



PREVENTING TITLE MISAPPROPRIATION AND INAPPROPRIATE SCOPE EXPANSION

CSA Recommendations on Local Actions



California Society of
ANESTHESIOLOGISTS
Physicians for Vital Times

Preventing Title Misappropriation and Inappropriate Scope Expansion: CSA Recommendations on Local Action

Two of the biggest issues facing our profession at present are inappropriate scope expansion and, somewhat encompassed within that, the recent attempts at title misappropriation. From practicing unsupervised to non-physicians calling themselves “doctor” to officially self-identifying as nurse *anesthesiologists* instead of nurse anesthetists, the movements are picking up both audacity and traction.

While we at the California Society of Anesthesiologists (CSA) are working hard to enact legislative changes at the state level to combat inappropriate scope expansion and title misappropriation, we also want to empower you, giving you practical tools to make changes at your local level and in your facilities to counteract these patient safety issues.

Below you will find background information regarding relevant laws, including the supervision opt-out, information about how to navigate the process through your hospital’s policy infrastructure, and specific policy changes you can put in place at your facility to ensure the highest quality of care and patient safety.

While these are not one-size fits all suggestions, there are four main areas of opportunity within local facilities to optimize the physician-led team model of anesthesia care where applicable, and provide an enforceable barrier against attempts at inappropriate scope expansion.

Ensure that your institution’s Interdisciplinary Practice Committee (IDPC), which defines the scope of practice for Allied Health Providers (AHP) at your facility, has an equal number of physicians and registered nurses.

Understand where any potential scope recommendations from your IDPC would need to go for approval (i.e., Medical Staff, Credentials Committee, Executive Committee, or the Board).

Discuss possibilities for introducing title restriction policies with your institution’s Bylaws Committee - this committee is a good starting point to find out what further steps to take at your facility.

Recommend that your facility’s AHP Rules & Regulations governing nurse anesthetists include a section on supervision.

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Supervision in California

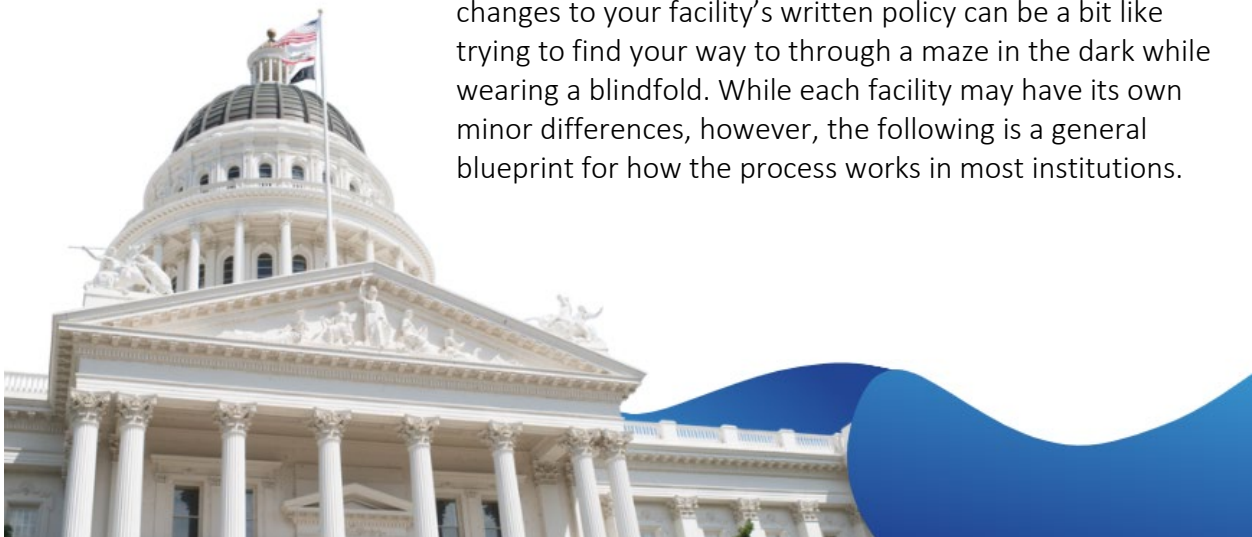
California is one of now 19 opt-out states. Recall, however, that while the CMS opt-out provision states that facilities *may* opt-out of supervision requirements, they are not required to do so. The decision is up to the individual facility as to whether they will or not allow unsupervised nurse anesthetists ([CMS Code of Federal Regulations 482.52](#)). As the California appellate court stated in their response to the CSA's case against the opt-out back in 2012, "California does not require [nurse anesthetists] to administer anesthesia under physician supervision. Instead, it permits [nurse anesthetists] to administer anesthesia ordered by a physician." They went on to say, "In reality, the result of the opt out is that California hospitals...and ambulatory surgery centers are exempted from federal rules making physician supervision a prerequisite for Medicare reimbursements. *Whether physicians **should** supervise [nurse anesthetists], or whether [nurse anesthetists] should be used at all, are questions that have to be decided by each individual medical facility because hospitals can always exercise stricter standards than required by State law.*" (For a more in depth review, please read [Nurse Anesthetist Liability in California: Clarification and Confusion](#))

Hospitals can and arguably should exercise stricter standards than are required by state law, and it is up to the individual facilities to decide whether or not they will allow nurse anesthetists to work unsupervised.

So, how do we make positive changes that protect patients in our facilities? Institute reliable guardrails.

Policy Infrastructure and How Allied Health Professional Activities are Regulated

Navigating the policy (and political) infrastructure to propose changes to your facility's written policy can be a bit like trying to find your way through a maze in the dark while wearing a blindfold. While each facility may have its own minor differences, however, the following is a general blueprint for how the process works in most institutions.



Title 22 also lays out that your IDPC shall provide for and maintain clear lines of responsibility of the nursing service for the nursing care of patients and include a policy for the “*intended line of approval for each recommendation of the Committee,*” though it does not state exactly what that path must be. Therefore, each individual IDPC may have a slightly different process for next steps after a Committee recommendation. This may be to the Medical Staff, the Credentials Committee, an Executive Committee, or to the Board. Checking with your medical staff office will help you find out exactly where any potential scope recommendations from your IDPC would need to go for approval.

Bylaws - The Medical Staff

The California rules on Medical Staff composition and conduct can be found [here](#). In addition to the IDPC, this is another important piece of the regulatory puzzle because its voting members are composed only of physicians, dentists, and podiatrists. Allied health professionals (AHPs) can be and are members of the medical staff, but they are *non-voting* members. Therefore, by virtue of being physician-led (dentists and podiatrists included), Medical Staff bylaws, policies, and procedures are a valuable locus of physician leadership, initiative, and change.

Medical Staff bylaws set out general provisions, while specific treatment of policy, privileges, and scope of practice may be addressed elsewhere in Rules and Regulations, standardized procedures, and/or departmental policy/privileges (see section on the [Interdisciplinary Practice Committee](#)). Broadly speaking, title misappropriation efforts can be addressed by the Medical Staff, either via bylaws changes or through policy-setting. Specific scope issues, however, will more likely be dealt with in the facility Rules and Regulations (see below). But it is important to note two things:



1. Recommendations for Bylaws changes or Rules & Regulations still require approval of the Governing Body (Board of Trustees).
2. Some organizations may prefer that title regulation be placed in the hospital bylaws governing hospital employees, rather than through the Medical Staff. Even if this is the case, however, the recommendations below for title restrictions may still be provided as a useful guide from which they can assemble their final language. In such instances, referring to the existing California law (referenced below) will likely be favorable.

Efforts to initiate bylaws changes will typically begin with a proposal to your institution's Bylaws Committee. Discuss possibilities for introducing title restriction policy with this committee as a starting point to find out what further steps to take at your facility. Usually, however, if language makes it through the Bylaws Committee successfully, it will likely go to either the Medical Executive Committee or full Medical Staff (or both) for approval before going on to the Board and becoming official policy.

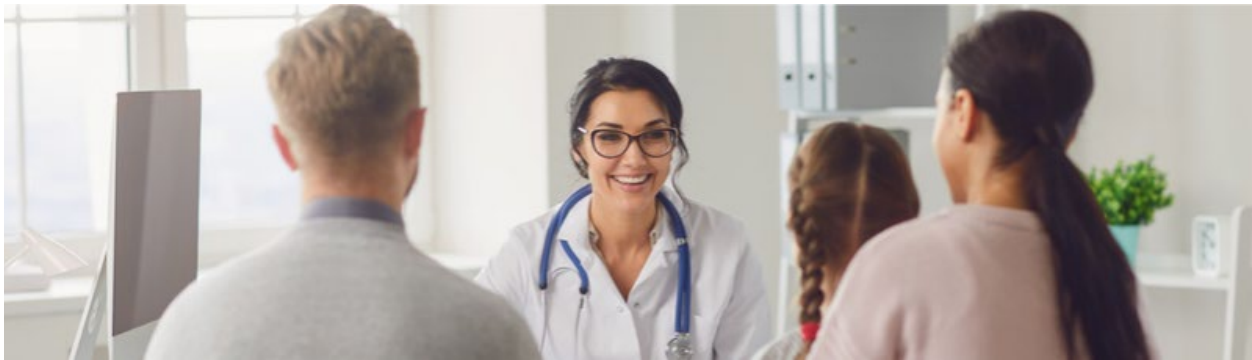
Recommendations for Restrictions on Title

The following is recommended language for Bylaws changes at your facility to address title misappropriation. You may use all of it, none of it, or take only the parts you find most useful.

1. No Allied Health Professional who is not a licensed physician or surgeon may identify or refer to his or herself, either orally or otherwise, as "doctor," use the initials "MD" or "Dr.," or otherwise indicate that they are licensed to practice medicine. (Pursuant to California Business and Professions Code 2054)
2. No Allied Health Professional may wear any badge, use in any sign, business card, or letterhead, or, in an advertisement, use the words "doctor" or "physician," the letters or prefix "Dr.," the initials "M.D.," or any other terms or letters indicating or implying that he or she is a physician and surgeon, physician, surgeon, or that he or she is licensed to practice medicine, or who represents or holds himself or herself out as a physician and surgeon, physician, surgeon, or practitioner consistent with California Business and Professions Code 2054, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as a physician and surgeon.
3. The use of any certificate, of any letter, letters, word, words, term, or terms either as a prefix, affix, or suffix indicating that he or she is entitled to engage in a medical practice for which he or she is not licensed as stated in (2) above constitutes unprofessional conduct (*If you choose to, you may include "subject to disciplinary action" language here)
4. Unless authorized to practice medicine under California Business and Professions Code Division 2, Chapter 5, any person is prohibited from using any medical specialty title, including the names or titles "anesthesiologist," "cardiologist," "dermatologist," "doctor of osteopathy," "emergency physician," "endocrinologist," "family physician," "gastroenterologist," "general practitioner," "gynecologist," "hematologist," "hospitalist," "internist," "interventional pain medicine physician," "laryngologist," "medical doctor," "nephrologist," "neurologist," "obstetrician," "oncologist," "ophthalmologist," "orthopedic surgeon," "orthopedist," "osteopath," "otologist," "otolaryngologist," "otorhinolaryngologist," "pathologist,"

“pediatrician,” “primary care physician,” “proctologist,” “psychiatrist,” “radiologist,” “rheumatologist,” “rhinologist,” “surgeon,” or “urologist,” or any other titles, terms, letters, words, abbreviations, description of services, designations, or insignia, alone or in combination with any other title, indicating or implying that he or she is licensed hereunder to practice as such, unless he or she has at the time of so doing a valid, unrevoked, and unsuspended certificate as a physician and surgeon under this chapter.

Each of these recommendations does something a little different. The first offers broad coverage of the use of the term “doctor,” the second goes into more specific restrictions on the usage of the term, and the third establishes title misappropriation as unprofessional conduct. You may choose to include or not include additional language there regarding potential disciplinary action, as well (starred item). Finally, the fourth recommendation addresses the use of the term “anesthesiologist,” as well as a number of other terms that are arguably equally at risk for misappropriation from mid-level providers.



Recommendations for IDPC Scope of Practice Language - Supervision

Sometimes scope of practice is defined by a facility-wide document on AHP Rules & Regulations, while other times it may be left up to the individual department to establish the Rules & Regs defining scope for their AHPs in their domain. But in most cases, it will end up at some point in the hands of the IDPC. The Rules & Regulations regarding AHPs include descriptions of:

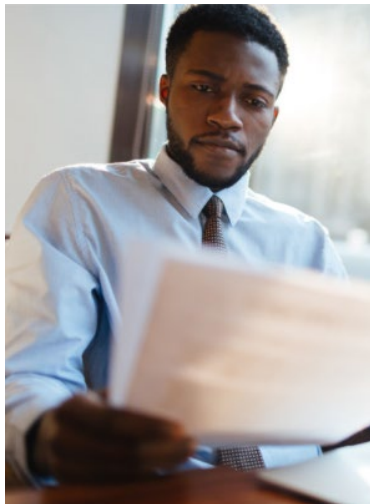
- 1 Specifications of categories of patients to whom services may be provided.
- 2 A description of the services to be provided and procedures to be performed, including any special equipment, procedures, or protocols that specific tasks may involve, and responsibility for documenting the services provided in the medical record.



A description of the scope of assistance that may be provided to a physician and any limitations therein, including the degree of physician supervision required.

In order to ensure the highest quality of care and patient safety, optimize the physician-led team model of anesthesia care where applicable, and provide an enforceable barrier against attempts at inappropriate scope expansion, it is recommended that AHP Rules & Regulations governing nurse anesthetists include a section on supervision as follows:

- I. Certified Registered Nurse Anesthetists
 - A.
 - B.
 - C. Supervision
 - i. Any activities permitted to be performed at the facility by a certified registered nurse anesthetist must be supervised by a staff anesthesiologist.
 - ii. No physician order, however construed, or other hospital or medical staff standardized procedure, rule, or regulation is sufficient to satisfy the requirement for certified registered nurse anesthetist supervision other than being directly supervised or directed by a staff anesthesiologist.



Additional Scope Expansion and Title Misappropriation Resources

In the foregoing pages of this document, you can find text of relevant California laws and regulations, sample Medical Staff Bylaws and Rules & Regulations, and links to outside resources from the American Medical Association, American Society of Anesthesiologists, and other sources on scope and title. Thank you for taking the time to effort to address these issues and let us know if you have any thoughts or recommendations. You can email us at PM@csahq.org, post in the comments below, or head over to our message board discussions.

Allied Health Professionals Rules and Regulations Sample 1

1.4 Allied Health Professionals (AHPs)

1.4-1 Definition:

AHPs are dependent practitioners who document their qualifications to meet criteria and whose scope of service is established by a Medical Staff department and approved by the Interdisciplinary Practice Committee. A Medical Staff Member has the full responsibility for the patient's medical care.

1.4-2 Approved Categories 12/10/19

- a) Clinical Psychologists
- b) Private Surgical/Dental Scrub Personnel
- c) Private Registered Nurse First Assistants (RNFAs)
- d) Physician Assistants (PAs)
- e) Nurse Practitioners (NPs)
- f) Acupuncturists (Non-Physician)
- g) Certified Nurse Midwives (CNMs)

Each AHP shall:

- a) retain appropriate responsibility within his/her area of competence for the care and supervision of each patient in the Hospital for whom he/she is providing services.
- b) participate, as appropriate, in-patient care audits and other quality review, evaluation, and monitoring activities required of AHPs in supervising initial appointees of his/her same occupation or profession or of a lesser included occupation or profession, and in discharging such other functions as may be required from time to time.
- c) comply with and be bound by all provisions of the Bylaws and Medical Staff Rules and Regulations and the rules and regulations of the department to which the AHP is assigned including, but not limited to, the confidentiality immunity and release provisions of Article XIII of the Medical Staff Bylaws.
- d) maintain all applicable licenses, certificates, or such other legal credentials, if any, as from time to time may be required by authority of the State of California or another appropriate body.
- e) maintain the same liability coverage as required for Medical Staff membership.
- f) be subject to a review of their qualifications and performance every two (2) years or more frequently as needed. 11/7/13

1.4-4 Application Procedure

Upon application, AHP personnel may be authorized by the Board of Directors, upon recommendation of the Medical Staff, to perform their professional services within the Hospital. Applications shall be processed through the same channels as applications for Medical Staff membership and privileges in concert with the Interdisciplinary Practice Committee. AHPs shall not be members of the Medical Staff.

1.4-5 Specification of Services

AHPs shall be assigned to an appropriate clinical department. The appropriate clinical department shall evaluate the qualifications and extent of authority assigned to each AHP. The evaluation shall be based upon the individual training, experience, and demonstrated competency of each individual, taking into consideration the permissible scope of service rendered by the particular AHP. If applicable, each clinical department shall establish written policies and procedures, in conjunction with the Interdisciplinary Practice Committee, to govern the activities of AHPs assigned to each department.

Allied Health Professional Rules and Regulations

CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

1.1 Criteria for Granting Privileges

1.1.1 Current California Registered Nursing license from the California Board of Registered Nursing

1.1.2 Current Nurse Anesthetist License from the California Board of Registered Nursing

1.1.3 Current certification from the Council of Certification of the American Association of Nurse Anesthetists

1.1.4 Evidence of continuing education in anesthesia

1.1.5 Recertification by the Council on Recertification two (2) years after passing the initial certification exam

1.1.6 Current ACLS certification from the American Heart Association

1.2 Scope of Privileges

1.2.1 Maintain equipment, supplies, and drugs

1.2.2 Use appropriate monitoring devices per policy and procedure of department 1

1.2.3 Prepare drugs for administration

1.2.4 Review preoperative evaluation completed by staff anesthesiologists

1.2.5 Evaluate patient's need for preoperative medication and records response.

1.2.6 Choose anesthetic of choice for patient based on preoperative recommendations of staff anesthesiologist

1.2.7 Prior to induction, the CRNA must consult and confer the anesthesia plan with the staff anesthesiologist

1.2.8 At the discretion of the staff anesthesiologist, the CRNA, may be present at induction with the patient's condition requires their presence. An anesthesiologist will be immediately available at all times during induction and maintenance of anesthesia.

1.2.9 Administer general anesthesia for surgical procedures and certain medical procedures 1.2.10 Use fluids, blood components, anesthetic, and ancillary drugs to optimally maintain the health of the patient.

1.2.11 Use all necessary techniques and devices for adequate and proper patient monitoring. 1.2.12 Anesthetists will report any abnormal patient responses to the supervising anesthesiologist immediately.

1.2.13 Assist the anesthesiologist in the post anesthesia recovery room (PACU)

1.3 Supervision – A staff anesthesiologist must sponsor and supervise the CRNA.

Allied Health Professionals Rules and Regulations Sample 2

1.0 DEFINITION OF ALLIED HEALTH PROFESSIONALS (AHPs)

Allied Health Professionals (AHPs) are health care workers other than physicians, dentists and podiatrists who are permitted (i.e., credentialed/authorized) to provide patient care services in the hospital. These individuals may be independent or dependent practitioners. All AHPs are required to adhere to all local, state and federal laws, all regulatory requirements, and all organizational policies and procedures (including but not limited to those of the Medical Staff).

1.1 Independent Practitioners

Independent practitioners (e.g., clinical psychologists) provide medical care to patients, in accordance with state licensure laws, without supervision by a physician. They assume considerable responsibility for the care of patients and exercise their own judgment. At [Your Hospital] in the Section of Psychiatry any member of the staff may supervise AHPs associated with behavioral health (other than clinical psychologists, who do not require supervision). In other Hospital areas, every AHP other than a clinical psychologist must have a supervising physician, dentist, or podiatrist who is a member of the Active Medical Staff. In accordance with the Standards of The Joint Commission, independent practitioners must have delineated clinical privileges recommended by the Medical Staff and approved by the Governing Body.

1.2 Dependent Practitioners

Dependent practitioners provide medical care to patients under supervision. They are usually employees of staff physicians or contracted for their services by the Hospital. Dependent practitioners are credentialed, but not in the same manner as independent practitioners.

Dependent practitioners will either (a) be granted practice privileges and/or prerogatives (collectively, "Privileges") by the Governing Body as provided in the Medical Staff Bylaws and these AHP Rules and Regulations, or (b) (for dependent AHPs employed by the Hospital) be given job descriptions. Dependent practitioners do not have "clinical privileges".

2.0 INTERDISCIPLINARY PRACTICE COMMITTEE (IDPC)

2.1 General Information

The Interdisciplinary Practice Committee (IDPC or Committee) is established by the Governing Body to oversee and carry out the responsibilities related to the practice of AHPs in the Hospital, including but not limited to those set forth in California Code of Regulations (CCR) Title 22, Section 70706 and California Business and Professions Code Section 2725.

