October 14, 2025

Shanah Black
Division of Health Service Regulation
1915 Health Services Way
Raleigh, NC 27607

Re: Proposed Radiology Rules – 10A NCAC 15 .0601 - .0608, .0610-.0611

Dear Ms. Black:

The North Carolina Healthcare Association (NCHA) represents more than 130 hospitals and health systems across the state that provide high-quality, accessible, and safe care to North Carolinians. We appreciate the opportunity to comment on the proposed revisions to the radiology rules, specifically concerning the definition and application of the term *"personal supervision"* in the rule governing use of fluoroscopy.

Concern Regarding Definition of "Personal Supervision"
As written, the proposed rules define "personal supervision" as "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." 10A NCAC 15.0602(28). Further, the proposed rules require "individuals who operate fluoroscopy radiation machines" to "be a physician … or an advanced practitioner provider (APP) … under the personal supervision of a physician who has completed training in accordance with Paragraph (1) of this Rule[.]" 10A NCAC 15.0604(i)(2)(A). The personal supervision requirement is unclear and could be interpreted to be more restrictive than both APP supervision requirements set forth in existing law and current clinical practice. The language also introduces ambiguity regarding whether the rule is intended to govern supervision of the individual performing fluoroscopy or the supervision of the procedure itself. If the rule is intended to refer to supervision of the individual, then physical presence should not be required. However, if the definition is interpreted literally, hospitals would be required to ensure that a physician is present in the room for all covered fluoroscopy procedures—a substantial departure from current law, policy and practice.

Potential Conflicts with Existing Statutes, Pending Legislation, and Payor Requirements
The proposed definition could conflict with existing and proposed state statutes. Specifically, House Bill 590/Senate Bill 415 (2025 Session) proposes to add a new Article 44 to Chapter 90 of the North Carolina General Statutes that includes exemptions for certain licensed practitioners—such as nurse practitioners, physician assistants, and certified registered nurse anesthetists—to perform fluoroscopy consistent with their scopes of practice. These provisions are consistent with the current practice in many hospitals and health systems across North Carolina.

Current North Carolina law requires an APP to have a supervisory arrangement with a physician but does not require the physician, with few exceptions, to be physically present to supervise the APP's practice. See 21 NCAC 32S.0213(b) (regarding physician assistants) and 21 NCAC 32M.0110(1) (regarding nurse practitioners).

Further, Medicare standards under the Physician Fee Schedule contemplate the provision of certain fluoroscopy services by physicians or APPs (e.g., CPT code 76000 (fluoroscopy, up to one hour physician or other qualified health care professional time)) and physician supervision based on the service/procedure, which does not always require the continuous, in room presence of a physician to supervise another qualified provider. Without clarification, the proposed rules seem to afford no such flexibility.

Because of these overlapping frameworks, the proposed rule as drafted could create regulatory misalignment with federal Medicare policy and operational conflict with other existing state law and the standards hospitals already follow for payor compliance and credentialing.

Operational and Access Implications
If the proposed rule is interpreted to require in-room physician presence, hospitals would face serious operational challenges. This requirement would constrain the ability of qualified APPs to perform or supervise fluoroscopic procedures under existing credentialing and collaborative arrangements.

Such a change would:

- Create unnecessary staffing and scheduling burdens;
- Delay the delivery of diagnostic and therapeutic procedures; and
- Reduce patient access to timely care, especially in rural and underserved areas where physicians may not always be physically available.

Hospitals have long maintained policies and procedures ensuring that APPs perform these services safely and competently under established supervision and credentialing standards. Requiring a physician to be present in the room would not enhance patient safety but would likely limit the availability of these services.

Request for Clarification and Alignment
NCHA respectfully requests that DHHS clarify or amend the proposed rule to:

1. Clarify the "personal supervision" definition to require oversight of the individual performing the service in conformance with applicable state law, not the continuous physical presence of the physician during the procedure;
2. Acknowledge that APPs may perform certain fluoroscopy services within their scopes of practice and institutional credentialing standards in accordance with current state law on physician supervision.

NCHA believes these clarifications would preserve patient safety, promote workforce efficiency, and maintain alignment across state and federal regulatory frameworks. We are confident that this can be achieved without compromising quality of care or compliance obligations.

Thank you for the opportunity to provide comments. NCHA appreciates the Division's continued collaboration with the provider community on regulatory matters that affect hospital operations and patient care. Please do not hesitate to contact Makeda Harris at mharris@ncha.org if we can provide additional information or examples to assist in this review.

Sincerely,

Josh Dobson
President and CEO
North Carolina Healthcare Association