DECLARATORY RULING OF

THE ALABAMA STATE BOARD OF MEDICAL EXAMINERS

On March 19, 2026, the Alabama State Board of Medical Examiners ("the Board") considered a request submitted on the behalf of American Health Imaging ("AHI" or "Petitioner") for a declaratory ruling pursuant to Ala. Code § 41-22-11 and Ala. Admin. Code R. 540-X-1-.10, concerning the application and amendment of the Board's August 17, 2023, declaratory ruling describing the Board's standards for the intravenous injection of contrast media by radiologic technologists in Alabama who hold an American Registry of Radiologic Technologists ("ARRT") certification and registration while under the remote supervision of a licensed Alabama physician who is a board-certified radiologist.

FACTS PRESENTED

Petitioners present the following factual background[1]:

> I write to respectfully request that the Board issue a Declaratory Ruling regarding the authorization for radiologic technologists to administer intravenous contrast media in Outpatient Diagnostic Centers (ODCs) when supervision is provided virtually by a radiologist or other qualified provider. Specifically, we ask the Board to confirm that Alabama licensed paramedics and advanced EMTs are permitted to serve as on-site personnel, physically present in the facility and available to receive real-time instructions from the supervising radiologist to assist in the event of a contrast reaction when the radiologic technologist administers contrast under the virtual supervision of a radiologist or other qualified provider.
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> This request aligns with the intent and patient safety framework outlined by the American College of Radiology (ACR) in its Position Statement on the Supervision of Contrast Material Administration, including the standards for remote supervision. The ACR acknowledges that when contrast is administered under virtual supervision, patient safety is maintained by having appropriately trained, licensed personnel on-site who can assess, intervene, escalate care, and consult a physician immediately. Licensed paramedics clearly meet all of these requirements.
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> First, paramedics and advanced EMTs complete formal education and clinical training that includes patient assessment, physical examination, and medication

[1] The following statement of facts is quoted directly from Petitioner's submission and does not necessarily constitute the opinion of the Board. Petitioner's full submission is attached as Attachment A.

administration. Paramedic licensure programs require extensive didactic instruction and supervised clinical rotations focused on emergency medicine, pharmacology, cardiovascular and respiratory assessment, and rapid clinical decision-making. This training directly aligns with the ACR requirement that on-site personnel have formal clinical preparation in patient assessment and medication administration as part of their licensure curriculum.

Second, paramedics and advanced EMTs meet ongoing competency standards for assessing patients and for identifying, diagnosing, and differentiating adverse reactions. Their professional practice requires continuous validation of skills in recognizing mild, moderate, and severe allergic and physiological responses, skills directly relevant to contrast-related adverse events and aligned with institutional competency expectations as outlined by the ACR.

Third, paramedics and advanced EMTs are specifically trained to identify when medical intervention is needed for allergic or allergic-like hypersensitivity reactions and other adverse events related to contrast administration. Rapid recognition and escalation of care are essential aspects of paramedic practice and reflect the ACR's focus on early detection and response to changing patient conditions.

Fourth, under Alabama law and institutional policies, paramedics and advanced EMTs are authorized to administer prescription medications, including IV and IM medications, based on standing orders and protocol-driven care models. This includes medications explicitly identified by the ACR for urgent response to contrast reactions, such as antihistamines, intravenous fluids, beta-agonist inhalers, and epinephrine. These interventions are routinely performed by paramedics, either independently or under medical direction, and fully align with the emergency response measures outlined in the ACR Manual on Contrast Media.

Fifth, paramedics and advanced EMTs are trained to consult with supervising physicians within appropriate timeframes and to operate within structured medical oversight systems. They routinely receive and act on real-time physician directions and are experienced in collaborating with remote supervising providers. This model closely aligns with the ACR-endorsed virtual supervision framework.

Finally, licensed paramedics and advanced EMTs are specially trained to activate emergency response systems (including managing contrast reactions), recognize when additional medical assistance is required, and coordinate escalation to higher levels of care. Their core competencies include the rapid activation of emergency protocols and effective collaboration with local emergency medical services when necessary.

