



2024 SESSION
POSITION PAPER

BILL NO: HB 757

COMMITTEE: Health and Government Operations Committee

POSITION: Support

TITLE: State Board of Physicians - Supervised Medical Graduates and Cardiovascular Invasive Specialists (Bridge to Medical Residency Act)

BILL ANALYSIS

HB 757- State Board of Physicians - Supervised Medical Graduates and Cardiovascular Invasive Specialists (Bridge to Medical Residency Act) is an emergency bill that authorizes a supervised medical graduate to provide delegated duties under direct supervision in accordance with regulations adopted by the State Board of Physicians. The bill repeals the termination of select provisions in law relating to the delegation of duties by licensed physicians.¹

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports HB 757. Following the 2018 General Assembly session, the Maryland Board of Physicians (MBP) convened a Registered Cardiovascular Invasive Specialist (RCIS) Workgroup to study issues related to establishing a new licensure category of RCIS. The RCIS Workgroup recommended an exception to licensure for RCISs to allow a physician to delegate certain duties to an RCIS assisting with the physician's performance of fluoroscopy² in a hospital cardiac catheterization laboratory (CCL) under narrow circumstances. The proposed licensure exception was to address a workforce shortage in radiologic technologists for CCLs by allowing an RCIS to fulfill a similar role.

¹ Repeals the September 30, 2024, termination date in Chapter 445 of the 2019 Laws of Maryland.

² U.S. Food & Drug Administration, Fluoroscopy is a type of medical imaging that shows a continuous X-ray image, 2023. Available at: www.fda.gov/radiation-emitting-products/medical-x-ray-imaging/fluoroscopy.

The RCIS Workgroup report (October 31, 2018) included a recommendation that the exception to licensure for RCIS be allowed for three years and that a study be conducted to re-evaluate the exception. The report noted that the MBP Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance Advisory Committee approved the RCIS Workgroup's recommendations with reservations.³ During the 2019 legislative session Chapter 445, (HB 924) passed, which authorized licensed physicians to delegate certain duties to a RCIS assisting in a fluoroscopy under specified conditions. The law required MHCC to conduct a review of CCLs and submit its findings to the Governor and the General Assembly by October 1, 2023. The MHCC examined:

1. The number and nature of radiation injuries⁴ that have occurred in a hospital CCL in the period from October 1, 2016, through September 1, 2022.
2. The number and nature of instances where the MBP imposed a civil penalty on a hospital under § 14-306(f)(3) of the Health Occupations Article since October 1, 2019.
3. The number of registered cardiovascular invasive specialists employed by hospitals and the number of vacant positions for technicians in hospital CCLs.

Information was obtained from acute care hospitals, MBP, and Maryland Department of the Environment's (MDE) Air and Radiation reports. The MDE and hospitals noted that no radiation injuries occurred from October 1, 2016, through September 1, 2022, and MBPs stated that no civil penalties had been imposed on hospitals. The total number of RCIS staff utilized by hospitals ranged from 37 to 46.^{5,6} The study noted no adverse findings and that RCIS usage increased slightly from 1.59 RCIS per hospital in FY 2020 to 1.97 in FY 2023.

For the stated reasons above, we ask for a favorable report on HB 757.

³ The MBP approved the report on October 17, 2018.

⁴ The regulations governing the reporting of radiation injuries, such as administration and diagnostic medical radiation events, in Maryland, including allowable exposures, are provided in the Regulations for the Control of Ionizing Radiation (1994) as amended by Supplement 1 through Supplement 33, which are incorporated by reference into COMAR 26.12.01.01.

⁵ Study period included FY 2020 through FY 2023.

⁶ The median RCIS usage was one RCIS per hospital with a range of zero to nine RCIS in any single hospital.