm not aware that the ACRRT exam includes bone densitometry (although I can't get my hands on the exam's content specifications). Since section C (just above) includes chiropractic practice, I think we can omit the reference in this section to bone densitometry.

E. To qualify for a limited license in the anatomical area of the foot and ankle to practice under the direction of a doctor of podiatry, the applicant shall provide evidence that he has taken and passed an examination acceptable to the board.

F. An applicant who fails the examination shall be allowed two more attempts to pass the examination after which he shall reapply and take additional educational hours which meet the criteria of 18VAC85-101-70.

18VAC85-101-61. Traineeship for an applicant for licensure as a radiologic technologist-limited.

A. An applicant who is seeking licensure as a radiologic technologist-limited may be employed as a trainee under the direct supervision of a licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic or podiatry.

B. The person shall submit an application for a traineeship to the board for review and approval by the Chairman of the Advisory Board on Radiological Technology or his designee.

C. The traineeship shall terminate 14 working days after receipt by the candidate of the licensure examination results or~~, if training for limited licensure in bone densitometry or abdomen and pelvis,~~ 14 working days after completion of the required number of radiologic examinations~~procedures~~. The trainee may reapply for a new traineeship while waiting to take the next examination or for satisfactory completion of the required number of procedures.

Comment [e5]: Under B3 in the previous section, it indicates that the 10 exams for the standard categories are performed in a traineeship, so I think we can omit this statement and make the sentence more inclusive.

18VAC85-101-70 to 18VAC85-101-90. (Repealed.)

Part V. Practice of Radiologist Assistants.

18VAC85-101-91. General requirements.

A. A licensed radiologist assistant is authorized to:

1. Assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures;

2. Perform patient assessment, and assist in patient management and patient education;

3. Evaluate image quality, make initial observations, and communicate observations to the supervising radiologist;

4. Administer contrast media or other medications prescribed by the supervising radiologist; and

5. Perform, or assist the supervising radiologist in performing, imaging procedures consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

B. A licensed radiologist assistant is not authorized to:

1. Provide official interpretation of imaging studies; or

2. Dispense or prescribe medications.

18VAC85-101-92. Supervision of radiologist assistants.

A radiologist assistant shall practice under the direct supervision of a radiologist. Direct supervision shall mean that the radiologist is present in the facility and immediately available to assist and direct

the performance of a procedure by a radiologist assistant. The supervising radiologist may determine that direct supervision requires his physical presence for the performance of certain procedures, based on factors such as the complexity or invasiveness of the procedure and the experience and expertise of the radiologist assistant.

Part VI. Practice of Radiologic Technologists.

18VAC85-101-100. General requirements.

A. All services rendered by a radiologic technologist shall be performed only upon direction of a licensed doctor of medicine, osteopathy, chiropractic, or podiatry.

B. Licensure as a radiologic technologist is not required for persons who are employed by a licensed hospital pursuant to §54.1-2956.8:1 of the Code of Virginia.

18VAC85-101-110. Individual responsibilities to patients and to licensed doctor of medicine, osteopathy, chiropractic, or podiatry.

A. The radiologic technologist's responsibilities are to administer and document procedures within the limit of his professional knowledge, judgment and skills.

B. A radiologic technologist shall maintain continuing communication with the delegating practitioner.

18VAC85-101-120. Supervisory responsibilities.

A. A radiologic technologist shall supervise no more than four radiologic technologists-limited or three trainees at any one time.

B. A radiologic technologist shall be responsible for any action of persons performing radiologic functions under the radiologic technologist's supervision or direction.

C. A radiologic technologist may not delegate radiologic procedures to any unlicensed personnel except those activities that are available without prescription in the public domain to include but not limited to preparing the patient for radiologic procedures and post radiologic procedures. Such nonlicensed personnel shall not perform those patient care functions that require professional judgment or discretion.

Part VII. Practice of Radiologic Technologist-Limited.

18VAC85-101-130. General requirements.

A. A radiologic technologist-limited is permitted to perform radiologic functions within his capabilities and the anatomical limits of his training and examination. A radiologic technologist-limited is responsible for informing the board of the anatomical area or areas in which he is qualified by training and examination to practice.

Comment [e6]: Wouldn't the board already know this?

