PROPOSED RULE MAKING

CR-102 (June 2012)
(Implements RCW 34.05.320)
Do **NOT** use for expedited rule making

Agency: Department of Health

☒ **Preproposal Statement of Inquiry was filed as WSR** 10-15-101 **; or**
☐ **Expedited Rule Making--Proposed notice was filed as WSR _ ; or**
☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).**

☒ **Original Notice**
☐ **Supplemental Notice to WSR**
☐ **Continuance of WSR**

Title of rule and other identifying information: (Describe Subject)
WAC 246-926-180 Amending the parenteral procedure rule for radiologic technologists

Hearing location(s): Department of Health
Town Center 2 (TC2)
111 Israel Road SE Room 145
Tumwater, WA 98501

Date: July 24, 2014 Time: 9:30 am

Date of intended adoption: 08/07/2015
(Note: This is **NOT** the **effective** date)

Submit written comments to:
Name: Susan Gragg, Program Manager
Address: Department of Health
PO Box 47852
Olympia, WA 98504-7852
e-mail: http://www3.doh.wa.gov/policyreview/
fax 360-236-2901 by (date) 07/24/2015

Assistance for persons with disabilities: Contact
Susan Gragg, Program Manager by 07/20/2015
TTY (800) 833-6388 or () 711

Purpose of the proposal and its anticipated effects, including any changes in existing rules:
The Department of Health (department) received a rule petition asking for clarification as to whether accessing peripherally inserted central catheters (PICC) lines and ports for manual and power injections is within the existing statutory scope of practice for radiologic technologists (RTs). In its present form, this rule is not clear on the subject of RTs accessing PICC lines and/or ports. The department has determined that current law regarding the RT scope of practice includes administering diagnostic and/or therapeutic agents, identified in statute as parenteral procedures. The statute does not specify, nor does it limit, the route(s) an RT may use. The administration of substances related to radiologic technology, whether through intravenous injection or by accessing PICC lines and/or power ports, is nationally recognized technique. For that reason, the department is proposing an amendment to the rule.

Reasons supporting proposal:
Rules that implement chapter 18.84 RCW, RT scope of practice, need to clearly state permissible duties to ensure that imaging technology is safe and effectively administered to the people of this state by skilled and qualified health care providers. The proposed rule meets the statutory goals and objectives because it clearly identifies allowed actions under RT scope of practice. The proposed rule is also consistent with industry standards.

Statutory authority for adoption:
RCW 18.84.040

Statute being implemented:
RCW 18.84.040, RCW 18.84.020(6)

Is rule necessary because of a:

Federal Law?	☐ Yes	☒ No
Federal Court Decision?	☐ Yes	☒ No
State Court Decision?	☐ Yes	☒ No

If yes, CITATION:

DATE 06/02/2015

NAME (type or print)
Dennis Worsham for John Wiesman, DrPH, MPH

SIGNATURE
for John Wiesman, DrPH, MPH

TITLE
Deputy Secretary for Secretary of Health

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: June 02, 2015
TIME: 9:50 AM

WSR 15-12-090

(COMPLETE REVERSE SIDE)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None.

Name of proponent: (person or organization) Department of Health

☐ Private
☐ Public
☒ Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting.....	Susan Gragg, Program Manager	111 Israel Road SE, Tumwater, WA 98501	360-236-4941
Implementation....	Susan Gragg, Program Manager	111 Israel Road SE, Tumwater, WA 98501	360-236-4941
Enforcement.....	Susan Gragg, Program Manager	111 Israel Road SE, Tumwater, WA 98501	360-236-4941

Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?

☐ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:
Name:
Address:

phone
fax
e-mail

☒ No. Explain why no statement was prepared.
A small business economic impact statement was not prepared. The proposed rule would not impose more than minor costs on businesses in an industry.

Is a cost-benefit analysis required under RCW 34.05.328?

☐ Yes A preliminary cost-benefit analysis may be obtained by contacting:
Name: Susan Gragg, Program Manager
Address: Department of Health
PO Box 47852
Olympia, WA 98504-7852

phone 360-236-4941
fax 360-236-2901
e-mail susan.gragg@doh.wa.gov

☒ No: Please explain: The agency did not complete a cost benefit analysis under RCW 34.05.328. Under RCW 34.05.328, a cost benefit analysis is required for "significant legislative rules." By definition, under RCW 34.05.328(5)(c)(ii), the proposed rule is considered an "interpretive rule."

AMENDATORY SECTION (Amending WSR 12-10-094, filed 5/2/12, effective 5/3/12)

WAC 246-926-180 Parenteral procedures ((~~for a diagnostic or therapeutic radiologic technologist, or a cardiovascular invasive specialist~~)). (1) For the purposes of this section, these terms shall have the following meaning:

(a) "Diagnostic agent" means a substance used in radiologic technology to reveal, pinpoint, and define the localization of a pathological process, such as contrast preparations, radioactive isotopes, and dyes.

(b) "Parenteral administration" means introducing a substance or medication into the body in a manner other than through the digestive canal or by topical application.

(c) "Therapeutic agent" means a medication or substance intended for medical treatment in the radiologic technology domain.

(d) "Venipuncture" means a procedure to puncture a vein to withdraw blood or to start intravenous infusion related to radiologic technology, but does not include the insertion of peripherally inserted central catheter (PICC) lines.

(2) A certified diagnostic or therapeutic radiologic technologist may administer diagnostic and therapeutic agents via intravenous, intramuscular, or subcutaneous injection, under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW. ((~~Diagnostic and therapeutic agents may be administered via intravenous, intramuscular, or subcutaneous injection. In addition to direct supervision,~~)) This includes accessing PICC lines and ports for manual or power injections for procedures related to radiologic technology. PICC lines and injection ports must be of a type approved by the federal Food and Drug Administration for administering diagnostic or therapeutic agents in radiologic technology. This does not include intraosseous infusion or intrathecal administration.

(3) Before the radiologic technologist may administer diagnostic and therapeutic agents, the following ((~~guidelines~~)) must be met:

(a) The radiologic technologist has had the prerequisite training and thorough knowledge of the particular procedure to be performed;

(b) Appropriate facilities are available for coping with any complication of the procedure as well as for emergency treatment of severe reactions to the diagnostic or therapeutic agent itself, including readily available appropriate resuscitative drugs, equipment, and personnel; and

(c) After parenteral administration of a diagnostic or therapeutic agent, competent personnel and emergency facilities must be available to the patient for at least thirty minutes in case of a delayed reaction.

((~~(2)~~)) (4) A cardiovascular invasive specialist may administer parenteral diagnostic and therapeutic agents during cardiac or vascular catheterization procedures under the personal supervision of a physician licensed under chapter 18.71 or 18.57 RCW. Parenteral administration includes, but is not limited to, catheterization procedures involving arteries and veins.

((~~(3)~~)) (5) A certified radiologic technologist or cardiovascular invasive specialist may perform venipuncture under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW.