

# GEORGIA COMPOSITE MEDICAL BOARD

EXECUTIVE DIRECTOR  
LaSharn Hughes, MBA



BOARD CHAIRPERSON  
John T. Perry, MD

2 Peachtree Street, N.W., 36<sup>th</sup> Floor • Atlanta, Georgia 30303 • Tel: 404.656.3923 • <http://www.medicalboard.georgia.gov>  
E-Mail: [medbd@dch.ga.gov](mailto:medbd@dch.ga.gov)

## **GEORGIA COMPOSITE MEDICAL BOARD** **NOTICE OF INTENT TO AMEND AND ADOPT RULES**

TO ALL INTERESTED PARTIES:

Notice is hereby given by the Georgia Composite Medical Board that it intends to amend **Rule 360-3-.05 "Medical Assistants, Polysomnography Technologists, and Radiology Technologists"**. An exact copy of the proposed amendments is attached to this Notice.

This notice, together with an exact copy of the proposed rules and a synopsis of the proposed rules are being emailed to all persons who have requested, in writing, that they be placed on the mailing list. A copy of this notice, an exact copy of the proposed rules and a synopsis of the proposed rules may be reviewed during normal business hours of 8:00a.m. to 5:00p.m., Monday through Friday, except official State holidays, at the office of the Georgia Composite Medical Board, 2 Peachtree Street, N.W., 36<sup>th</sup> Floor, Atlanta, Georgia 30303.

Any interested person who will be affected by these rules may present his or her comments to the Board no later than **April 30, 2010** or make comments at the public hearing. Comments may be directed to Diane Atkinson, Georgia Composite Medical Board, 2 Peachtree Street, N.W., 36<sup>th</sup> Floor, Atlanta, Georgia 30303-3465 or may be received by the Board by e-mail at [matkinson@dch.ga.gov](mailto:matkinson@dch.ga.gov).

A public hearing is scheduled to begin at **8:15 a.m. on May 6, 2010** at the 36th Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia 30303, to provide the public an opportunity to comment upon and provide input into the proposed rules.

The Board voted to adopt this Notice of Intent on **February 4, 2010** meeting. The Board will consider at its meeting on **May 6, 2010 at 8:15 a.m.** the comments from the public hearing whether the formulation and adoption of these proposed rule amendments imposes excessive regulatory costs on any license or entity and whether any cost to comply with the proposed rule amendments could be reduced by a less expensive alternative that accomplishes the objectives of the statutes which are the basis of the proposed rule. Additionally at its meeting on **May 6, 2010**, the Board will consider whether it is legal or feasible in meeting the objectives of the applicable laws to adopt or implement differing actions for businesses as listed in O.C.G.A. § 50-13-4(3)(A)(B)(C)(D).

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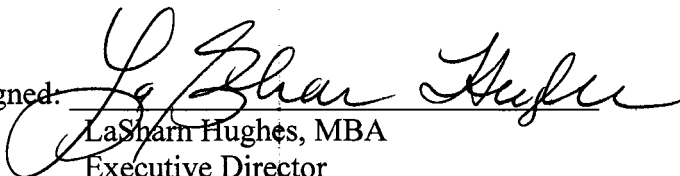
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The authority for promulgation of these rules is O.C.G.A. §§ 43-34-12, 43-34-44, and 43-34-45 and the specific statutes cited in the proposed rules.

This Notice is adopted and posted in compliance with O.C.G.A. § 50-13-4 of the Georgia Administrative Procedures Act. A synopsis of the proposed rules and an economic impact statement are attached to this Notice.

Date: 3/23/10

Signed: \_\_\_\_\_

  
LaSharn Hughes, MBA  
Executive Director  
Georgia Composite Medical Board

RULES  
OF  
COMPOSITE STATE BOARD OF MEDICAL EXAMINERS  
GEORGIA COMPOSITE MEDICAL BOARD

CHAPTER 360-3  
INVESTIGATIONS AND DISCIPLINE

**Rule 360-3-.05 Medical Assistants, Polysomnography Technologists, and Radiology Technologists**

It shall be grounds for disciplinary action by the Board if a physician aids or abets another person in misrepresenting his/her credentials or engaging in unlicensed practice. Engaging in unlicensed practice includes delegation by a physician of professional responsibilities to a person who is not authorized to provide such services. A physician may delegate the performance of certain medical tasks to an unlicensed person with appropriate supervision as provided herein.

**1. Medical Assistants**

For purposes of this rule, a medical assistant is an unlicensed person employed by the physician to whom he or she delegates certain medical tasks.

(a) A physician may delegate to a medical assistant the following medical tasks: subcutaneous and intramuscular injections; obtaining vital signs; administering nebulizer treatments; or removing sutures and changing dressings.

(b) Physicians or physician assistants under basic job description and/or advanced practice nurses under protocol must be on-site for a medical assistant to administer subcutaneous and intramuscular injections, to administer nebulizer treatments, and to remove sutures and change dressings. It is not required for a physician to be on-site for a medical assistant to obtain vital signs.

(c) Physician shall only allow medical assistants to provide services for which they have been properly trained. Physicians shall maintain accurate and complete records of professional services rendered.

(d) Nothing in this rule prohibits the performance of tasks by medical assistants that would not otherwise require a license.

**2. Polysomnography**

## (1) Definitions

(a) 'Polysomnography' means the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders. Polysomnography includes, but is not limited to, the process of analysis, monitoring, and recording of physiologic data during sleep and wakefulness to assist in the treatment of disorders, syndromes, and dysfunctions that are sleep related, manifest during sleep, or disrupt normal sleep activities. Polysomnography also includes, but is not limited to, the therapeutic and diagnostic use of low-flow oxygen, the use of positive airway pressure including continuous positive airway pressure (CPAP) and bi-level modalities, adaptive servo-ventilation, and maintenance of nasal and oral airways that do not extend into the trachea.

(b) Polysomnographic technologist' means any person performing polysomnography services under the supervision of a physician licensed under this article without the requirement that the technologist is licensed .

(c) Supervision means that the supervising physician licensed under this article shall remain available, either in person or through telephonic or electronic means, at the time that polysomnography services are provided.

## (2) Delegation of Duties

(a) Physicians may delegate authority to a polysomnography technologist to perform tasks to treat, manage, control, educate, or care for patients with sleep or wake disorders or to provide diagnostic testing for patients with suspected sleep or wake disorders

However, the physician may not delegate tasks that constitute the practice of medicine.

## 3. Radiologist Assistant

(a) Radiologist Assistant means an advanced level certified diagnostic radiologic technologist who assists radiologists under levels of supervision in performing advanced diagnostic imaging procedures including, but not limited to, enteral and parenteral procedures when performed under the direction of the supervising radiologist and may include injecting diagnostic agents to sites other than intravenous, performing diagnostic aspirations and localizations, and assisting radiologists with other invasive procedures.

### (1.) Supervision

(a) Radiology assistants shall be supervised by a physician licensed under O.C.G.A. 43-34 who has experience in performing advanced diagnostic imaging procedures.

### 1. Exemptions or Limitations

(b) This Code section is for definitional purposes only and shall not be construed to require any duties or obligations regarding radiology assistants that did not already exist as of June 30, 2009.

Authority O.C.G.A. 43-34-12, 43-34-44, and 43-34-45.