



October 2, 2023

The Honorable Wes Moore
Governor
State House, 100 State Circle
Annapolis, Maryland 21401

The Honorable Bill Ferguson
President of the Senate
H-107, State House
100 State Circle
Annapolis, MD 21401

The Honorable Adrienne A. Jones
Speaker of the House of Delegates
H-101, State House
100 State Circle
Annapolis, MD 21401

Re: HB0924/CH0445 (3), 2019 - State Board of Physicians – Registered Cardiovascular Invasive Specialists – Study Report (MSAR #12127)

Dear Governor Moore, President Ferguson, and Speaker Jones,

HB0924/CH0445, 2019 - State Board of Physicians – Registered Cardiovascular Invasive Specialists, required the Maryland Health Care Commission (MHCC) to conduct a review of hospital cardiac catheterization laboratories in the State. Please find attached the report with the results of the review submitted in accordance with *HB0924/CH0445*.

The review includes (1) the number and nature of radiation injuries that have occurred in a hospital cardiac catheterization laboratory between October 1, 2016, and September 1, 2022; (2) the number and nature of instances in which MBP has imposed civil penalties on a hospital under the bill's requirements since October 1, 2019; and (3) the number of registered CISs employed by hospitals and the number of vacant positions for technicians in hospital cardiac catheterization laboratory.

We appreciate your consideration. If you have any questions or if we may provide you with any further information, please do not hesitate to contact me at ben.steffen@maryland.gov or 410-764-3566 or Ms. Tracey DeShields, Director of Policy Development and External Affairs, at tracey.desields2@maryland.gov or 410-764-3588.

Sincerely,

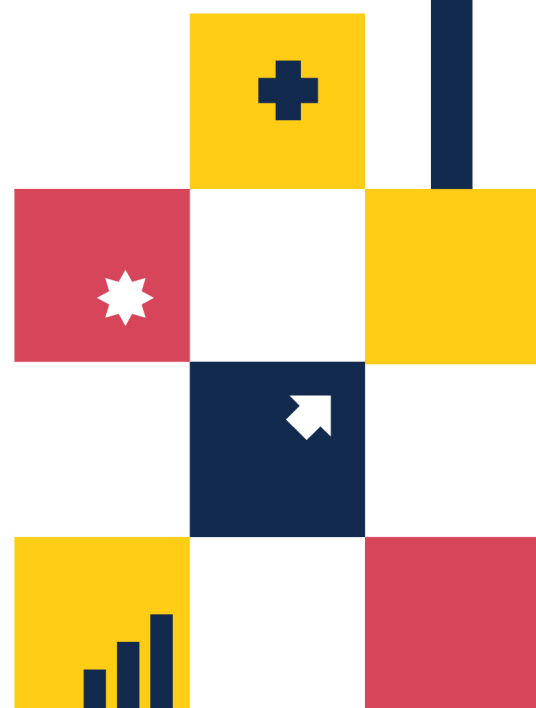
Ben Steffen,
Executive Director

cc:

The Honorable Joseline A. Pena-Melnyk, Chair, House Health and Government Operations Committee
The Honorable Brian J. Feldman, Chair, Education, Energy, and the Environment Committee
House Health and Government Operations Committee
Senate Education, Energy, and the Environment Committee
Jonny Dorsey, Deputy Chief of Staff, Governor's Office
June Chung, Deputy Legislative Office, Governor's Legislative Office
Jason Heo, Governor's Office
Sophie Bergmann, Governor's Office
Sarah Albert, Department of Legislative Services
Erin Hopwood, Committee Counsel, House Health and Government Operations,
Lisa Simpson, Committee Counsel, House Health and Government Operations,
Lamorea Stanton, Committee Manager, Education, Energy, and the Environment Committee
Christine Farrelly, Executive Director, Maryland Board of Physicians
Matthew Dudzic, Maryland Board of Physicians
Wynee Hawk, Director, Center for Health Care Facilities Planning and Development, MHCC
Eileen Fleck, Chief, Acute Care Policy and Planning, MHCC
Eliot Burkom, Program Manager, Acute Care Policy and Planning Team, MHCC
Tracey DeShields, Director of Policy Development and External Affairs, MHCC



Registered Cardiovascular Invasive Specialists and Radiation Injuries in Maryland Hospitals' Cardiac Catheterization Laboratories



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Introduction

Following the 2018 Maryland General Assembly session, the Maryland Board of Physicians convened a Registered Cardiovascular Invasive Specialist (“RCIS”) Workgroup to study issues related to establishing a new licensure category of RCIS in Maryland. At its final meeting, the RCIS Workgroup members agreed on a set of consensus points and voted to recommend that there be an exception to licensure for RCIS in Maryland to allow a physician to delegate certain duties to an RCIS assisting with the physician's performance of fluoroscopy 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 RCIS to fulfill a similar role.

