

# Notice of Agency Rule-making Proposal

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AGENCY: Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation, Radiologic Technology Board of Examiners

CHAPTER NUMBER AND TITLE: Chapter 8: Scope of Practice

PROPOSED RULE NUMBER *(leave blank; assigned by Secretary of State)*:

CONTACT PERSON FOR THIS FILING: Torrey Gray, Board Administrator, 35 State House Station, Augusta, ME 04333, tel. (207) 624-8420, email torrey.j.gray@maine.gov

CONTACT PERSON FOR SMALL BUSINESS INFORMATION (if different): Same as above.

PUBLIC HEARING (if any): August 27, 2015 at 9 a.m., Department of Professional and Financial Regulation, 76 Northern Avenue, Gardiner, Maine

COMMENT DEADLINE: September 8, 2015 at 5 p.m.

BRIEF \*SUMMARY: In this rulemaking, the board proposes a rule that would allow nuclear medicine technologists that hold a current ARRT or NMTCB certification in computed tomography to use computed tomography for diagnostic purposes.

IMPACT ON MUNICIPALITIES OR COUNTIES (if any): None

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STATUTORY AUTHORITY FOR THIS RULE: 32 MRS § 9853(6)(E)

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED (if different): None

E-MAIL FOR OVERALL AGENCY RULE-MAKING LIAISON: holly.doherty@maine.gov

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\* Check one of the following two boxes.

The above summary is for use in both the newspaper and website notices.

The above summary is for the newspaper notice only. A more detailed summary / basis statement is attached.

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**Please approve bottom portion of this form and assign appropriate AdvantageME number.**

APPROVED FOR PAYMENT \_\_\_\_\_ DATE: \_\_\_\_\_  
*(authorized signature)*

FUND	AGENCY	ORG	APP	JOB	OBJT	AMOUNT
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# Rule-Making Fact Sheet

(5 MRSA §8057-A)

AGENCY: Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation, Radiologic Technology Board of Examiners

NAME, ADDRESS, PHONE NUMBER OF AGENCY CONTACT PERSON: Torrey Gray, Board Administrator, 35 State House Station, Augusta, ME 04333, tel. (207) 624-8420

CHAPTER NUMBER AND RULE TITLE: Chapter 8: Scope of Practice (amended)

STATUTORY AUTHORITY: 32 MRS § 9853(6)(E)

DATE AND PLACE OF PUBLIC HEARING: August 27, 2015 at 9 a.m., Department of Professional and Financial Regulation, 76 Northern Avenue, Gardiner, Maine

COMMENT DEADLINE: September 8, 2015 at 5 p.m.

PRINCIPAL REASON OR PURPOSE FOR PROPOSING THIS RULE: To allow nuclear medicine technologists to use computed tomography for diagnostic purposes.

BRIEF SUMMARY OF RELEVANT INFORMATION CONSIDERED DURING DEVELOPMENT OF THE RULE (PRIMARY SOURCES): American Registry of Radiologic Technologists ("ARRT") certification in computed tomography; Nuclear Medicine Technology Certification Board ("NMTCB") certification in computed tomography.

ANALYSIS AND EXPECTED OPERATION OF THE RULE: During the 126<sup>th</sup> legislative session, a bill was submitted to acknowledge an accepted pathway created by the ARRT and NMTCB for Certified Nuclear Medicine Technologists to obtain documented clinical time and course work in order to sit for the ARRT or NMTCB computed tomography exam. The legislation did not pass. However, in response to the legislation, the board convened a work group in May 2013. The work group concluded that the expansion of the scope of practice of nuclear medicine technologists could be accomplished via an amendment to the board's rules. As a result, an amendment to Chapter 8 of the board's rules was developed. This chapter outlines the scope of practice of radiographers, nuclear medicine technologists, radiation therapists, and limited radiographers, respectively. The board now proposes a rule that would allow nuclear medicine technologists that hold a current ARRT or NMTCB certification in computed tomography to use computed tomography for diagnostic purposes.

FINDINGS UNDER CRITERIA CONTAINED IN EXECUTIVE ORDER 20 FY 11/12:

(A) The proposed rule will not negatively impact job growth or creation; (B) There are no fees included in the rule; (C) There is no cost to the public in terms of time and money required to comply with the rule; (D) No other state laws or rules already address the subject matter of this rule; (E) There are no relevant federal standards.

