

April 1, 2019

Via electronic submission to: rules.development@tmb.state.tx.us

PUBLIC COMMENT LETTER

Ms. Rita Chapin
Texas Medical Board
P.O. Box 2018
Austin, Texas 78768-2018

Re: Proposed Amendments to the Texas Administrative Code Concerning Radiologic Procedures:
Sections 185.32, 193.21 and 193.5, Texas Administrative Code

Dear Ms. Chapin:

On behalf of our more than 465 member hospitals and health systems, including rural, urban, children's, teaching and specialty hospitals, the Texas Hospital Association appreciates the opportunity to provide comments on the above-referenced rules relating to the delegation of radiological studies to physician assistants or advanced practice registered nurses. THA does not have concerns regarding proposed rules 185.32 and 193.5. However, proposed rule 193.21 is contrary to current standard practice and would be detrimental to patient care. Proposed Rule 193.21 states:

§193.21.Delegation Related to Radiological Services.

(a) A physician may delegate the performance of radiological procedures to properly trained midlevel providers, certified radiological technologists (MRT and LMRT), or non-certified radiological technologists (NCT).

(b) The delegation under this section must be under a physician's order, medical order, standing delegation order, prescriptive authority agreement, or protocol.

(c) The administering or providing of radiological services under this section shall comply with other applicable laws.

(d) The following acts have been determined to be the practice of medicine under the authority of the Act, §157.001(b)(1), and cannot be delegated to a midlevel provider, certified radiological technologist (MRT and LMRT), or non-certified radiological technologist (NCT):

(1) the reading and interpretation of the radiological studies; and

(2) rendering a diagnosis based on the radiological studies.

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Sections 193.21(d)(1) and 193.21(d)(2) of proposed rule 193.21 would hinder collaborative practice by disrupting hospital workflow to the detriment of patient access, experience, and continuity of care. Physician assistants and advanced practice registered nurses routinely use radiological studies to form working diagnoses and treatment plans. Currently a physician assistant or advanced practice registered nurse can order and make initial interpretations and act on imaging studies. This is critically important for serious acute injuries and conditions such as unstable fractures, acute bleeding, perforated organs, pulmonary embolisms and numerous other issues that require immediate recognition and treatment. Placing physician assistants or advanced practice registered nurses in the position of having to delay life-saving care while waiting to locate a physician to read these images and then get an official read from a radiologist poses a serious risk to patient care, and is a significant departure from current practice.

Again, thank you for the opportunity to participate in the rulemaking process. THA looks forward to attending the stakeholder meeting on June 4, 2019 to discuss this proposed rule.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "D. Cameron Duncan III". The signature is fluid and cursive, with a long horizontal stroke at the end.

D. Cameron Duncan III
Assistant General Counsel
Texas Hospital Association