

October 14th, 2025

Shanah Black
809 Ruggles Drive, Edgerton Building
2701 Mail Service Center
Raleigh, NC 27699
DHSR.RulesCoordinator@dhhs.nc.gov

RE: Opposition to proposed changes to Title 10A, Chapter 15, Section .0600

Dear Ms. Black,

As a way of introduction, I currently serve as the Senior Enterprise Executive Leader for 650+ Advanced Practice Providers (APP) at Cone Health, which includes physician assistants, nurse practitioners, certified registered nurse anesthetist, certified nurse midwives, and clinical nurse specialist. In this role, I am responsible in determining and implementing the strategic vision, clinical standards, and workforce priorities for APPs across the system. I also support the sustained culture of advanced practice leadership, service, collaboration, and clinical distinction. In partnership with other clinical executive leaders across Cone Health, I also drive strategic thinking around maximizing the APP impact on organizational growth, service line growth and value delivery.

With respect to the proposed rule changes related to radiation machines published in the North Carolina Register Volume 40, Issue 4, beginning on page 410, **Cone Health opposes the change that would appear to require a physician to be physically present in a room whenever an advanced practitioner provider (APP) is performing fluoroscopy.**

Existing North Carolina law requires that physicians supervise all APPs. The specifics of what supervision looks like varies depending on practice area, an APP's years of experience, and other factors – all based on the professional judgement of the supervising physician who will be liable for any acts and omissions of the APP. Aside from training and some team consultations with a patient, a physician is typically not in the same room as an APP who is working with a patient on behalf of the supervising physician. If the physician did need to be in the same room all the time, that would, frankly, negate the point of having an APP.

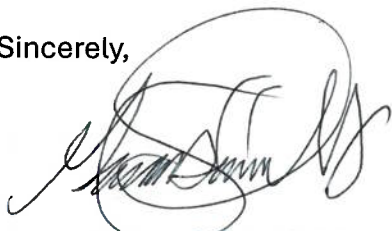
The proposed rule's language, however, appears to require an APP performing fluoroscopy to be "under the *personal supervision* of a physician who has completed training in accordance with Paragraph (l) of this Rule" and defines "personal supervision" to mean the "overall direction, control, and training of an individual by a qualified supervisor *who shall be physically present during the activities performed by the supervised individual*" (emphasis added; see proposed (i)(2)(A) on page 422 and (28) on page 414, respectively).

(By the way, Paragraph (l) of the Rule deals with Veterinary Imaging, so I assume that the language in (i)(2)(A) should instead reference Paragraph (m), which deals with training for physicians and APPs.)

Perhaps the intent was to speak of APPs *under the supervision* of a physician who has completed the training rather than an APP under the *personal* supervision? The term “personal supervision” appears elsewhere in the proposed rule in the context of individuals who are studying to become radiography techs, studying to become Computed Tomography (CT) techs, or are neither veterinarians nor veterinarian techs – none of which seem analogous to an APP professional.

Again, **Cone Health opposes the proposed change that would appear to require a physician to be physically present in a room whenever an advanced practitioner provider (APP) is performing fluoroscopy.** I would be happy to answer any questions and discuss this further with you or anyone else.

Sincerely,



Cesar Avites ~~DNP ANP-BC RNFA~~
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Advanced Practice Providers Services
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