B. A radiologic technologist-limited shall not ~~instill~~ administer contrast media or radiopharmaceuticals during radiologic examinations or perform mammography, fluoroscopic procedures, computerized tomography, or vascular-interventional procedures. The radiologic technologist-limited is responsible to a licensed radiologic technologist, or doctor of medicine, osteopathy, chiropractic, or podiatry.

18VAC85-101-140. Individual responsibilities to patients and licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic, or podiatry.

A. The radiologic technologist-limited's procedure with the patient shall only be made after verbal or written communication, or both, with the licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic, or podiatry.

B. The radiologic technologist-limited's procedures shall be made under direct supervision.

C. A radiologic technologist-limited, acting within the scope of his practice, may delegate nonradiologic procedures to an unlicensed person, including but not limited to preparing the patient for radiologic procedures and post radiologic procedures. Such nonlicensed personnel shall not perform those patient care functions that require professional judgment or discretion.

18VAC85-101-145. Registration for voluntary practice by out-of-state licensees.

Any radiologist assistant, radiologic technologist or radiologic technologist-limited who does not hold a license to practice in Virginia and who seeks registration to practice under subdivision 27 of §54.1-2901 of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;

2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;

3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;

4. Pay a registration fee of $10; and

5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of §54.1-2901 of the Code of Virginia.

Part VIII. Renewal of Licensure.

18VAC85-101-150. Biennial renewal of license.

A. A radiologist assistant, radiologic technologist or radiologic technologist-limited who intends to continue practice shall renew his license biennially during his birth month in each odd-numbered year and pay to the board the prescribed renewal fee.

B. A license that has not been renewed by the first day of the month following the month in which renewal is required shall be expired.

C. An additional fee as prescribed in 18VAC85-101-25 shall be imposed by the board.

D. In order to renew an active license as a radiologic technologist, a licensee shall attest to having completed 24 hours of continuing education as acceptable to the ARRT within the last biennium.

E. In order to renew an active license as a radiologic technologist-limited, a licensee shall attest to having completed 12 hours of continuing education within the last biennium that corresponds to the anatomical areas in which the limited licensee practices. Hours shall be acceptable to the ARRT, or by the ACRRT for limited licensees whose scope of practice is chiropractic, or by any other entity approved by the board for limited licensees whose scope of practice is podiatry or bone densitometry.

F. In order to renew an active license as a radiologist assistant, a licensee shall attest to having completed 50 hours of continuing education as acceptable to the ARRT within the last biennium. A minimum of 25 hours of continuing education shall be recognized by the ARRT as intended for radiologist assistants or radiologists and shall be specific to the radiologist assistant's area of practice. Continuing education hours earned for renewal of a radiologist assistant license shall satisfy the requirements for renewal of a radiologic technologist license.

G. Other provisions for continuing education shall be as follows:

1. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.

2. The practitioner shall retain in his records the Continued Competency Activity and Assessment Form available on the board's website with all supporting documentation for a period of four years following the renewal of an active license.

3. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

4. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

5. The board may grant an extension of the deadline for satisfying continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

6. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC85-101-151. Reinstatement.

A. A licensee who allows his license to lapse for a period of two years or more and chooses to resume his practice shall submit to the board a new application, information on practice and licensure in other jurisdictions during the period in which the license was lapsed, evidence of completion of hours of continuing education equal to those required for a biennial renewal and the fees for reinstatement of his license as prescribed in 18VAC85-101-25.

B. A licensee whose license has been revoked by the board and who wishes to be reinstated shall submit a new application to the board, fulfill additional requirements as specified in the order from the board, and pay the fee for reinstatement of his license as prescribed in 18VAC85-101-25.

18VAC85-101-152. Inactive license.

A. A licensed radiologist assistant, radiologic technologist or radiologic technologist-limited who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be required to maintain continuing education hours and shall not be entitled to perform any act requiring a license to practice radiography in Virginia.

B. To reactivate an inactive license, a licensee shall:

1. Submit the required application;

2. Pay a fee equal to the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure; and

3. Verify that he has completed continuing education hours equal to those required for the period in which he held an inactive license in Virginia, not to exceed one biennium.

C. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of §54.1-2914 of the Code of Virginia or any provisions of this chapter.

18VAC85-101-153. Restricted volunteer license.