In our enterprise operations across multiple states, including Texas, Oklahoma, and Georgia, paramedics and advanced EMTs have successfully served in this on-site role in accordance with applicable state scope-of-practice laws and established

clinical protocols. Based on this experience, we have found that licensed paramedics and advanced EMTs provide effective and reliable clinical oversight for the prompt assessment and management of contrast reactions, thereby supporting patient safety and continuity of care in the outpatient imaging setting.

QUESTION PRESENTED

May an Alabama-licensed paramedic or an advanced emergency medical technician satisfy the Board's requirement that a person who is trained and equipped to recognize adverse events related to contrast administration and to follow a symptom and sign driven treatment algorithm to immediately render emergency care be physically present at an imaging facility when a radiologic technologist who holds ARRT certification and registration administers contrast media via an intravenous injection to a patient in Alabama undergoing a Computed Tomography ("CT") or Magnetic Resonance Imaging ("MRI") diagnostic test pursuant to the order of a physician while the radiologic technologist is under the remote supervision of an Alabama-licensed, board-certified radiologist?

ANSWER

The Board has previously ruled on August 17, 2023, that a radiologic technologist who holds ARRT certification and registration may administer contrast media via an intravenous injection to a patient who is undergoing a Computed Tomography ("CT") or Magnetic Resonance Imaging ("MRI") diagnostic test at an originating site in Alabama pursuant to the order of a physician only when (a) such radiologic technologist is under the real-time supervision of an Alabama-licensed, board-certified radiologist who is virtually present in the office suite utilizing synchronous audio and visual real-time communications technology that enables the radiologist to observe, direct, and furnish assistance and direction to the radiologic technologist throughout the performance of the procedure; (b) an Alabama-licensed Registered Nurse ("RN"), Certified

Registered Nurse Practitioner ("CRNP"), Physician Assistant ("PA"), or non-radiologist physician who is appropriately trained to treat adverse reactions to contrast media is physically present at the originating site whenever contrast media is being administered by intravenous injection to a patient; (c) the originating site facility's policy and procedures includes a modality for the supervising radiologist to provide real-time instructions to the RN, CRNP, PA, or other physician assigned to treat contrast-media reactions; and (d) the originating site facility is equipped with the emergency supplies, equipment, and drugs necessary to treat a contrast media reaction. The Board now holds that an Alabama-licensed paramedic or advanced emergency medical technician ("EMT") can be sufficiently trained to provide the onsite emergency care required under this prior declaratory ruling.

DISCUSSION

Petitioner's request adopted the criteria set forth by the American College of Radiology for identifying personnel who possess the appropriate training to identify and treat a contrast reaction. These are the same criteria used by the Board in its prior ruling. Petitioner has shown that licensed paramedics and advanced EMTs meet the ACR's criteria; therefore, it is reasonable for the Board to amend its position as requested by Petitioner.

This opinion amends the August 17, 2023, declaratory ruling[2] to add licensed paramedics and advanced EMTs to the list of individuals who may be trained to provide onsite emergency care in the event of a contrast reaction. The Board's August 17, 2023, declaratory ruling is otherwise unaltered, and it is incorporated into this ruling by reference as if fully set forth herein.

[2] See Attachment B.

This ruling is based upon the precise facts presented and upon statutes and rules currently in existence. Should any relevant statutes or rules be amended or repealed, this ruling may no longer be valid.

DONE this 19th day of March, 2026.

CHARLES M.A. ROGERS, IV, M.D.
Chairman
Alabama State Board of Medical Examiners

ATTACHMENT A

AMERICAN HEALTH Imaging

Alabama State Board of Medical Examiners
Attn: E. Wilson Hunter, General Counsel
848 Washington Avenue
Montgomery, AL 36104

Re: **Request for Declaratory Ruling regarding – Outpatient Diagnostic Centers and Intravenous Contrast Administration**

Dear Members of the Alabama State Board of Medical Examiners:

I write to respectfully request that the Board issue a Declaratory Ruling regarding the authorization for radiologic technologists to administer intravenous contrast media in Outpatient Diagnostic Centers (ODCs) when supervision is provided virtually by a radiologist or other qualified provider. Specifically, we ask the Board to confirm that Alabama licensed paramedics and advanced EMTs are permitted to serve as on-site personnel, physically present in the facility and available to receive real-time instructions from the supervising radiologist to assist in the event of a contrast reaction when the radiologic technologist administers contrast under the virtual supervision of a radiologist or other qualified provider.