2.2 Purpose of the Committee

- 2.2.1 To maintain written reports of the findings, conclusions, recommendations, actions taken and results of actions taken by the Committee.
- 2.2.2 To establish written policies and procedures for the conduct of its business.

2.3 Independent Allied Health Professionals

See Rules and Regulations of the Psychiatry Section. Allied Health Professionals Rules & Regulations Page 2

2.4 Purposes Related to Authorizing Dependent Allied Health Professionals

- 2.4.1 To determine, in cooperation with other groups and committees, the need for Dependent Practitioners in the Hospital.
- 2.4.2 To recommend to the Governing Body all classifications and types of AHPs.
- 2.4.3 To oversee all forms to be used by Dependent Practitioners.
- 2.4.4 To review information on all new applicants for Dependent Practitioner AHP staff and make recommendations to the Governing Body regarding AHP appointment and periodic assessment.
- 2.4.5 To recommend assignment of individuals/departments to be responsible for Dependent Practitioners.
- 2.4.6 To establish, in cooperation with the Quality Management Department, mechanisms for monitoring and evaluation of all AHPs.

2.5 Purposes Related to Expanding Role or Advanced Practice Registered Nurses

- 2.5.1 To recommend policies and procedures for granting expanded role or advanced practice privileges to registered nurses (RNs), whether or not employed by the Hospital.
- 2.5.2 To provide for the assessment, planning, and direction of diagnostic and therapeutic care.

2.5.3 To review credentials and make recommendations for the granting and/or rescinding of expanded roles or advanced practice nursing privileges.

2.6 Purposes Related to Standardized Procedures for Registered Nurses

2.6.1 To identify functions/procedures which require the formulation and adoption of standardized procedures.

2.6.2 To develop a methodology for the approval of standardized procedures in accordance with Section 2725 of the Business and Professions Code.

2.6.3 To periodically review, revise, and approve the standardized procedures implemented in the facility.

2.6.4 Each standardized procedure approved by the Committee shall:

2.6.4.1 Be in writing, state the date it was approved by the Committee, and be signed by an authorized person.

2.6.4.2 Specify the standardized procedures which registered nurses are authorized to perform and under what circumstances.

2.6.4.3 State any specific requirements which are to be followed by registered nurses in performing all or part of the functions covered by the particular standardized procedure.

2.6.4.4 Specify any experience, training or special education requirements for performance of the standardized procedures.

2.6.4.5 Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform the standardized procedures.

2.6.4.6 Provide for a method of maintaining a written record of those persons authorized to perform the standardized procedures.

2.6.4.7 Specify the measure and scope of review and/or supervision required for the performance of the standardized procedures; for example, if the standardized procedure is to be performed only under the immediate supervision of a physician, that limitation must be clearly stated. If immediate physician supervision is not required, that fact should be clearly stated. Allied Health Professionals Rules & Regulations Page 3

2.6.4.8 State any specialized circumstances under which the registered nurse is to communicate immediately with a patient's physician concerning the patient's condition.

2.6.4.9 State any limitation on settings or departments within the facility where the standardized procedure may be performed.

2.6.4.10 Specify any special requirements for procedures relating to patient record keeping.

2.6.4.11 Provide for periodic review of the standardized procedure. If nurses have been approved to perform procedures pursuant to a standardized procedure, the names of the nurses so approved shall be on file in the office of the Resource Center.

2.7 Development and Review of Standardized Procedures

2.7.1 All standardized procedures are developed collaboratively by the Medical Staff and Nursing through their respective committee structures.

2.7.2 All standardized procedures are approved by the Interdisciplinary Practice Committee (IDP) of [Your Hospital], as mandated by legal authority.

2.7.3 All standardized procedures are kept in a manual and include dated, signed approval forms of authorized persons covered by the standardized procedures. In addition, individual nurses will maintain evidence of this credentialing in their credentials file.

2.7.4 All standardized procedures are reviewed by the IDP Committee at least every year, as practice changes, or when revised. The most recent review date shall appear on each standardized procedure. Additionally, the IDP recommends that individual departments review their standardized procedures annually.

2.7.5 Changes, additions, or deletions to standardized procedures will be approved by the IDP, as reflected by a signed and dated approval sheet.

2.8 Membership of the Interdisciplinary Practice Committee

The committee is composed of the following members as specified in the Medical Staff Rules and Regulations:

2.8.1 Chair (appointed by the Governing Body)

2.8.2 Physician members appointed by the Executive Committee representing Medicine, OB/GYN, Pediatrics, Emergency Department, and Surgery Department

2.8.3 Vice President (VP) of Patient Care Services, who functions as the hospital's Director of Nursing Services

2.8.4 Registered Nurses (appointed by the VP of Patient Care Services)

2.8.5 Representatives of any categories of licensed/certified professionals, other than RNs, who are not Medical Staff members but will be granted practice privileges (appointed by the VP of Patient Care Services)

2.8.6 Administrator or designee

2.8.7 Other attendees invited as needed by the Committee Chair Members are elected or appointed according to procedures specified in the Governing Body Bylaws. The number of physician members shall be equal to the number of nurse members.

SAMPLE BYLAWS 1

Member. "Member" means, unless otherwise expressly limited, any physician (MD or DO), dentist, or podiatrist holding a current license to practice within the scope of that license who is a member of the Medical Staff.

Physician. "Physician" means an individual with an M.D. or D.O. degree who is fully licensed or registered in California under Chapter 5, Article 3 of the Business and Professions code to practice medicine in all its phases.

Practitioner. "Practitioner" means, unless otherwise expressly limited, any licensed independent practitioner, i.e. physician, dentist, podiatrist, or clinical psychologist applying for or exercising Clinical Privileges in the Medical Center

X.1. Allied Health Professionals ("AHPs") are defined as health care professionals who hold a license or other legal credential, as required by California law, to provide certain patient care services, but are not eligible for Medical Staff membership.

X.1.2 AHPs who meet the eligibility requirements may be given specified privileges in the Medical Center. Such privileges shall be granted in accordance with the Clinical Service to which the practitioner is assigned and shall be subject to any regulatory supervision requirements.

X.1.3 The categories of AHPs eligible to apply for privileges at the Medical Center as approved by the Governing Body and who are credentialed by the Medical Staff hereunder include:

- Licensed Independent Practitioners: granted Privileges with no direct supervision
 - a. Clinical Psychologists
 - b. Marriage and Family Therapists
 - c. Acupuncturists
 - d. Licensed Clinical Social Workers
- Advanced Practice Professionals: granted Privileges under Supervising Physician
 - a. Nurse Anesthetists
 - b. Nurse Midwives
 - c. Nurse Practitioners

d. Physician Assistants

X.1.4 AHPs may or may not be employed by the Medical Center and where employed, shall have a job description specifying their responsibilities. In the case of Advanced Practice

Professionals who are working outside their scope of license, the development of Standardized Procedures will be required for submission to the Interdisciplinary Practice Committee for approval. New categories of AHPs may be added based on programmatic need by approval of the Governing Body.