A. A licensed radiologist assistant, radiologic technologist or a radiologic technologist-limited who held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or became inactive may be issued a restricted volunteer license to practice without compensation in a clinic that is organized in whole or in part for the delivery of health care services without charge in accordance with §54.1-106 of the Code of Virginia.

000026

B. To be issued a restricted volunteer license, a licensee shall submit an application to the board that documents compliance with requirements of §54.1-2928.1 of the Code of Virginia and the application fee prescribed in 18VAC85-101-25.

C. The licensee who intends to continue practicing with a restricted volunteer license shall renew biennially during his birth month, meet the continued competency requirements prescribed in subsection D of this section, and pay to the board the renewal fee prescribed in 18VAC85-101-25.

D. The holder of a restricted volunteer license shall not be required to attest to hours of continuing education for the first renewal of such a license. For each renewal thereafter, a licensed radiologic technologist shall attest to having completed 12 hours of Category A continuing education as acceptable to and documented by the ARRT within the last biennium. A radiologic technologist-limited shall attest to having completed six hours of Category A continuing education within the last biennium that corresponds to the anatomical areas in which the limited licensee practices. Hours shall be acceptable to and documented by the ARRT or by any other entity approved by the board for limited licensees whose scope of practice is podiatry or bone densitometry.

18VAC85-101-160. [Repealed]

Part IX. Standards of Professional Conduct.

18VAC85-101-161. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-101-162. Patient records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 related to the confidentiality and disclosure of patient records.

B. Practitioners shall properly manage patient records and shall maintain timely, accurate, legible and complete records.

C. Practitioners shall maintain a patient record in accordance with policies and procedures of the employing institution or entity.

18VAC85-101-163. Practitioner-patient communication.

A. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

B. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure prescribed or directed by the practitioner in the treatment of any disease or condition.

C. A practitioner shall refer to or consult with other health care professionals, if so indicated.

D. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

18VAC85-101-164. Practitioner responsibility.

A practitioner shall not:

1. Perform procedures or techniques or provide interpretations that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or their area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 3 of this section.

18VAC85-101-165. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior which:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or

2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.
1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient.

Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean: spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a practitioner and a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-101-166. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF Radiologic Technology

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-101-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 29 of Title 54.1 of the *Code of Virginia*

Periodic review – Regulatory Reform Project

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804) 367-4600 (TEL)
(804) 527-4426 (FAX)
email: medbd@dhp.virginia.gov

TABLE OF CONTENTS

Part I. General Provisions....3
18VAC85-101-10. Definitions....3
18VAC85-101-20. Public Participation Guidelines....3
18VAC85-101-25. Fees....3
18VAC85-101-26. Current name and address....5
Part II. Licensure Requirements - Radiologist Assistants....5
18VAC85-101-27. Educational requirements for radiologist assistants....5
18VAC85-101-28. Licensure requirements....5
Part III. Licensure Requirements - Radiologic Technologist....5
18VAC85-101-30. Educational requirements for radiologic technologists....5
18VAC85-101-40. Licensure requirements....6
18VAC85-101-50. Traineeship for unlicensed graduate....6
Part IV. Licensure Requirements - Radiologic Technologist-Limited....6
18VAC85-101-55. Educational requirements for radiologic technologists-limited....6
18VAC85-101-60. Licensure requirements....7
18VAC85-101-61. Traineeship for an applicant for licensure as a radiologic technologist-limited....9
18VAC85-101-70 to 18VAC85-101-90. (Repealed.)....9
Part V. Practice of Radiologist Assistants....9
18VAC85-101-91. General requirements....9
18VAC85-101-92. Supervision of radiologist assistants....10
Part VI. Practice of Radiologic Technologists....10
18VAC85-101-100. General requirements....10
18VAC85-101-110. Individual responsibilities to patients and to licensed doctor of medicine, osteopathy, chiropractic, or podiatry....10
18VAC85-101-120. Supervisory responsibilities....10
Part VII. Practice of Radiologic Technologist-Limited....10
18VAC85-101-130. General requirements....10
18VAC85-101-140. Individual responsibilities to patients and licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic, or podiatry....11
18VAC85-101-145. Registration for voluntary practice by out-of-state licensees....11
Part VIII. Renewal of Licensure....11
18VAC85-101-150. Biennial renewal of license....11
18VAC85-101-151. Reinstatement....13
18VAC85-101-152. Inactive license....13
18VAC85-101-153. Restricted volunteer license....13
18VAC85-101-160. [Repealed]....14
Part IX. Standards of Professional Conduct....14
18VAC85-101-161. Confidentiality....14
18VAC85-101-162. Patient records....14
18VAC85-101-163. Practitioner-patient communication....14
18VAC85-101-164. Practitioner responsibility....15
18VAC85-101-165. Sexual contact....15
18VAC85-101-166. Refusal to provide information....16

Part I. General Provisions.