This request aligns with the intent and patient safety framework outlined by the American College of Radiology (ACR) in its Position Statement on the Supervision of Contrast Material Administration, including the standards for remote supervision. The ACR acknowledges that when contrast is administered under virtual supervision, patient safety is maintained by having appropriately trained, licensed personnel on-site who can assess, intervene, escalate care, and consult a physician immediately. Licensed paramedics clearly meet all of these requirements.

First, paramedics and advanced EMTs complete formal education and clinical training that includes patient assessment, physical examination, and medication administration. Paramedic licensure programs require extensive didactic instruction and supervised clinical rotations focused on emergency medicine, pharmacology, cardiovascular and respiratory assessment, and rapid clinical decision-making. This training directly aligns with the ACR requirement that on-site personnel have formal clinical preparation in patient assessment and medication administration as part of their licensure curriculum.

Second, paramedics and advanced EMTs meet ongoing competency standards for assessing patients and for identifying, diagnosing, and differentiating adverse reactions. Their professional practice requires continuous validation of skills in recognizing mild, moderate, and severe allergic and physiological responses, skills directly relevant to contrast-related adverse events and aligned with institutional competency expectations as outlined by the ACR.

Third, paramedics and advanced EMTs are specifically trained to identify when medical intervention is needed for allergic or allergic-like hypersensitivity reactions and other adverse events related to contrast administration. Rapid recognition and escalation of care are essential aspects of paramedic practice and reflect the ACR's focus on early detection and response to changing patient conditions.

Fourth, under Alabama law and institutional policies, paramedics and advanced EMTs are authorized to administer prescription medications, including IV and IM medications, based on standing orders and protocol-driven care models. This includes medications explicitly identified by the ACR for urgent response to contrast reactions, such as antihistamines, intravenous fluids, beta-agonist inhalers, and epinephrine. These interventions are routinely performed by paramedics, either independently or under medical direction, and fully align with the emergency response measures outlined in the ACR Manual on Contrast Media.

Fifth, paramedics and advanced EMTs are trained to consult with supervising physicians within appropriate timeframes and to operate within structured medical oversight systems. They routinely receive and act on real-time physician directions and are experienced in collaborating with remote supervising providers. This model closely aligns with the ACR-endorsed virtual supervision framework.

Finally, licensed paramedics and advanced EMTs are specially trained to activate emergency response systems (including managing contrast reactions), recognize when additional medical assistance is required, and coordinate escalation to higher levels of care. Their core competencies include the rapid activation of emergency protocols and effective collaboration with local emergency medical services when necessary.

In our enterprise operations across multiple states, including Texas, Oklahoma, and Georgia, paramedics and advanced EMTs have successfully served in this on-site role in accordance with applicable state scope-of-practice laws and established clinical protocols. Based on this experience, we have found that licensed paramedics and advanced EMTs provide effective and reliable clinical oversight for the prompt assessment and management of contrast reactions, thereby supporting patient safety and continuity of care in the outpatient imaging setting.

In addition to meeting national safety standards, explicitly recognizing paramedics as qualified on-site personnel significantly enhances access to diagnostic imaging services across Alabama, particularly in underserved and rural communities. Many ODCs in these areas face ongoing challenges in recruiting and retaining other licensed healthcare professionals, such as registered nurses. Paramedics and advanced EMTs, already part of Alabama's emergency medical system, offer a stable, highly trained, and readily available workforce capable of supporting safe contrast-enhanced imaging without compromising patient safety or regulatory standards. As healthcare workforce shortages continue to intensify, we would consider it a privilege to extend additional professional opportunities to these highly trained and dedicated first responders.

Given their extensive clinical training, medication authority, emergency response expertise, and experience working under physician oversight, including remote oversight, licensed paramedics are exceptionally well-suited to serve as on-site personnel during contrast administration under virtual supervision. Their inclusion would improve patient safety, enhance emergency preparedness, and expand equitable access to essential diagnostic imaging services statewide.

Therefore, we respectfully request that the Board issue a Declaratory Ruling to explicitly recognize licensed paramedics and advanced EMTs

as qualified on-site personnel for this purpose. Such clarification would provide important regulatory certainty and enable ODCs to staff their facilities with the most capable and suitable emergency-response professionals.

Notably, the requirement for additional on-site licensed personnel beyond a certified radiologic technologist is not universally mandated when contrast is administered under virtual physician supervision. Several states permit certified radiologic technologists to administer intravenous contrast under remote or general supervision, without requiring an additional licensed practitioner to be physically present, provided that proper training, competency validation, emergency protocols, and immediate access to physician consultation are in place (Texas, Colorado, Florida). These regulatory frameworks adopt a risk-based approach that recognizes the low risk of severe contrast reactions, the advanced training and certification of modern radiologic technologists, and the effectiveness of standardized emergency procedures combined with rapid escalation pathways. Importantly, these states have implemented such models without evidence of compromised patient safety, demonstrating that patient protection can be maintained through policies, protocols, and competency rather than a strict on-site staffing requirement.

Thank you for your thoughtful consideration of this request and for your ongoing dedication to safeguarding patients' safety and well-being in Alabama. We would be happy to offer additional information or engage in further discussion if the Board finds it helpful.

Respectfully,

Dan Balentine
Division President, Outpatient Imaging Services

ATTACHMENT B

DECLARATORY RULING OF

THE ALABAMA STATE BOARD OF MEDICAL EXAMINERS

On August 17, 2023, the Alabama State Board of Medical Examiners ("the Board") considered a request submitted on the behalf of Outpatient Imaging Affiliates, LLC ("OIA") and Diagnostic Health MRI of Gadsden, LLC d/b/a Outpatient Diagnostic Center ("ODC") (collectively "Petitioners") for a declaratory ruling pursuant to Ala. Code § 41-22-11 and Ala. Admin. Code R. 540-X-1-.10, concerning a clinical policy and procedure proposed by ODC to permit the intravenous injection of contrast media by radiologic technologists in Alabama who hold an American Registry of Radiologic Technologists ("ARRT") certification and registration while under the remote supervision of a licensed Alabama physician who is a board-certified radiologist.

FACTS PRESENTED

Petitioners present the following factual background:

> OIA is a national owner and operator of outpatient imaging centers. OIA provides long term management and billing services to its outpatient imaging centers. ODC is a wholly owned subsidiary of OIA. ODC is a provider of medical imaging services that has four facilities located in Alabama (the "Centers"). The Centers are enrolled with Medicare as Independent Diagnostic Testing Facilities ("IDTFs"). The Centers operate under the supervision of licensed Alabama physicians who are board-certified radiologists. All radiologic technologists who perform CT procedures at the Centers hold ARRT credentials as CT technologists in addition to ARRT certification and registration as radiologic technologists. Likewise, all radiologic technologists who perform MRI procedures at the Centers hold ARRT credentials as MRI technologists in addition to ARRT certification and registration as radiologic technologists.
>
> Under the Proposed Policy and Procedure, radiologic technologists performing CT and MRI diagnostic tests that involve intravenous contrast media at a Center would safely administer such contrast media via intravenous injections under the supervision of an Alabama-licensed, board-certified radiologist who is virtually present in the office suite of the Center via A/V real-time communications technology and immediately available to furnish assistance and direction throughout the performance of the procedure. Additionally, under the Proposed

Policy and Procedure, an Alabama-licensed RN would be physically present at the Center and available to accept real-time instructions from the supervising radiologist to provide appropriate treatment in response to any adverse reactions that may occur in connection with intravenous contrast media injections performed by radiologic technologists.

Per the Proposed Policy and Procedure, the radiologic technologists would, prior to intravenously administering contrast media to a patient at the Center, review the patient for any contraindications for the administration of contrast media. This would include a review of the patient's available history, the order and diagnosis provided by the ordering physician, and a verbal interview with the patient prior to the intravenous administration of contrast media. Further, to mitigate the risk of adverse reactions to contrast media, the Centers will not allow intravenous contrast media injections to be performed by radiologist technologists without an Alabama-licensed, board-certified radiologist physically present in the office suite of the Center for any of the following patients: (1) patients with a prior allergic-like reaction to contrast media, (2) pediatric patients (i.e., patients under the age of 18), and (3) pregnant patients.