X.1.5 Although AHPs are not eligible for Medical Staff membership, they may be granted privileges in the Medical Center if: (a) they hold a license, certificate, or other credentials in a category of AHPs that the Governing Body has approved; and (b) they are professionally competent and continuously meet the qualifications, standards and requirements set forth in the Medical Staff Bylaws.

Sample Bylaws 2

1 Advanced Health Practitioners (AHPs)

1.1 Definition: Only AHPs in approved categories (see Credentialing Policy and Procedures in the Rules and Regulations) who are employed or contracted by the Medical Center, School of Medicine, or the [Institution] Medical Group are eligible to apply for Advanced Health Practitioner Staff. Applications (initial and reappointment) shall be submitted and processed in the same manner as the processes used for members of the Medical Staff, unless otherwise specified in the Credentialing Policy and Procedures. Appointment to the Advanced Health Practitioner staff is automatically terminated if employment service contract is terminated.

1.2 General Requirement for AHPs

1.2.1 All AHPs must be licensed or otherwise certified to practice in the State of California or be specifically exempt from such requirements.

1.2.2 All AHPs must have a Federal DEA number and furnishing license if prescribing controlled substances.

1.2.3 Prerogatives and Responsibilities: AHPs shall provide services pursuant to approved standardized procedures and/or job descriptions delineated by the Department and granted through the Committee on Interdisciplinary Practice (CIDP) and EMB. Supervision requirements shall be specifically defined on any applicable Standardized Procedures, Nurse Practitioner Privilege Forms and/or job descriptions. AHPs are not members of the Medical Staff and are not eligible to hold office or vote but may participate in the activities of the Medical Staff and may be appointed to committees with voting rights if specified at the time of committee appointment. No AHP may admit patients to the Hospital. Upon appointment and to the extent approved by the Committee on Interdisciplinary Practice (CIDP), Credentials Committee, Executive Medical Board and GAC, AHPs shall be expected to:

1.2.3.1 Meet the qualifications and perform responsibilities outlined in their respective privilege forms, Standardized Procedures, Delegation of Services Agreements and/or job descriptions;

1.2.3.2 Exercise independent judgment within their approved areas of competence, clinical privileges, applicable Standardized Procedures, and

Delegation of Services Agreements, provided that a physician who is a current member in good standing of the Active Medical Staff shall retain the ultimate responsibility for the patient's care;

1.2.3.3 Participate directly in the management of patients;

1.2.3.4 May write orders;

1.2.3.5 Record reports and progress notes on patient charts;

1.2.3.6 Perform consultations, upon request.

1.2.3.7 Adhere to all requirements of the Medical Staff Bylaws and Rules and Regulations as may reasonably be construed to apply in the context of the limited role and scope of services of the AHP.

1.3 Corrective Action: Employed AHPs are subject to corrective action processes pursuant to Medical Center Human Resources policies and

Bylaws of the Medical Staff. Contracted AHPs are subject to corrective action processes described within the terms of their service contract. Notwithstanding the foregoing, clinical privileges exercised by AHPs are subject to oversight by the Medical Staff. Performance concerns, or problems with clinical care not believed to be sufficiently resolved through the foregoing policies, procedures, and/or service contract provisions may result in clinical privileges restriction, suspension or termination by the CIDP or the Executive Medical Board, subject to the following:

Sample Bylaws 3

Chapter X: Allied Health Professionals

X.1 Qualifications

Allied Health Professionals are not eligible for Medical Staff membership. The categories of AHP's approved by the Governing Body for practice in the hospital, the specific qualifications for AHP appointment, and the credentialing and privileging processes for AHP's other than clinical psychologists are set for in the AHP Rules & Regulations. AHP's in the categories approved by the Governing Body are eligible to exercise those practice privileges and or prerogatives granted by the Governing Body as permitted by state law and as described in the AHP Rules and Regulations.

X.1.1 Each AHP, with the exception of clinical psychologists, must have a supervising physician, dentist, or podiatrist who is a member of the Active Medical Staff, except non the Section of Psychiatry, in which any member of the staff may supervise AHP's associate with behavioral health (other than clinical psychologists).

X.2 Establishment of AHP Protocols

The Medical Staff shall establish protocols for AHP's through the Interdisciplinary Practice Committee, which will collaborate with appropriate AHP representatives. For each eligible AHP category, the Privileges, upon approval of the Governing Body, shall be set forth in the AHP Rules and Regulations

California Business and Professions Code – BPC

DIVISION 2. HEALING ARTS [500 - 4999.129] (Division 2 enacted by Stats. 1937, Ch. 399.)

CHAPTER 5. Medicine [2000 - 2529.6] (Chapter 5 repealed and added by Stats. 1980, Ch.

1313, Sec. 2.)

ARTICLE 3. License Required and Exemptions [2050 - 2079] (Article 3 added by Stats. 1980, Ch. 1313, Sec. 2.)

2054.

(a) Any person who uses in any sign, business card, or letterhead, or, in an advertisement, the words “doctor” or “physician,” the letters or prefix “Dr.,” the initials “M.D.,” or any other terms or letters indicating or implying that he or she is a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, or that he or she is entitled to practice hereunder, or who represents or holds himself or herself out as a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as a physician and surgeon under this chapter, is guilty of a misdemeanor.

(b) Notwithstanding subdivision (a), any of the following persons may use the words “doctor” or “physician,” the letters or prefix “Dr.,” or the initials “M.D.”:

(1) A graduate of a medical school approved or recognized by the board while enrolled in a postgraduate training program approved by the board.

(2) A graduate of a medical school who does not have a certificate as a physician and surgeon under this chapter if he or she meets all of the following requirements:

(A) If issued a license to practice medicine in any jurisdiction, has not had that license revoked or suspended by that jurisdiction.

(B) Does not otherwise hold himself or herself out as a physician and surgeon entitled to practice medicine in this state except to the extent authorized by this chapter.

(C) Does not engage in any of the acts prohibited by Section 2060.

(3) A person authorized to practice medicine under Section 2111 or 2113 subject to the limitations set forth in those sections.

(Amended by Stats. 2017, Ch. 775, Sec. 22. (SB 798) Effective January 1, 2018.)

DIVISION 2 - HEALING ARTS [500 - 4999.129] (Division 2 enacted by Stats. 1937, Ch. 399.)

- CHAPTER 5. Medicine [2000 - 2529.6] (Chapter 5 repealed and added by Stats. 1980, Ch. 1313, Sec. 2.)

- ARTICLE 12. - Enforcement

2274.

(a) The use by any licensee of any certificate, of any letter, letters, word, words, term, or terms either as a prefix, affix, or suffix indicating that he or she is entitled to engage in a medical practice for which he or she is not licensed constitutes unprofessional conduct.

(b) Nothing in this section shall be construed to prohibit a physician and surgeon from using the designations specified in this section if he or she has been issued a retired license under Section 2439.

(Amended by Stats. 2004, Ch. 695, Sec. 10. Effective January 1, 2005.)