FISCAL IMPACT OF THE RULE: None

***FOR RULES WITH FISCAL IMPACT OF \$1 MILLION OR MORE, ALSO INCLUDE:***  
ECONOMIC IMPACT, WHETHER OR NOT QUANTIFIABLE IN MONETARY TERMS:  
INDIVIDUALS OR GROUPS AFFECTED AND HOW THEY WILL BE AFFECTED:  
BENEFITS OF THE RULE:

*Note: If necessary, additional pages may be used.*

**02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION**

**465 RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS**

**Chapter 8 SCOPE OF PRACTICE**

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**SUMMARY:** This chapter sets forth the permissible scope of practice of radiographers, nuclear medicine technologists, radiation therapists and limited radiographers.

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**1. General**

Radiographers, nuclear medicine technologists, radiation therapists and limited radiographers may only perform the respective activities and procedures described in Sections 2 – 5 of this chapter.

**2. Radiographers**

Radiographers may use ionizing radiation on human beings for imaging purposes, excluding the administration of radiopharmaceuticals or radionuclide devices, under the supervision of a licensed practitioner. These activities include, but are not limited to, adjusting equipment settings, positioning the patient, positioning the equipment, positioning the image receptor, radiation protection, equipment operation and maintenance, image production and evaluation, patient care/management/education, and administration of radiographic contrast.

In interpreting and applying this section the board may consult and be guided by the ARRT “Task Inventory for Radiography.” The task inventory is available at ARRT’s web site, [www.arrt.org](http://www.arrt.org).

**3. Nuclear Medicine Technologists**

Nuclear medicine technologists may use radionuclides and radiopharmaceuticals on human beings for diagnostic and therapeutic purposes under the supervision of a licensed physician. This includes the use of dual imaging devices for the purpose of nuclear medicine imaging and all activities involved in the application of radioactive material. These activities include, but are not limited to, calibration and administration of radiopharmaceuticals, adjusting equipment settings, positioning the patient, positioning the equipment, positioning the image receptor, radiation protection and quality assurance, instrument quality control, and patient care/management/education.

Nuclear medicine technologists that hold a current ARRT or NMTCB certification in computed tomography that has been provided to the Board may use computed tomography for diagnostic purposes.

In interpreting and applying this section the board may consult and be guided by the NMTCB Task List , Procedures List, Equipment List and Pharmaceuticals List, and the ARRT “Task Inventory for Nuclear Medicine Technology.” The NMTCB lists are available at NMTCB’s web site, [www.nmtcb.org](http://www.nmtcb.org). The ARRT task inventory is available at ARRT’s web site, [www.arrt.org](http://www.arrt.org).

#### **4. Radiation Therapists**

Radiation therapists may use ionizing radiation on human beings for therapeutic and simulation purposes, excluding the administration of radiopharmaceuticals, under the supervision of a licensed practitioner. These activities include, but are not limited to, adjusting equipment settings, positioning the patient, positioning the equipment, positioning the image receptor, radiation protection and quality assurance, radiation treatment planning and procedures, and patient care/management/education.

In interpreting and applying this section the board may consult and be guided by the ARRT “Task Inventory for Radiation Therapy.” The task inventory is available at ARRT’s web site, [www.arrt.org](http://www.arrt.org).

#### **5. Limited Radiographers**

##### **1. Permissible Areas of Practice**

A limited radiographer may practice only in the same one or two categories in which the licensee trained pursuant to Chapter 6 of the board’s rules.

##### **2. Permissible Practice Settings**

Limited radiographers may only practice in a setting authorized by 32 MRSA §9855(4).

##### **3. Permissible Practices**

Limited radiographers may use ionizing radiation on human beings for limited imaging purposes, excluding the administration of radiopharmaceuticals or radionuclide devices, under the supervision of a licensed practitioner. These limited activities include, but are not limited to, adjusting equipment settings, positioning the patient, positioning the equipment, positioning the image receptor, radiation protection, equipment operation and maintenance, image production and evaluation, and patient care/management/education.

##### **4. Impermissible Practices**

Limited radiographers may not perform cardiovascular-interventional radiography, cardiac-interventional radiography, vascular interventional radiography, mammography, computed tomography, bone densitometry, fluoroscopy or administration of radiographic contrast.