The Centers will also adopt guidelines for the intravenous administration of contrast media as well as the treatment of adverse reactions to contrast media similar to those published by the American College of Radiology (ACR). Moreover, the Centers will be equipped with emergency supplies, including medications and equipment, necessary to respond to adverse reactions to contrast media, and the Centers' clinical staff will hold CPR certification. In addition, the Centers will conduct emergency management onsite training on a regular basis.

QUESTION PRESENTED

May a radiologic technologist who holds ARRT certification and registration administer contrast media via an intravenous injection to a patient in Alabama undergoing a Computed Tomography ("CT") or Magnetic Resonance Imaging ("MRI") diagnostic test pursuant to the order of a physician while (a) such radiologic technologist is under the remote supervision of an Alabama-licensed, board-certified radiologist who is virtually present in the office suite through audio/video ("A/V") real-time communications technology that enables the radiologist to be immediately available to furnish assistance and direction throughout the performance of the procedure and (b) an Alabama-licensed Registered Nurse ("RN") is physically present at the

facility to accept real-time instructions from the supervising radiologist in order to provide appropriate treatment to the patient in the event patient experiences an adverse reaction to the contrast media?

ANSWER

A radiologic technologist who holds ARRT certification and registration may administer contrast media via an intravenous injection to a patient at an originating site in Alabama undergoing a Computed Tomography ("CT") or Magnetic Resonance Imaging ("MRI") diagnostic test pursuant to the order of a physician only when (a) such radiologic technologist is under the real-time supervision of an Alabama-licensed, board-certified radiologist who is virtually present in the office suite utilizing synchronous audio and visual real-time communications technology that enables the radiologist to observe, direct, and furnish assistance and direction to the radiologic technologist throughout the performance of the procedure; (b) an Alabama-licensed Registered Nurse ("RN"), Certified Registered Nurse Practitioner (“CRNP”), Physician Assistant (“PA”), or non-radiologist physician who is appropriately trained to treat adverse reactions to contrast media is physically present at the originating site whenever contrast media is being administered by intravenous injection to a patient; (c) the originating site facility’s policy and procedures includes a modality for the supervising radiologist to provide real-time instructions to the RN, CRNP, PA, or other physician assigned to treat contrast-media reactions; and (d) the originating site facility is equipped with the emergency supplies, equipment, and drugs necessary to treat a contrast media reaction.

DISCUSSION

The Board's previously published guidance interpreting applicable law and regulations, issued in a letter dated March 23, 1999, opined:

> There exists no Alabama State Board of Medical Examiners' Rule which addresses the act or task of injecting patients with medication by unlicensed assistive personnel. Consequently, if unlicensed assistive personnel in a physician's office or clinic administer medication by injection to a patient pursuant to delegation by the physician and under the direct supervision of the physician, it is the Board's opinion that no violation of any Board of Medical Examiners Rule has occurred; however, the physician remains responsible for the actions of the employee.[1]

The Board's position when it most recently addressed this issue is that radiologic technologists in Alabama are permitted to administer intravenous contrast media injections pursuant to the order of a physician but only under the direct supervision of the physician, while the physician is immediately physically available on the premises.

There are no provisions in the Medical Practice Act or the Alabama Administrative Code regulations promulgated under the Medical Practice Act addressing whether a physician may conduct direct supervision of unlicensed personnel (e.g., radiologic technologists) injecting patients with contrast media remotely through real-time communications technology that enables the physician to be immediately available to furnish assistance and direction throughout the performance of the procedure. However, in a 2003 letter, the Board opined that [i]njection of any contrast media requires a physician's order and presence."[2] Further, the Board stated that:

> The physician who is to respond to the patient's needs and who has consented to be responsible should be immediately physically available (on the premises) when a technician injects contrast media, and injections of contrast media by a technician should be allowed only when the physician is immediately physically available (on the premises).[3]

Accordingly, based on guidance published by the Board when it last had the opportunity to address this question, unlicensed personnel, such as radiologic technologists, in Alabama are permitted to administer contrast media by intravenous injection to a patient pursuant to a