18VAC85-101-10. Definitions.

In addition to definitions in § 54.1-2900 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"ACRRT" means the American Chiropractic Registry of Radiologic Technologists.

"ARRT" means the American Registry of Radiologic Technologists.

"Bone densitometry" means a process for measuring bone mineral density by utilization of single x-ray absorptiometry (SXA), dual x-ray absorptiometry (DXA) or other technology that is substantially equivalent as determined by the board.

"Direct supervision" means that a licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic or podiatry is present and is fully responsible for the activities performed by radiologic personnel, with the exception of radiologist assistants.

"Direction" means the delegation of radiologic functions to be performed upon a patient from a licensed doctor of medicine, osteopathy, chiropractic, or podiatry, to a licensed radiologic technologist or a radiologic technologist-limited for a specific purpose and confined to a specific anatomical area, that will be performed under the direction of and in continuing communication with the delegating practitioner.

"ISCD" means the International Society for Clinical Densitometry.

"NMTCB" means Nuclear Medicine Technology Certification Board.

"Radiologist" means a doctor of medicine or osteopathic medicine specialized by training and practice in radiology.

" R.T.(R)" means a person who is currently certified by the ARRT as a radiologic technologist with certification in radiography.

"Traineeship" means a period of activity during which an applicant for licensure as a radiologic technologist works under the direct supervision of a practitioner approved by the board while waiting for the results of the licensure examination or an applicant for licensure as a radiologic technologist-limited working under direct supervision and observation to fulfill the practice requirements in 18VAC85-101-60.

18VAC85-101-20. Public Participation Guidelines.

18VAC85-10-10 et seq., Regulations Governing Public Participation Guidelines, provide for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18VAC85-101-25. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Initial licensure fees.

1. The application fee for radiologic technologist or radiologist assistant licensure shall be $130.

2. The application fee for the radiologic technologist-limited licensure shall be $90.

3. All examination fees shall be determined by and made payable as designated by the board.

C. Licensure renewal and reinstatement for a radiologic technologist or a radiologist assistant.

1. The fee for active license renewal for a radiologic technologist shall be $135, and the fee for inactive license renewal shall be $70. If a radiologist assistant holds a current license as a radiologic technologist, the renewal fee shall be $50. If a radiologist assistant does not hold a current license as a radiologic technologist, the renewal fee shall be $150.

2. An additional fee of $50 to cover administrative costs for processing a late renewal application within one renewal cycle shall be imposed by the board.

3. The fee for reinstatement of a radiologic technologist or a radiologist assistant license that has lapsed for a period of two years or more shall be $180 and shall be submitted with an application for licensure reinstatement.

4. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be $2,000.

D. Licensure renewal and reinstatement for a radiologic technologist-limited.

1. The fee for active license renewal shall be $70, and the fee for inactive license renewal shall be $35.

2. An additional fee of $25 to cover administrative costs for processing a late renewal application within one renewal cycle shall be imposed by the board.

3. The fee for reinstatement of a license that has lapsed for a period of two years or more shall be $120 and shall be submitted with an application for licensure reinstatement.

4. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be $2,000.

E. Other fees.

1. The application fee for a traineeship as a radiologic technologist or a radiologic technologist-limited shall be $25.

2. The fee for a letter of good standing or verification to another state for licensure shall be $10; the fee for certification of scores to another jurisdiction shall be $25.

3. The fee for a returned check shall be $35.

4. The fee for a duplicate license shall be $5.00, and the fee for a duplicate wall certificate shall be $15.

18VAC85-101-26. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter given by the board to any such licensee shall be validly given when mailed to the latest address of record provided or served to the licensee. Any change of name or address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

Part II. Licensure Requirements - Radiologist Assistants.

18VAC85-101-27. Educational requirements for radiologist assistants.