The RCIS Workgroup report, dated 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 also noted that the Maryland Board of Physicians’ Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance Advisory Committee approved the RCIS Workgroup’s recommendations with reservations on September 26, 2018, and the Maryland Board of Physicians approved submitting the RCIS Workgroup’s report to the Legislature on October 17, 2018.

During Maryland’s 2019 General Assembly Session, the legislature passed Chapter 445, (House Bill 924) which authorized licensed physicians to delegate certain duties, under certain circumstances, to an RCIS assisting in fluoroscopy. The law also required the Maryland Health Care Commission (“MHCC”) to conduct a review of hospital CCLs in the State and submit its findings to the Governor and the General Assembly by October 1, 2023. The review examined:

1. The number and nature of radiation injuries¹ that have occurred in a hospital CCL in the period from October 1, 2016, through September 1, 2022, both inclusive.
2. The number and nature of instances in which the State Board of Physicians has 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.

¹ 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.

Data Collection Process

In August 2023, MHCC contacted the acute care general hospitals in Maryland which operate a CCL and requested that the hospitals respond to the following six questions:

1. What is the number and nature of radiation injuries that have occurred in a hospital CCL in the period from October 1, 2016, through September 1, 2022, both inclusive? For each radiation injury that occurred in that timeframe, please provide a brief description of the radiation injury, whether the injured party was a patient or staff and the date of the injury.
2. During the period July 1, 2019 through June 30, 2023, how many radiologic technologist positions (FTEs) were budgeted for your hospital's CCL for each fiscal year?
3. For each fiscal year from July 1, 2019 through June 30, 2023, for how many months was each radiologic technologist position for the CCL vacant?
4. During the period July 1, 2019 through June 30, 2023, for each fiscal year, how many FTEs in the CCL were filled by Registered Cardiovascular Invasive Specialists (RCISs), whether on a temporary or permanent basis?
5. If the hospital hired RCISs to work in the CCL, did the RCISs assist physicians in performing fluoroscopy procedures, as allowed by Maryland law?
6. (Optional) Please provide any other information or comments that you think may be useful regarding the use of RCISs to assist physicians with fluoroscopy procedures based on your hospital's experience.

MHCC worked with the Maryland Board of Physicians to obtain data regarding civil penalties imposed on hospitals since October 1, 2019, pursuant to §14-306(f)(3) of the Health Occupations Article. In addition to asking the hospitals directly, as noted above, data pertaining to radiation injuries that had occurred in hospital CCLs during the period October 1, 2016, through September 1, 2022, was sought from the Maryland Department of the Environment's Air and Radiation Administration.

Results

1. Based on the data obtained directly from hospitals and the Maryland Department of the Environment's Air and Radiation Administration, there were no radiation injuries in CCLs in Maryland hospitals during the period from October 1, 2016, through September 1, 2022, both inclusive.

2. The Maryland Board of Physicians reported that it imposed no civil penalties on Maryland hospitals pursuant to § 14-306(f)(3) of the Health Occupations Article since October 1, 2019.
3. Table 1 below indicates the number of RCIS employed by Maryland hospitals in CCLs from FY 2020 through FY 2023. The total number of RCIS staff utilized statewide in Maryland hospitals, for the fiscal years analyzed, ranged from 37 to 46. The median RCIS usage was one RCIS per hospital with a range of zero to nine RCIS in any single hospital. RCIS usage increased slightly from FY 2020 to FY 2023, from 1.59 RCIS per hospital in FY 2020 to 1.97 RCIS per hospital in FY 2023.