[1] Ala. Bd. Of Med. Exam'rs, Opinion Letter on Unlicensed Personnel Giving Injection (Mar. 23, 1999), https://www.albme.gov/uploads/files/1-0399.pdf
[2] Ala. Bd. Of Med. Exam'rs, Opinion Letter on Injection of Contrast Media (Jan. 23, 2003), https://www.albme.gov/uploads/files/1-0103.pdf
[3] *Id.*

physician's order while under the direct supervision of the physician. However, under the Board's 2003 interpretation, radiologic technologists are only permitted to perform such intravenous contrast media injections when the supervising physician is immediately physically available on the premises.

Current Federal Rules and Accrediting Body Standards Related to Remote Supervision

In light of the Public Health Emergency for COVID-19 (the "PHE"), the Centers of Medicare and Medicaid Services ("CMS") recently amended its regulations governing the level of supervision that is required in order for diagnostic x-ray and other diagnostic tests performed by IDTFs to be payable under the Medicare Physician Fee Schedule. Specifically, CMS temporarily amended the definition of "direct supervision," which is typically required for diagnostic imaging procedures involving contrast media to be payable by Medicare when delivered in an IDTF setting, to include the supervision of a physician who is virtually present in the office suite through A/V real-time communications technology and immediately available to furnish assistance and direction through the performance of the procedure. 5

The ACR has also recently revised its Practice Parameter for the Use of Intravascular Contrast Media (the "ACR Practice Parameter") to allow intravenous contrast media administration to be performed by certified radiologic technologists when, for instance, an RN following a symptom-and sign-driven treatment algorithm is present and immediately available to furnish assistance and direction throughout the performance of the procedure. Under the ACR Practice Parameter, the RN must be under a radiologist's overall direction and control, but the radiologist's presence is not required during the performance of the procedure.[4]

[4] Am. Coll. of Radiology & Soc'y for Pediatric Radiology, APR-SPR Practice Parameter for the Use of Intravascular Contrast Media (Revised 2022) at§ II.D., https://www.acr.org/-/media/acr/files/practice-parameters/ivcm.pdf.

Remote Radiologist Supervision of Contrast Media Administration in Other Jurisdictions

OIA currently operates in 17 states and has communicated to the Board its awareness of approaches to remote radiologist supervision of the intravenous administration contrast media by radiologic technologists similar to its own Proposed Policy and Procedure in Pennsylvania, Kentucky, and the District of Columbia. In these jurisdictions, it is OIA's understanding that radiologists have or are in the process of implementing clinical policies and procedures pursuant to which radiologists conduct remote supervision of diagnostic imaging tests involving contrast media administration by radiologic technologists while a non-radiologist healthcare professional, such as a RN, who is licensed and authorized to administer pharmaceuticals, clinical care, and if needed, basic life support is physically present at the facility. These examples represent a growing acceptance across the country of radiologists conducting direct supervision of radiologic technologists performing intravenous contrast media administration via A/V real-time communications technology.

The positions recently adopted by CMS and the ACR recognize that radiologists can effectively supervise diagnostic imaging tests involving intravascular contrast media under certain circumstances. And the ACR Practice Parameter recognizes that radiologic technologists that hold ARRT certification and registration are competent to perform intravenous contrast media injections under certain levels of radiologist supervision, including under remote radiologist supervision in circumstances like the factual scenario described above. Indeed, the ACR's Manual on Contrast Media states that, subject to the requirements of state law, a radiologic technologist may administer contrast media.[5] The positions adopted by CMS and the ACR are bolstered by the

[5] *See* Am. Coll. Of Radiology, ACR Manual on Contrast Media (2023) at 15, https://www.acr.org/-/media/ACR/Files/Clinical-Resources/Contrast_Media.pdf.

increasing acceptance of remote radiologist supervision of intravenous contrast media administration by radiologic technologists in other jurisdictions.