##### **5. Task Inventory**

In interpreting and applying this section the board may consult and be guided by the following task inventory:

- A. Preparation and operation of the radiographic unit and accessories;
- B. Preparation and operation of digital imaging devices such as computerized radiography, direct digital radiography, and a picture archival and communication system;

- C. Provision of radiation protection for patients, workers and the public, including monitoring; shielding; and knowledge and application of units of measurement and permissible levels; biological effects of radiation; technical considerations in reducing radiation exposure; and frequency of retakes. In performing these tasks, the limited radiographer shall:
- (1) Evaluate the need for and document the use of protective shielding;
  - (2) Take appropriate precautions to minimize radiation exposure to the patient, worker and member of the public;
  - (3) Question a female patient of child-bearing age about possible pregnancy and take appropriate action (e.g., document the response, contact the physician);
  - (4) Restrict the beam to limit exposure area, improve image quality and reduce radiation dose;
  - (5) Set kVp, mA and time or automatic exposure system as appropriate for the procedure;
  - (6) Prevent all unnecessary persons from remaining in the area during x-ray exposure;
  - (7) Monitor personal occupational exposure; and
  - (8) Evaluate individual occupational exposure reports to determine if values for the reporting period are within established limits;
- D. Provision of image acquisition, including x-ray production using films/screens or digital detectors, holders and grids; technique conversions; image processing; artifact evaluation; image quality critique; and control of secondary radiation, for the specific category requested. In performing these tasks, the limited radiographer shall:
- (1) Remove all radiopaque materials from the patient or table that could interfere with the radiographic image;
  - (2) Select the appropriate image receptor for exposure;
  - (3) Select equipment and accessories (e.g., grid, compensating filters, shielding) for the examination requested;
  - (4) Use radiopaque markers to indicate anatomical side, position or other relevant information (e.g., time, upright, decubitus);
  - (5) Explain breathing instructions prior to making the exposure;
  - (6) Position the patient to demonstrate the desired anatomy using body landmarks;

- (7) Determine appropriate exposure factors using calipers, technique charts and automatic exposure control;
  - (8) Modify exposure factors for circumstances such as involuntary motion, casts and splints, pathological conditions, or the patient's inability to cooperate;
  - (9) Process the exposed image;
  - (10) Reload cassettes or magazines by selecting film of the proper size and type, if applicable;
  - (11) Verify the accuracy of the patient identification on the radiograph;
  - (12) Evaluate radiographs for diagnostic quality;
  - (13) Determine corrective measures if the radiograph is not of diagnostic quality and take appropriate action; and
  - (14) Store and handle film/cassettes in a manner that will reduce the possibility of artifact production.
- E. Provision of patient care procedures, including aseptic technique, and emergency procedures such as basic life support and first aid. In performing these tasks, the limited radiographer shall:
- (1) Clean, disinfect or sterilize facilities and equipment, and dispose of contaminated items in preparation for the next examination;
  - (2) Confirm the patient's identity;
  - (3) Evaluate the patient's ability to understand and comply with requirements for the requested examination;
  - (4) Examine the radiographic order to verify accuracy and completeness of information (e.g., patient history, clinical diagnosis);
  - (5) Exercise responsibility for medical equipment attached to patients (e.g., IVs, oxygen) during radiographic procedures;
  - (6) Provide for patient safety, comfort and modesty;
  - (7) Communicate scheduling delays to waiting patients;
  - (8) Practice standard precautions;
  - (9) Select immobilization devices, when indicated, to prevent patient movement and ensure patient safety;
  - (10) Use proper body mechanics and/or mechanical transfer devices when assisting a patient;

- (11) Recognize the need for prompt medical attention and administer emergency care;
  - (12) Explain post-procedural instructions to the patient or the patient's family;
  - (13) Maintain the confidentiality of patient information; and
  - (14) Document required information on the patient's medical record (e.g., shielding, exposure factors, pregnancy status);
- F. Proper positioning of anatomy for the requested procedure;
- G. Maintenance of radiographic equipment, including x-ray tubes, grids, generators, electrical circuitry and cabling, image processors, collimators, x-ray control consoles and ancillary equipment. In performing these tasks, the limited radiographer shall:
- (1) Visually inspect the radiographic unit and accessories and report and correct any malfunctions;
  - (2) For a film screen receptor system:
    - (a) Perform daily processor maintenance (e.g., clean rollers, check transport system and solutions); and
    - (b) Perform daily sensitometry and check darkroom conditions (e.g., safe light, light leak).
  - (3) For a digital receptor system, perform routine reader/receptor quality control as determined by the manufacturer.

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STATUTORY AUTHORITY: 32 MRSA §9853(6)(E)

EFFECTIVE DATE:

March 10, 2009 – filing 2009-95