California Code of Regulations Title 22. Social Security

Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Chapter 1. General Acute Care Hospitals Article 7. Administration (Refs & Annos)

§ 70706. Interdisciplinary Practice and Responsibility for Patient Care.

(a) In any facility where registered nurses will perform functions requiring standardized procedures pursuant to Section 2725 of the Business and Professions Code, or in which licensed or certified healing arts professionals who are not members of the medical staff will be granted privileges pursuant to Section 70706.1 there shall be a Committee on Interdisciplinary Practice established by and accountable to the Governing Body, for establishing policies and procedures for interdisciplinary medical practice.

(b) The Committee on Interdisciplinary Practice shall include, as a minimum, the director of nursing, the administrator or designee, and an equal number of physicians appointed by the Executive Committee of the medical staff, and registered nurses appointed by the director of nursing. When the hospital has a psychiatric unit and one or more clinical psychologists on its medical staff, one or more clinical psychologists shall be appointed to the Committee on Interdisciplinary Practice by the Executive Committee of the medical staff. Licensed or certified health professionals other than registered nurses who are performing or will perform functions as in (a) above shall be included in the Committee.

(c) The Committee on Interdisciplinary Practice shall establish written policies and procedures for the conduct of its business. Policies and procedures shall include but not be limited to:

(1) Provision for securing recommendations from members of the medical staff in the medical specialty, or clinical field of practice under review, and from persons in the appropriate nonmedical category who practice in the clinical field or specialty under review.

(2) Method for the approval of standardized procedures in accordance with Sections 2725 of the Business and Professions Code in which affirmative approval of the administrator or designee and a majority of the physician members and a majority of the registered nurse members would be required and that prior to such approval,

consultation shall be obtained from facility staff in the medical and nursing specialties under review.

- (3) Providing for maintaining clear lines of responsibility of the nursing service for nursing care of patients and of the medical staff for medical services in the facility.
- (4) Intended line of approval for each recommendation of the Committee.

§ 70706.2. Standardized Procedures

(a) The Committee on Interdisciplinary Practice shall be responsible for:

(1) Identifying functions and/or procedures which require the formulation and adoption of standardized procedures under Section 2725 of the Business and Professions Code in order for them to be performed by registered nurses in the facility, and initiating the preparation of such standardized procedures in accordance with this section.

(2) The review and approval of all such standardized procedures covering practice by registered nurses in the facility.

(3) Recommending policies and procedures for the authorization of employed staff registered nurses to perform the identified functions and/or procedures. These policies and procedures may be administered by the Committee on Interdisciplinary Practice or by delegation to the director of nursing.

(b) Each standardized procedure shall:

(1) Be in writing and show date or dates of approval including approval by the Committee on Interdisciplinary Practice.

(2) Specify the standardized procedure functions which registered nurses are authorized to perform and under what circumstances.

(3) State any specific requirements which are to be followed by registered nurses in performing all or part of the functions covered by the particular standardized procedure.

(4) Specify any experience, training or special education requirements for performance of the functions.

(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform the functions.

(6) Provide for a method of maintaining a written record of those persons authorized to perform the functions.

(7) Specify the nature and scope of review and/or supervision required for the performance of the standardized procedure functions; for example, if the function is to be performed only under the immediate supervision of a physician, that limitation must be clearly stated. If physician supervision is not required, that fact should be clearly stated.

(8) Set forth any specialized circumstances under which the registered nurse is to communicate immediately with a patient's physician concerning the patient's condition.

(9) State any limitations on settings or departments within the facility where the standardized procedure functions may be performed.

(10) Specify any special requirements for procedures relating to patient recordkeeping.

(11) Provide for periodic review of the standardized procedure.

(c) If nurses have been approved to perform procedures pursuant to a standardized procedure, the names of the nurses so approved shall be on file in the office of the director of nursing.

Note: Authority cited: Section 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HOUSE No. 2241

The Commonwealth of Massachusetts

PRESENTED BY:

Gerard J. Cassidy

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to health care transparency.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Gerard J. Cassidy</i>	<i>9th Plymouth</i>	<i>2/18/2021</i>

HOUSE No. 2241

By Mr. Cassidy of Brockton, a petition (accompanied by bill, House, No. 2241) of Gerard J. Cassidy relative to the use of the term physician. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**


An Act relative to health care transparency.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Section 1. Chapter 112 of the General Laws is hereby amended by striking out section
2 8A and inserting in place thereof the following section:

3 Section 8A. No person may, directly or indirectly, use the title "physician" or display or
4 use the term physician in any title, advertisement, listing of affiliations, communication with the
5 public or in any other manner to indicate or imply in any way that such person offers to engage
6 or engages in the practice of medicine or in the provision of health care services to patients
7 within the commonwealth who is not registered by the board of registration in medicine as a
8 physician under section 2, nor use or imply the use of the words or terms "surgeon," "medical
9 doctor," "doctor of osteopathy," "M.D.," "anesthesiologist," "cardiologist," "dermatologist,"
10 "endocrinologist," "gastroenterologist," "general practitioner," "gynecologist," "hematologist,"
11 "internist," "laryngologist," "nephrologist," "neurologist," "obstetrician," "oncologist,"
12 "ophthalmologist," "orthopedic surgeon," "orthopedist," "osteopath," "otologist,"
13 "otolaryngologist," "otolaryngologist," "pathologist," "pediatrician," "primary care physician,"

14 “proctologist,” “psychiatrist,” “radiologist,” “rheumatologist,” “rhinologist,” “urologist,” or any
15 similar title or description of services with the intent to represent that the person practices
16 medicine. This section shall not apply to use of the term "chiropractic physician" by individuals
17 licensed and practicing under sections 89 to 97, inclusive, or the use of the term "podiatric
18 physician" by individuals licensed and practicing under sections 13 to 22, inclusive, or the use of
19 the term "physician assistant" by individuals licensed and practicing under sections 9C to 9K,
20 inclusive. A person who violates this section shall be punished by a fine of not less than \$100
21 and not more than \$1,000 or by imprisonment for not less than 30 days and not more than 1 year
22 in the house of corrections, or by both such fine and imprisonment.

 KeyCite Yellow Flag - Negative Treatment
Proposed Legislation

West's District of Columbia Code Annotated 2001 Edition
Division I. Government of District.
Title 3. District of Columbia Boards and Commissions. (Refs & Annos)
Subtitle I. General.
Chapter 12. Health Occupations Boards. (Refs & Annos)
Subchapter X. Prohibited Acts; Penalties; Injunctions.

DC ST § **3-1210.03**

Formerly cited as DC ST 1981 § 2-3310.3

§ **3-1210.03**. Certain representations prohibited.

Effective: May 2, 2015

[Currentness](#)

(a) Unless authorized to practice acupuncture under this chapter, a person shall not use or imply the use of the words or terms “acupuncture,” “acupuncturist,” or any similar title or description of services with the intent to represent that the person practices acupuncture.