Remote Supervision and Telehealth in Alabama

In 2022, the Alabama Legislature passed Act 2022-302, which established telehealth as a modality for delivering healthcare services rather than a separate field or specialty requiring different qualifications or licenses from the usual practice of medicine. Under Ala. Code § 34-24-701(16), "Telemedicine" is "[a] form of telehealth referring to the provision of medical services by a physician at a distant site to a patient at an originating site via asynchronous or synchronous communications, or other devices that may adequately facilitate and support the appropriate delivery of care." "Telehealth medical services" refers to "[d]igital health, telehealth, telemedicine, and the applicable technologies and devices used in the delivery of telehealth." Ala. Code § 34-24-701(15) The "originating site" is where the patient is located, and the "distant site" is where the physician is located when the telehealth medical services are being delivered. Ala. Code § 34-24-701(5), (10). A physician may provide telehealth medical services from any distant site. Ala. Code § 34-24-703(c).

However, "[a] physician providing telehealth medical services shall owe to the patient the same duty to exercise reasonable care, diligence, and skill as would be applicable if the service or procedures were provided in person." Ala. Code § 34-24-703(a). This duty includes ensuring the safety of the patient. The ACR Practice Parameter states that a radiologist, a non-radiologist physician, an advanced practice provider (PA or CRNP), or an RN who follows a symptom and sign driven treatment algorithm can directly supervise intravenous contrast material administration if he or she is trained in, and periodically demonstrates competence in: "managing acute hypersensitivity and physiologic drug reactions . . . [a]ppropriately administering reassurance,

oxygen, antihistamine, intravenous fluids, beta2-agonist inhaler, epinephrine, [and] position changes . . understanding when to call for assistance and how to activate emergency response systems, [and] Basic Life Support (BLS)."[6] The person supervising the radiologic technologist who is administering the contrast media must, under ACR guidelines, be "in the room or in an adjacent control room" and in a position to "observe the patient during and immediately after the injection," "recognize adverse events related to contrast media injection," and "summon medical assistance as needed."[7]

The Petitioners propose to have a radiologist participating in the administration of intravenous contrast material via a telehealth modality. They further propose to have a licensed and trained healthcare provider physically on site to provide intervention in the case of an adverse event. The Board sees no reason why a radiologist cannot practice telemedicine at Petitioners' originating site when on-site personnel comply with the ACR Practice Parameter described above. Accordingly, it is the opinion of the Board that a radiologist may directly supervise via telemedicine a radiologic technologist who holds ARRT certification and registration and who is administering contrast media via an intravenous injection to a patient at an originating site in Alabama; provided, a non-radiologist physician, an advanced practice provider (PA or CRNP), or an RN who follows a symptom and sign driven treatment algorithm[8] is physically on-site and is equipped and trained to recognize adverse events related to contrast administration and is immediately available to render emergency care.

The Board notes specially that Petitioners state:

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[6] Am. Coll. of Radiology & Soc'y for Pediatric Radiology, APR-SPR Practice Parameter for the Use of Intravascular Contrast Media (Revised 2022) at 4, https://www.acr.org/-/media/ACR/Files/Practice-Parameters/IVCM.

[7] *Id.*

[8] The non-radiologist physician, advanced practice provider, or RN must hold BLS certification and ACLS certification. PALS certification is additionally required for treatment of pediatric patients. *See generally* training requirements for office-based surgical procedures. Ala. Admin. Code R. 540-X-10.

> Further, to mitigate the risk of adverse reactions to contrast media, the Centers will not allow intravenous contrast media injections to be performed by radiologist technologists without an Alabama-licensed, board-certified radiologist physically present in the office suite of the Center for any of the following patients: (1) patients with a prior allergic-like reaction to contrast media, (2) pediatric patients (i.e., patients under the age of 18), and (3) pregnant patients.

The scope of the Petitioners' question concerns the supervision of ARRT-certified radiologic technologists. Because the issue exceeds the scope of Petitioners' request, the Board renders no opinion at this time concerning the safety and propriety of administering intravenous contrast media injections to pregnant patients, pediatric patients, or patients with a prior allergic-like reaction to contrast media in an outpatient clinic.

This ruling is based upon the precise facts presented and upon statutes and rules currently in existence. Should any relevant statutes or rules be amended or repealed, this ruling may no longer be valid.

DONE this 17th day of August, 2023.

MARK H. LEQUIRE, M.D.
Chairman
Alabama State Board of Medical Examiners