An applicant for licensure as a radiologist assistant shall be a graduate of an educational program that is currently recognized by the ARRT for the purpose of allowing an applicant to sit for the ARRT certification examination leading to the Registered Radiologist Assistant credential.

18VAC85-101-28. Licensure requirements.

A. An applicant for licensure as a radiologist assistant shall:

1. Meet the educational requirements specified in 18VAC85-101-27;

2. Submit the required application, fee, and credentials to the board;

3. Hold certification by the ARRT as an R.T.(R) or be licensed in Virginia as a radiologic technologist;

4. Submit evidence of passage of an examination for radiologist assistants resulting in national certification as an Registered Radiologist Assistant by the ARRT; and

5. Hold current certification in Advanced Cardiac Life Support (ACLS).

B. If an applicant has been licensed or certified in another jurisdiction as a radiologist assistant or a radiologic technologist, he shall provide information on the status of each license or certificate held.

C. An applicant who fails the ARRT examination for radiologist assistants shall follow the policies and procedures of the ARRT for successive attempts.

Part III. Licensure Requirements - Radiologic Technologist.

18VAC85-101-30. Educational requirements for radiologic technologists.

An applicant for licensure as a radiologic technologist shall be a graduate of an educational program acceptable to the ARRT for the purpose of sitting for the ARRT certification examination.

18VAC85-101-40. Licensure requirements.

A. An applicant for board licensure shall:

1. Meet the educational requirements specified in 18VAC85-101-30;

2. Submit the required application, fee, and credentials to the board; and

3. Submit evidence of passage of the ARRT or the NMTCB certification examination with a minimum passing score acceptable to the board.

B. If an applicant has been licensed or certified in another jurisdiction, he shall provide information on the status of each license or certificate held and verification from that jurisdiction of any current, unrestricted license.

C. An applicant who fails the ARRT or the NMTCB examination shall follow the policies and procedures of the ~~ARRT~~ certifying body for successive attempts.

18VAC85-101-50. Traineeship for unlicensed graduate.

A. An applicant who is an unlicensed graduate of an ARRT acceptable program may be employed as a trainee under the direct supervision of a licensed radiologic technologist, or doctor of medicine, osteopathy, chiropractic, or podiatry.

B. The graduate shall submit an application for a traineeship to the board for review and approval by the Chairman of the Advisory Board on Radiological Technology or his designee.

C. The traineeship shall terminate 14 working days after receipt by the candidate of the licensure examination results. The unlicensed graduate may reapply for a new traineeship while awaiting to take the next examination.

D. An unlicensed graduate may serve in a traineeship for a period not to exceed two years or through three unsuccessful attempts of the licensure examination, whichever comes first. After such time, the graduate shall apply to the Advisory Board on Radiological Technology for approval to continue in practice as a trainee.

Part IV. Licensure Requirements - Radiologic Technologist-Limited.

18VAC85-101-55. Educational requirements for radiologic technologists-limited.

A. An applicant for licensure as a radiologic technologist-limited shall be trained by one of the following:

1. Successful completion of ~~a program~~ educational coursework that is directed by a radiologic technologist with a bachelor's degree and current ARRT certification, has instructors who are

licensed radiologic technologists or doctors of medicine or osteopathic medicine who are board-certified in radiology, and has a minimum of the following coursework:

a. Image production/equipment operation —25 clock hours;

b. Radiation protection —15 clock hours; and

c. Radiographic procedures in the anatomical area of the radiologic technologist-limited's practice —10 clock hours taught by a radiologic technologist with current ARRT certification or a licensed doctor of medicine, osteopathy, podiatry or chiropractic;

2. An ACRRT-approved program;

3. The ISCD certification course for bone densitometry; or

4. Any other program acceptable to the board.

B. A radiologic technologist-limited who has been trained through the ACRRT-approved program or the ISCD certification course and who also wishes to be authorized to perform x-rays in other anatomical areas shall meet the requirements of subdivision A 1 of this section.

18VAC85-101-60. Licensure requirements.