Table 1: Registered Cardiovascular Invasive Specialists Employed¹ by Hospitals in CCLs				
Hospital Name	FY 20	FY 21	FY 22	FY 23
Adventist HealthCare Shady Grove Medical Center	0	0	0	1
Adventist HealthCare White Oak Medical Center	0	0	0	0
Ascension Saint Agnes Hospital	1	1	2	2
Calvert Health Medical Center	0	0	0	0
Carroll Hospital Center	1	1	1	1
Frederick Health Hospital	0	0	0	0.5
Holy Cross Hospital Silver Spring	5	5	5	5
Howard County General Hospital	1	1	1	1.25
Johns Hopkins Bayview	0	0	0	0.75
Johns Hopkins Hospital	0	0	0	0
Luminis Health Anne Arundel Medical Center	0	0	1	1
MedStar Franklin Square Hospital	0	1	1	1
Medstar Southern Maryland	0	3	0	2
Medstar Union Memorial Hospital	0	1	0	1
Meritus Health System	0	0	0	1
Sinai Hospital Baltimore	9	9	9	9
Suburban Hospital	4	4	4	4
TidalHealth Peninsula Regional	0	1	1	1
UM Baltimore Washington Medical Center	0.5	0	0	1
UM Capital Region Medical Center	6	6	6	4
UM Medical Center	4	4	3	4
UM Shore Medical Center at Easton	1	1	1	1
UM St. Joseph Medical Center	4	2	3.4	3.9
UM Upper Chesapeake Medical Center	0	0	1	1
UPMC Western MD	0	0	0	0
Maryland Total	37	40	39	46

Table 2 below indicates the number of months per fiscal year that each hospital budgeted for Radiological Technologist (“RT”) positions and the number of months per fiscal year that the hospital experienced a vacancy for RT positions. The total number of RT months budgeted statewide in Maryland hospitals, for the fiscal years analyzed, stayed fairly stable ranging from 2,159 months in FY 2020 to 2,219 months in FY 2023. The RT vacancy rate, defined as the number of budgeted RT months in a fiscal year that an RT position was vacant divided by the total number of budgeted RT months, increased slightly from FY 2020 to FY 2023, from 13% in FY 2020 to 21% in FY 2023. These calculations exclude Johns Hopkins Hospital, that was unable to report complete data for the time period examined.

Table 2: Radiological Technologist Positions and Vacancies

Hospital Name	RT Months Budgeted				RT Months Vacant			
	FY 20	FY 21	FY 22	FY 23	FY 20	FY 21	FY 22	FY 23
Adventist HealthCare Shady Grove	150	150	132	132	60	60	72	72
Adventist HealthCare White Oak	72	84	96	96	0	5	11	4
Ascension Saint Agnes Hospital	66	66	66	66	0	3	7	8
Calvert Health Medical Center	24	24	24	24	0	0	0	0
Carroll Hospital Center	48	48	48	48	0	0	0	11
Frederick Health Hospital	84	70	85	103	8	2	6	8
Holy Cross Hospital Silver Spring	60	60	60	60	0	0	0	0
Howard County General Hospital	48	48	48	54	12	13	12	28
Johns Hopkins Bayview	36	36	36	36	0	0	0	6
Johns Hopkins Hospital	216	216	216	216	n/a ³	n/a ³	68	83
Luminis Health Anne Arundel Med Ctr	72	84	90	90	1	2	0	0
MedStar Franklin Square Hospital	48	48	48	48	12	24	24	36
Medstar Southern Maryland	96	96	96	84	11	12	12	12
Medstar Union Memorial Hospital	174	162	162	180	32	32	76	73
Meritus Health System	55	55	55	55	12	0	12	12
Sinai Hospital Baltimore	120	120	120	120	0	24	24	24
Suburban Hospital	84	84	84	84	24	24	24	24
TidalHealth Peninsula Regional	132	132	124	124	8	0	0	1
UM Baltimore Washington Med Ctr	90	90	90	90	11	11	18	24
UM Capital Region Medical Center ⁴	96	96	96	96	6	6	6	6
UM Medical Center	114	114	114	114	60	60	60	42
UM Shore Medical Center at Easton	54	54	54	54	0	0	0	3
UM St. Joseph Medical Center	60	36	53	59	0	0	0	12
UM Upper Chesapeake Med Ctr	90	90	90	90	0	0	12	12
UPMC Western MD	96	96	96	96	0	0	0	0
Maryland Total	2,185	2,159	2,183	2,219	257⁵	278⁵	444	501

³ The hospital reported that data was unavailable for the time period.

⁴ The hospital reported vacancy data for the four fiscal year period as a whole. MHCC averaged the number over the four fiscal years.

⁵ Total may be incomplete since one hospital was unable to report data for the time period.



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