(b) Unless authorized to practice as an advanced practice registered nurse under this chapter, a person shall not use or imply the use of the words or terms “advanced practice registered nurse”, “A.P.R.N.”, “certified registered nurse anesthetist”, “C.R.N.A.”, “certified nurse midwife”, “C.N.M.”, “clinical nurse specialist”, “C.N.S.”, “nurse practitioner”, “N.P.”, or any similar title or description of services with the intent to represent that the person practices advanced registered nursing.

(c) Unless authorized to practice chiropractic under this chapter, a person shall not use or imply the use of the words or terms “chiropractic,” “chiropractic physician,” “chiropractic orthopedist,” “chiropractic neurologist,” “chiropractic radiologist,” “chiropractor,” “Doctor of Chiropractic,” “D.C.”, or any similar title or description of services with the intent to represent that the person practices chiropractic.

(d) Unless authorized to practice dentistry under this chapter, a person shall not use or imply the use of the words or terms “dentistry,” “dentist,” “D.D.S.”, “D.M.D.”, “endodontist,” “oral surgeon,” “maxillofacial surgeon,” “oral pathologist,” “orthodontist,” “pedodontist,” “periodontist,” “prosthodontist,” “public health dentist,” or any similar title or description of services with the intent to represent that the person practices dentistry.

(e) Unless authorized to practice dentistry or dental hygiene under this chapter, a person shall not use or imply the use of the words or terms “dental hygiene,” “dental hygienist,” or similar title or description of services with the intent to represent that the person practices dental hygiene.

(f) Unless authorized to practice dietetics or nutrition under this chapter, a person shall not use or imply the use of the words or terms “dietitian/nutritionist,” “licensed dietitian,” “licensed nutritionist,” “dietitian,” “nutritionist,” “L.D.N.”,

“L.D.”, “L.N.”, or any similar title or description of services with the intent to represent that the person practices dietetics or nutrition.

(g) Unless authorized to practice medicine under this chapter, a person shall not use or imply the use of the words or terms “physician,” “surgeon,” “medical doctor,” “doctor of osteopathy,” “M.D.,” “anesthesiologist,” “cardiologist,” “dermatologist,” “endocrinologist,” “gastroenterologist,” “general practitioner,” “gynecologist,” “hematologist,” “internist,” “laryngologist,” “nephrologist,” “neurologist,” “obstetrician,” “oncologist,” “ophthalmologist,” “orthopedic surgeon,” “orthopedist,” “osteopath,” “otologist,” “otolaryngologist,” “otorhinolaryngologist,” “pathologist,” “pediatrician,” “primary care physician,” “proctologist,” “psychiatrist,” “radiologist,” “rheumatologist,” “rhinologist,” “urologist,” or any similar title or description of services with the intent to represent that the person practices medicine.

(h) Unless authorized to practice nursing home administration under this chapter, a person shall not use the words or terms “nursing home administration,” “nursing home administrator,” “N.H.A.”, or any similar title or description of services with the intent to represent that the person practices nursing home administration.

(i) Unless authorized to practice occupational therapy under this chapter, a person shall not use the words or terms “occupational therapy,” “occupational therapist,” “licensed occupational therapist,” “O.T.,” “O.T.R.,” “L.O.T.,” “O.T.R/L.,” or any similar title or description of services with the intent to represent that the person practices occupational therapy.

(j) Unless authorized to practice as an occupational therapy assistant under this chapter, a person shall not use the words or terms “occupational therapy assistant,” “licensed occupational therapy assistant,” “certified occupational therapy assistant,” “O.T.A.,” “L.O.T.A.,” “C.O.T.A.,” “O.T.A.L.,” or” any similar title or description of services with the intent to represent that the person practices as an occupational assistant.

(k) Unless authorized to practice optometry under this chapter, a person shall not use the words or terms “optometry,” “optometrist,” “Doctor of Optometry,” “contactologist,” “O.D.,” or any similar title or description of services with the intent to represent that the person practices optometry.

(l) Unless authorized to practice pharmacy under this chapter, a person shall not use the words or terms “pharmacy,” “pharmacist,” “druggist,” “registered pharmacist,” “R.Ph.,” “Ph.G.,” or any similar title or description of services with the intent to represent that the person practices pharmacy.

(l-1) Unless authorized to practice as a registered pharmacy technician under this chapter, a person shall not use or imply the use of the words or terms “registered pharmacy technician,” “certified pharmacy technician,” “pharmacy technician,” “R.Ph.T.,” “C.Ph.T.,” “Ph.T.,” or any similar title or description of services with the intent to represent that the person practices as a registered pharmacy technician.

(m) Unless authorized to practice physical therapy under this chapter, a person shall not use the words or terms “physical therapy,” “physical therapist,” “physiotherapist,” “physical therapy technician,” “P.T.,” “L.P.T.,” “R.P.T.,” “P.T.T.,” or any similar title or description of services with the intent to represent that the person practices physical therapy.

(m-1) Unless authorized to practice as a physical therapy assistant under this chapter, a person shall not use or imply the use of the words or terms “physical therapy assistant”, “licensed physical therapy assistant”, “certified physical therapy assistant”, “P.T.A.”, “L.P.T.A.”, “C.P.T.A.”, or any similar title or description of services with the intent to represent that the person practices as a physical therapy assistant.

(n) Unless authorized to practice as a physician assistant under this chapter, a person shall not use or imply the use of the words or terms “physician assistant”, “P.A.”, “surgeon's assistant”, or any similar title or description of services with the intent to represent that the person practices as a physician assistant.

(o) Unless authorized to practice podiatry under this chapter, a person shall not use the words or terms “podiatry,” “podiatrist,” “podiatric,” “foot specialist,” “foot correctionist,” “foot expert,” “practipedist,” “podologist,” “D.P.M.”, or any similar title or description of services with the intent to represent that the person practices podiatry.

(p) Unless authorized to practice practical nursing under this chapter, a person shall not use the words or terms “practical nurse,” “licensed practical nurse,” “L.P.N.”, or any similar title or description of services with the intent to represent that the person practices practical nursing.

(q) Unless authorized to practice psychology under this chapter, a person shall not use the words or terms “psychology,” “psychologist”, “psychology associate”, or similar title or description of services with the intent to represent that the person practices psychology.

(r) Unless authorized to practice registered nursing under this chapter, a person shall not use the words or terms “registered nurse,” “certified nurse,” “graduate nurse,” “trained nurse,” “R.N.”, or any similar title or description of services with the intent to represent that the person practices registered nursing.

(s) Unless authorized to practice social work under this chapter, a person shall not use the words or terms “social worker,” “clinical social worker,” “graduate social worker,” “independent social worker,” “licensed independent social worker,” “L.I.S.W.”, “licensed independent clinical social worker,” “L.I.C.S.W.”, or any similar title or description of services with the intent to represent that the person practices social work.

(t) Unless authorized to practice professional counseling pursuant to this chapter, a person shall not use the phrase “licensed professional counselor” or “licensed graduate professional counselor”, or any similar title or description of services with the intent to represent that the person practices professional counseling. Nothing in this subsection shall restrict the use of the generic terms “counseling” or “counselor”.