A. An applicant for licensure by examination as a radiologic technologist-limited shall submit:

1. The required application and fee as prescribed by the board;

2. Evidence of successful completion of an examination as required in this section; and

3. Evidence of completion of training as required in 18VAC85-101-55.

B. To qualify for limited licensure to practice under the direction of a doctor of medicine or osteopathic medicine with the exception of practice in bone densitometry, the applicant shall:

1. Provide evidence that he has received a passing score as determined by the board on the core section of the ARRT examination for Limited Scope of Practice in Radiography;

2. Meet one of the following requirements:

a. Provide evidence that he has received a passing score as determined by the board on the section of the ARRT examination on specific radiographic procedures, depending on the anatomical areas in which the applicant intends to practice; or

b. Until the ARRT offers an examination for limited licensure in the radiographic procedures of the abdomen and pelvis, the applicant may qualify for a limited license by submission of a notarized statement from a licensed radiologic technologist or doctor of medicine or osteopathy attesting to the applicant's training and competency to practice in that anatomical area as follows:

(1) To perform radiographic procedures on the abdomen or pelvis, the applicant shall have successfully performed during the traineeship at least 25 radiologic examinations of the abdomen or pelvis under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy. The notarized statement shall further attest to the applicant's competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

(2) When a section is added to the limited license examination by the ARRT that includes the abdomen and pelvis, the applicant shall provide evidence that he has received a passing score on that portion of the examination as determined by the board; and

3. Provide evidence of having successfully performed in a traineeship at least 10 radiologic examinations in the anatomical area for which he is seeking licensure under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy. A notarized statement from the supervising practitioner shall attest to the applicant's competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

C. To qualify for limited licensure to practice in bone densitometry under the direction of a doctor of medicine, osteopathy, or chiropractic, the applicant shall either:

1. Provide evidence that he has received a passing score as determined by the board on the core section of the ARRT examination for Limited Scope of Practice in Radiography; and

a. The applicant shall provide a notarized statement from a licensed radiologic technologist or doctor of medicine, osteopathy, or chiropractic attesting to the applicant's training and competency to practice in that anatomical area. The applicant shall have successfully performed at least 10 examinations for bone density under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy; or

b. When a section is added to the limited license examination by the ARRT that includes bone densitometry, the applicant shall provide evidence that he has received a passing score on that portion of the examination as determined by the board; or

2. Provide evidence that he has taken and passed an examination resulting in certification in bone densitometry from the ISCD or any other substantially equivalent credential acceptable to the board.

D. To qualify for a limited license in the anatomical areas of the spine or extremities or in bone densitometry to practice under the direction of a doctor of chiropractic, the applicant shall provide evidence that he has met the appropriate requirements of subsection B, taken and passed the appropriate requirements of subsection C for bone densitometry only, or taken and passed an examination by the ACRRT.

E. To qualify for a limited license in the anatomical area of the foot and ankle to practice under the direction of a doctor of podiatry, the applicant shall provide evidence that he has taken and passed an examination acceptable to the board.

F. An applicant who fails the examination shall be allowed two more attempts to pass the examination after which he shall reapply and take additional educational hours which meet the criteria of 18VAC85-101-70.

18VAC85-101-61. Traineeship for an applicant for licensure as a radiologic technologist-limited.

A. An applicant who is seeking licensure as a radiologic technologist-limited may be employed as a trainee under the direct supervision of a licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic or podiatry.

B. The person shall submit an application for a traineeship to the board for review and approval by the Chairman of the Advisory Board on Radiological Technology or his designee.

C. The traineeship shall terminate 14 working days after receipt by the candidate of the licensure examination results ~~or, if training for limited licensure in bone densitometry or abdomen and pelvis, 14 working days after completion of the required number of procedures~~. The trainee may reapply for a new traineeship while waiting to take the next examination or for satisfactory completion of the required number of procedures.

18VAC85-101-70 to 18VAC85-101-90. (Repealed.)

Part V. Practice of Radiologist Assistants.

18VAC85-101-91. General requirements.

A. A licensed radiologist assistant is authorized to:

1. Assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures;

2. Perform patient assessment, and assist in patient management and patient education;

3. Evaluate image quality, make initial observations, and communicate observations to the supervising radiologist;

4. Administer contrast media or other medications prescribed by the supervising radiologist; and

5. Perform, or assist the supervising radiologist in performing, imaging procedures consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

B. A licensed radiologist assistant is not authorized to:

1. Provide official interpretation of imaging studies; or

2. Dispense or prescribe medications.

18VAC85-101-92. Supervision of radiologist assistants.

