

October 14, 2025

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

Dear Ms. Black,

I am writing today to provide comments regarding the recently proposed Radiation Protection Rules, specifically 10A NCAC 15.0604(i)(2) and (3) and the requirement for “personal supervision” of Advanced Practice Providers.

The proposed regulatory changes would require an Advanced Practice Provider (“APP”) performing fluoroscopy studies to be under personal supervision of a radiologist or be “enrolled in an accredited educational program for radiography and under the personal supervision of” a physician or an ARRT-registered RT with an active registration in Radiography. Similarly, the proposed language excludes APPs from the list of operators of angiography equipment. “Personal supervision” requires the physical presence of the qualified supervisor in the procedure room.

APPs are licensed independent practitioners who are authorized under state law to diagnose, treat, and prescribe without the personal supervision of a physician, except in very limited situations. The independence and judgment of APPs, and their broad scope of practice, is recognized under current and proposed State law and federal regulations. The requirements at proposed 10A NCAC 15.0604(i) would impose a higher level of supervision on APPs than is required by state law and federal regulations. This will restrict these independent practitioners’ ability to continue to perform certain interventional radiology procedures without a physician physically present in the procedure room and will result in significant delays for patients. Requiring general or direct supervision for APPs is more consistent with the scope of practice granted to APPs and current clinical practice.

For example, at WakeMed APPs and radiologic technologists (“RT”) perform fluoroscopy studies at each of our hospitals without personal supervision. There is always a physician on site if needed. If this proposed rule change were passed as proposed, however, our contracted radiology partner, Raleigh Radiology, would be required to change their staffing model to place a physician physically in the procedure room for each and every fluoroscopy study in order to comply with the regulatory language. This will result in higher costs and significant delays in patient care and is not an effective use of limited physician resources.

While providing high quality care is a top priority of WakeMed, the proposed changes requiring personal supervision by radiologists are not realistic given the increasing demand for radiology services in the face of a national and local radiologist shortage. According to Becker’s Hospital Review, “a shortage of up to 42,000 radiologists is expected by 2033” (Bean, 2024). The article further highlights that “the number of imaging studies increases by up to 5% per year, but the

number of radiology residency positions only increases by 2%” (Bean, 2024). APPs and RTs are trained appropriately and currently supervised at WakeMed to provide safe care for our patients. The proposed restriction on APPs’ ability to practice within their established scope of practice should be removed in order to meet patient need and avoid inconsistencies between these regulations and existing and proposed state and federal requirements.

Thank you for your consideration.

Respectfully,

Donald Gintzig
President & CEO

Reference

Bean, M. (2024, December 31). *The radiologist shortage, explained*. Becker’s Hospital Review | Healthcare News & Analysis; Becker’s Hospital Review | Healthcare News & Analysis.
<https://www.beckershospitalreview.com/radiology/the-radiologist-shortage-explained/>