(u) Unless authorized to practice respiratory care pursuant to this chapter, a person shall not use the phrase “licensed respiratory care practitioner” or any similar title or description of services with the intent to represent that the person is a respiratory care practitioner.

(v) Unless authorized to practice massage therapy under this chapter, a person shall not use or imply the use of the words or terms “massage therapy”, “therapeutic massage”, “myotherapy”, “bodyrub”, or similar title or description of services, or the initials “LMT”, with the intent to represent that the person practices massage.

(w) Unless authorized to practice marriage and family therapy under this chapter, a person shall not use or imply the use of the words or terms “marriage and family therapist” or “MFT,” or any similar title or description of services, with the intent to represent that the person practices marriage and family therapy.

(x) Unless authorized to practice naturopathic medicine under this chapter, a person shall not use the words or terms “Doctor of Naturopathic Medicine”, “Naturopathic Physician”, “Licensed Naturopath”, “Naturopathic Doctor”, “Doctor of Naturopathy”, “ND”, or “NMD”, or any similar title or description of services, with the intent to represent that the person practices naturopathic medicine.

(y) Unless authorized to practice as an anesthesiologist assistant under this chapter, a person shall not use or imply the use of the words or terms “anesthesiologist assistant,” or “A.A.,” or any similar title or description of services with the intent to represent that the person practices as an anesthesiologist assistant.

(z) Unless authorized to practice audiology or speech-language pathology pursuant to this chapter, a person shall not advertise the performance of audiology or speech-language; use a title or description such as “audiological,” “audiologist,” “audiology,” “hearing clinic,” “hearing clinician,” “hearing or aural rehabilitation,” “hearing specialist,” “communication disorders,” “communicologist,” “language pathologist,” “logopedist,” “speech and language clinician,” “speech and language therapist,” “speech clinic,” “speech clinician,” “speech correction,” “speech correctionist,” “speech pathology,” “speech-language pathology,” “speech therapist,” or “speech therapy,” or any other name, style, or description denoting that the person is an audiologist or speech-language pathologist or practicing audiology or speech-language pathology.

(aa) Unless authorized to practice as a surgical assistant under this chapter, a person shall not use or imply the use of the words or terms “surgical assistant,” or “S.A.,” or any similar title or description of services with the intent to represent that the person practices as a surgical assistant.

(bb) Unless authorized to practice addiction counseling under this chapter, a person shall not use or imply the use of the words or terms “addiction counselor”, “licensed addiction counselor”, “supervised addiction counselor”, “certified addiction counselor I”, “certified addiction counselor II”, “advanced practice addiction counselor”, “C.A.C.I.”, “C.A.C.II.”, “A.P.A.C.”, or any similar title or description of services with the intent to represent that the person practices as an addiction counselor.

(cc) Unless authorized to practice as nursing assistive personnel under this chapter, a person shall not use or imply the use of the words or terms “nursing assistant,” “home health aide,” “trained medication employee,” “dialysis technician,” “health aide,” or any similar title or description of services with the intent to represent that the person practices as a member of nursing assistive personnel.

(dd) Unless authorized to practice polysomnography under this chapter, a person shall not use or imply the use of the words or terms “polysomnographic technologist”, “registered polysomnographic technologist”, “licensed polysomnographic technologist”, “RPSGT”, “LPSGT”, “polysomnographic technician”, “polysomnographic trainee”, or any similar title or description of services with the intent to represent that the person practices polysomnography.

(ee) Unless authorized to practice as a trauma technologist under this chapter, a person shall not use or imply the use of the words or terms “trauma technologist,” or “trauma tech,” or any similar title or description of services with the intent to represent that the person practices as a trauma technologist.

(ff) Unless authorized to practice assisted living administration under this chapter, a person shall not use or imply the use of the words or terms “assisted living administrator”, “assisted living manager”, “A.L.A.”, or any similar title or description of services with the intent to represent that the person practices assisted living administration.

(gg) Unless authorized to practice as an athletic trainer under this chapter, a person shall not use or imply the use of the words or terms “athletic trainer”, “licensed athletic trainer”, “A.T.”, “L.A.T.”, or any similar title or description of services with the intent to represent that the person practices as an athletic trainer.

(hh) Unless authorized to practice as a personal fitness trainer under this chapter, a person shall not use or imply the use of the words or terms “personal fitness trainer”, “personal trainer”, “professional fitness trainer”, “fitness instructor”, or any similar title or description of services with the intent to represent that the person practices as a personal fitness trainer.

(ii) Unless authorized to practice veterinary medicine under this chapter, a person shall not use or imply the use of the words or terms “doctor of veterinary medicine”, “veterinary doctor”, “veterinarian”, “animal doctor”, “animal surgeon”, “D.V.M.” or “V.M.D.”, or any similar title or description of services with the intent to represent that the person practices veterinary medicine.

(jj) Unless authorized to practice as a clinical laboratory practitioner under this chapter, a person shall not use or imply the use of the words or terms “medical technologist”, “cytotechnologist”, “medical laboratory technologist”, “histotechnologist”, “histologic technician”, “clinical laboratory scientist-generalist”, “clinical laboratory scientist-specialist”, “medical laboratory technician”, “phlebotomist”, or any similar title or description of services with the intent to represent that the person is a clinical laboratory practitioner.

Credits

(Mar. 25, 1986, D.C. Law 6-99, § 1003, 33 DCR 729; July 22, 1992, D.C. Law 9-126, § 2(i), 39 DCR 3824; Mar. 14, 1995, D.C. Law 10-203, § 2(g), 41 DCR 7707; Mar. 14, 1995, D.C. Law 10-205, § 2(g), 41 DCR 7712; Mar. 23, 1995, D.C. Law 10-247, § 2(y), 42 DCR 457; Apr. 18, 1996, D.C. Law 11-110, § 7(g), 43 DCR 530; March 10, 2004, D.C. Law 15-88, § 2(j), 50 DCR 10999; July 8, 2004, D.C. Law 15-172, § 2(i), 51 DCR 4938; Mar. 16, 2005, D.C. Law 15-237, § 2(i), 51 DCR 10593; Mar. 6, 2007, D.C. Law 16-219, § 2(h), 53 DCR 10211; Mar. 6, 2007, D.C. Law 16-220, § 2(e), 53 DCR 10216; Mar. 6, 2007, D.C. Law 16-228, § 2(j), 53 DCR 10244; Mar. 25, 2009, D.C. Law 17-353, § 151, 56 DCR 1117; July 7, 2009, D.C. Law 18-19, § 2(d), 56 DCR 3629; July 18, 2009, D.C. Law 18-26, § 2(h), 56 DCR 4043; May 1, 2013, D.C. Law 19-303, § 2(e), 60 DCR 2711; Jan. 25, 2014, D.C. Law 20-64, § 2(h), 60 DCR 16533; Mar. 26, 2014, D.C. Law 20-96, § 102(s), 61 DCR 1184; May 2, 2015, D.C. Law 20-272, § 2(h), 62 DCR 1911.)

Notes of Decisions containing your search terms (0)

[View all 1](#)

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