A radiologist assistant shall practice under the direct supervision of a radiologist. Direct supervision shall mean that the radiologist is present in the facility and immediately available to assist and direct the performance of a procedure by a radiologist assistant. The supervising radiologist may determine that direct supervision requires his physical presence for the performance of certain procedures, based on factors such as the complexity or invasiveness of the procedure and the experience and expertise of the radiologist assistant.

Part VI. Practice of Radiologic Technologists.

18VAC85-101-100. General requirements.

A. All services rendered by a radiologic technologist shall be performed only upon direction of a licensed doctor of medicine, osteopathy, chiropractic, or podiatry.

B. Licensure as a radiologic technologist is not required for persons who are employed by a licensed hospital pursuant to §54.1-2956.8:1 of the Code of Virginia.

18VAC85-101-110. Individual responsibilities to patients and to licensed doctor of medicine, osteopathy, chiropractic, or podiatry.

A. The radiologic technologist's responsibilities are to administer and document procedures within the limit of his professional knowledge, judgment and skills.

B. A radiologic technologist shall maintain continuing communication with the delegating practitioner.

18VAC85-101-120. Supervisory responsibilities.

A. A radiologic technologist shall supervise no more than four radiologic technologists-limited or three trainees at any one time.

B. A radiologic technologist shall be responsible for any action of persons performing radiologic functions under the radiologic technologist's supervision or direction.

C. A radiologic technologist may not delegate radiologic procedures to any unlicensed personnel except those activities that are available without prescription in the public domain to include but not limited to preparing the patient for radiologic procedures and post radiologic procedures. Such nonlicensed personnel shall not perform those patient care functions that require professional judgment or discretion.

Part VII. Practice of Radiologic Technologist-Limited.

18VAC85-101-130. General requirements.

A. A radiologic technologist-limited is permitted to perform radiologic functions within his capabilities and the anatomical limits of his training and examination. A radiologic technologist-

limited is responsible for informing the board of the anatomical area or areas in which he is qualified by training and examination to practice.

B. A radiologic technologist-limited shall not ~~instill~~ administer contrast media or radiopharmacuticals ~~during radiologic examinations~~ or perform mammography, fluoroscopic procedures, computerized tomography, or vascular-interventional procedures. The radiologic technologist-limited is responsible to a licensed radiologic technologist, or doctor of medicine, osteopathy, chiropractic, or podiatry.

18VAC85-101-140. Individual responsibilities to patients and licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic, or podiatry.

A. The radiologic technologist-limited's procedure with the patient shall only be made after verbal or written communication, or both, with the licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic, or podiatry.

B. The radiologic technologist-limited's procedures shall be made under direct supervision.

C. A radiologic technologist-limited, acting within the scope of his practice, may delegate nonradiologic procedures to an unlicensed person, including but not limited to preparing the patient for radiologic procedures and post radiologic procedures. Such nonlicensed personnel shall not perform those patient care functions that require professional judgment or discretion.

18VAC85-101-145. Registration for voluntary practice by out-of-state licensees.

Any radiologist assistant, radiologic technologist or radiologic technologist-limited who does not hold a license to practice in Virginia and who seeks registration to practice under subdivision 27 of §54.1-2901 of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;

2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;

3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;

4. Pay a registration fee of $10; and

5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of §54.1-2901 of the Code of Virginia.

Part VIII. Renewal of Licensure.

18VAC85-101-150. Biennial renewal of license.

A. A radiologist assistant, radiologic technologist or radiologic technologist-limited who intends to continue practice shall renew his license biennially during his birth month in each odd-numbered year and pay to the board the prescribed renewal fee.

B. A license that has not been renewed by the first day of the month following the month in which renewal is required shall be expired.

C. An additional fee as prescribed in 18VAC85-101-25 shall be imposed by the board.

D. In order to renew an active license as a radiologic technologist, a licensee shall attest to having completed 24 hours of continuing education as acceptable to the ARRT within the last biennium.

E. In order to renew an active license as a radiologic technologist-limited, a licensee shall attest to having completed 12 hours of continuing education within the last biennium that corresponds to the anatomical areas in which the limited licensee practices. Hours shall be acceptable to the ARRT, or by the ACRRT for limited licensees whose scope of practice is chiropractic, or by any other entity approved by the board for limited licensees whose scope of practice is podiatry or bone densitometry.

