



Atrium Health

October 14, 2025

Shanah Black
North Carolina Division of Health Service Regulation
1915 Health Services Way
Raleigh, NC 27607
DHSR.RulesCoordinator@dhhs.nc.gov

Subject: Comments on Proposed Amendments to 10A NCAC 15 .0601 - .0608, .0610-.0611

Dear Ms. Black,

On behalf of Atrium Health, I write to voice our strong opposition to the proposed amendments to **10A NCAC 15.0601 -0608, .0610-.0611**, as published in the North Carolina Register on August 15, 2025. Atrium Health, part of Advocate Health, the third largest not-for-profit health system in the country and the largest health system in North Carolina, employing 70,000 teammates, including 3700 Advanced Practice Providers (APPs), many of whom provide life-saving care across the state.

We appreciate the Department of Health Service Regulation's ongoing commitment to improving access and quality of care for North Carolinians. The use of fluoroscopy, as referenced in the proposed rule, is often a critical step in the disease management process. Radiation diagnostic and interventional tools should be available to all North Carolinians without unnecessary delay.

Key Concerns are as follows:

Increased Oversight within 10A NCAC .0604(2)(A) is inconsistent with National Standards

The proposed language in Section .0604(2)(A) changes the requirements for operator qualifications and supervision which is inconsistent with National Best Practices. The proposed revision diverges from American College of Radiology and National Council. "The ACR emphasizes that the ultimate judgment regarding the level of supervision required for fluoroscopy should be made by the practitioner, taking into account all circumstances, including patient condition, available resources, and advances in technology" American College of Radiology. ACR Practice Parameters and Technical Standards. Available at

<https://www.acr.org/Clinical-Resources/Clinical-Resources/Clinical-Tools-and-Reference/Practice-Parameters-and-Technical-Standards>. Accessed October 14, 2025.

10A NCAC .0604(2)(A) Increases Cost for Providers

Atrium Health Wake Forest Baptist will need to double the number of Interventional Radiologists to meet compliance with the current rule related to the requirement of “personal supervision.” The existing labor market does not support the increase in Interventional Radiology physicians, which would lead to significant service disruptions throughout the state.

The proposed rule provides for certain increased length of stay and delays in care for patients. Within Atrium Health, interventional radiology APPs and physicians provide access for hundreds of patients a day. The result of requiring a physician to personally supervise an APP performing a procedure utilizing fluoroscopy will delay patient access not only for the procedure, but also for the care resulting from a diagnosis via fluoroscopy. Additionally, it will result in radiologists being unnecessarily pulled from the delivery of care that only they can provide, including traumas, emergency services and other complex radiological interventions. Triaging personal supervision for fluoroscopy and the other clinical care demanded of radiologists only delays care for all patients needing radiological treatment and assessment.

Lack of Evidence of Quality or Health Outcomes Data

There is evidence that the current version of 10A NCAC .0604(2)(A) provides high volume and safe fluoroscopy procedures. Atrium Health routinely monitors these procedures completed under general supervision by APPs via a robust quality review process. Atrium Health finds there is no correlation to an increase in patient radiation dose exposure with an APP performing the procedure compared to their physician colleagues. Additionally, there is no correlation between an increase in procedure complications in APP performed procedures versus MD performed procedures.

Impact on Rural Patients

Atrium Health provides more care to North Carolinians living in rural areas than any other system. Nowhere will 10A NCAC .0604(2)(A) have a more negative impact than in rural areas who are struggling already to access basic interventional care. Requiring “personal supervision” will only further stress an underserved community and likely physicians who are already overworked and underrepresented in North Carolina’s rural communities.

For consideration, Atrium Health makes the following **recommendations**:

1. Withdraw or revise Section 10A NCAC .0604(2)(A) to maintain current standards for fluoroscopy operator qualifications and supervision.
2. Convene a stakeholder advisory group to review the proposed changes and recommend evidence-based revisions if warranted.
3. Conduct a formal risk assessment to evaluate the potential impact of the proposed changes on patient safety and radiation.

We urge the DHSR to reconsider this proposal and prioritize the health and safety of North Carolinians.

Thank you Sincerely,

A handwritten signature in black ink that reads "Matt". The letters are cursive and slightly slanted to the right.

Matt Anderson MD, MHA
Chief Physician Executive, Division
Advocate Health