F. In order to renew an active license as a radiologist assistant, a licensee shall attest to having completed 50 hours of continuing education as acceptable to the ARRT within the last biennium. A minimum of 25 hours of continuing education shall be recognized by the ARRT as intended for radiologist assistants or radiologists and shall be specific to the radiologist assistant's area of practice. Continuing education hours earned for renewal of a radiologist assistant license shall satisfy the requirements for renewal of a radiologic technologist license.

G. Other provisions for continuing education shall be as follows:

1. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.

2. The practitioner shall retain in his records the Continued Competency Activity and Assessment Form available on the board's website with all supporting documentation for a period of four years following the renewal of an active license.

3. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

4. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

5. The board may grant an extension of the deadline for satisfying continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

6. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC85-101-151. Reinstatement.

A. A licensee who allows his license to lapse for a period of two years or more and chooses to resume his practice shall submit to the board a new application, information on practice and licensure in other jurisdictions during the period in which the license was lapsed, evidence of completion of hours of continuing education equal to those required for a biennial renewal and the fees for reinstatement of his license as prescribed in 18VAC85-101-25.

B. A licensee whose license has been revoked by the board and who wishes to be reinstated shall submit a new application to the board, fulfill additional requirements as specified in the order from the board, and pay the fee for reinstatement of his license as prescribed in 18VAC85-101-25.

18VAC85-101-152. Inactive license.

A. A licensed radiologist assistant, radiologic technologist or radiologic technologist-limited who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be required to maintain continuing education hours and shall not be entitled to perform any act requiring a license to practice radiography in Virginia.

B. To reactivate an inactive license, a licensee shall:

1. Submit the required application;

2. Pay a fee equal to the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure; and

3. Verify that he has completed continuing education hours equal to those required for the period in which he held an inactive license in Virginia, not to exceed one biennium.

C. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of §54.1-2914 of the Code of Virginia or any provisions of this chapter.

18VAC85-101-153. Restricted volunteer license.

A. A licensed radiologist assistant, radiologic technologist or a radiologic technologist-limited who held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or became inactive may be issued a restricted volunteer license to practice without compensation in a clinic that is organized in whole or in part for the delivery of health care services without charge in accordance with §54.1-106 of the Code of Virginia.

B. To be issued a restricted volunteer license, a licensee shall submit an application to the board that documents compliance with requirements of §54.1-2928.1 of the Code of Virginia and the application fee prescribed in 18VAC85-101-25.

C. The licensee who intends to continue practicing with a restricted volunteer license shall renew biennially during his birth month, meet the continued competency requirements prescribed in subsection D of this section, and pay to the board the renewal fee prescribed in 18VAC85-101-25.

D. The holder of a restricted volunteer license shall not be required to attest to hours of continuing education for the first renewal of such a license. For each renewal thereafter, a licensed radiologic technologist shall attest to having completed 12 hours of Category A continuing education as acceptable to and documented by the ARRT within the last biennium. A radiologic technologist-limited shall attest to having completed six hours of Category A continuing education within the last biennium that corresponds to the anatomical areas in which the limited licensee practices. Hours shall be acceptable to and documented by the ARRT or by any other entity approved by the board for limited licensees whose scope of practice is podiatry or bone densitometry.

18VAC85-101-160. [Repealed]

Part IX. Standards of Professional Conduct.

18VAC85-101-161. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-101-162. Patient records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 related to the confidentiality and disclosure of patient records.

B. Practitioners shall properly manage patient records and shall maintain timely, accurate, legible and complete records.

C. Practitioners shall maintain a patient record in accordance with policies and procedures of the employing institution or entity.

18VAC85-101-163. Practitioner-patient communication.

A. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

B. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure prescribed or directed by the practitioner in the treatment of any disease or condition.

C. A practitioner shall refer to or consult with other health care professionals, if so indicated.

D. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

18VAC85-101-164. Practitioner responsibility.

A practitioner shall not:

1. Perform procedures or techniques or provide interpretations that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or their area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 3 of this section.

18VAC85-101-165. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior which:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or

2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.
1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient.

Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean: spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a practitioner and a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-101-166. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

The travel regulations require that "travelers must submit the Travel Expense Reimbursement Voucher within 30 days after completion of their trip." (CAPP Topic 20335, State Travel Regulations, P.7)

In order for the agency to be in compliance with the state travel regulations, please submit your request for today's meeting no later than February 15, 2013