"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (for example, heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

"Licensee" means any person licensed or authorized to engage in the health care profession regulated by the Board of Medical Examiners.

"Licensing authority" means any professional or occupational licensing board charged with granting, suspending or revoking licensure or certification privileges.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Practice location" means the actual physical site of the office and business address from which the licensee provides professional services and where relevant books and records are or should be maintained.

"Practice name" means the title under which a group practice of five or more practitioners is conducted.

"Practitioner" means physician or podiatrist licensed by the Board.

(b) A licensee shall provide notice to the Board in writing, on such forms as the Board may require and within 21 days, of any changes, additions or deletions pertaining to the following information last provided by the licensee on the biennial license renewal form:

1. The name and address of all practice locations;

2. The name of all practitioners directly associated with the practice, or the practice name if five or more practitioners are offering professional services through the same practice entity;

3. The name and address of each licensed health care facility and health maintenance organization with which the licensee has an affiliation, except that with respect to health maintenance organization affiliations, the licensee shall be relieved of this reporting obligation if the entities with which the licensees has an affiliation have agreed to provide the Board with a list of participating providers on a quarterly basis;

4. The name and address of the licensee's medical malpractice insurer, if any; and

5. The name and address of any health care service entity in which the licensee or any member of his or her immediate family has acquired a financial interest, the date on which that interest was acquired and whether the licensee refers patients to that service.

(c) A licensee shall provide notice to the Board in writing of any changes in circumstances which would alter the response last provided by the licensee to questions on the biennial renewal form eliciting information pertaining to pending or finalized actions, including those predicated on a no contest or nolo contendere plea or other consensual or voluntary agreement, or a surrender or resignation of license or of privileges or a consent to limitations on practice which occurred in the face of an investigation or of pending action. Reporting of the following actions is required:

1. Actions by criminal authorities for violations of law or regulation;

2. Actions by a health care facility or health maintenance organization grounded, in whole or in part, upon patient care concerns which actions condition, curtail, limit, suspend or revoke privileges;

3. Disciplinary actions by state licensing authorities;

4. Actions by the Department of Health;

5. Actions by the Drug Enforcement Administration or any state drug enforcement agency;

6. Actions by Medicaid, Medicare, CHAMPUS, or other governmental insurance program;

7. Actions by professional review organizations or utilization review organizations; or

8. Actions by a medical malpractice insurance carrier declining coverage or a continuation of coverage, assessing a surcharge based on claims experience, imposing new limitations or restrictions on practice, or requiring remedial education or office monitoring.

(d) A licensee, who is not already known to the Board's Impairment Review Committee through participation in the Alternative Resolution Program, shall provide notice to the Board in writing of any changes in circumstances which would alter the response last provided by the licensee to questions on the biennial renewal form pertaining to medical conditions and use of chemical substances which in any way impair or limit the licensee's ability to practice with reasonable skill and safety. Licensees shall provide notice to the Board of any hospitalization, in-patient treatment or participation in supervised rehabilitation programs relating to these medical conditions. Licensees shall notify the Board of any leave of absence taken from a health care facility or health maintenance organization for reasons related to these medical conditions. (Parental leaves need not be reported.) Any notices received by the Board pursuant to this subsection shall be retained by the Board in a confidential manner and shall not be deemed to be public records within the meaning of N.J.S.A. 47:1A–1 et seq.

(e) To the extent that a required disclosure may relate to the illegal use of controlled dangerous substances or other criminal activity which may give a licensee reasonable cause to believe he or she is exposed to the possibility of criminal prosecution, the licensee may assert, on the form provided by the Board, the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith, and does not relieve the licensee from making disclosures not implicating criminal liability. The Board may make follow-up inquiries and the licensee may later be directed by the Attorney General to make a disclosure of information previously withheld on the basis of the Fifth Amendment, provided that the Attorney General first grants immunity afforded by statutory law. N.J.S.A. 45:1–20.

(f) For each change, addition or deletion in the foregoing information, the licensee shall further indicate the effective date of the change, addition or deletion and provide an explanation therefor.

(g) Failure by a licensee to provide the Board with notice of any information required pursuant to this section within 21 days of the change or the event necessitating the filing of the notice may be deemed professional misconduct within the meaning of N.J.S.A. 45:1–21(e).

New Rule, R.1996 d.243, effective May 20, 1996.
See: 27 N.J.R. 1746(b), 28 N.J.R. 2563(a).

13:35–6.20 Physician delegation of tasks to radiologic technologists and nuclear medicine technologists

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise.

"Authorized medical user" shall mean a licensed physician who is identified as an authorized user on a New Jersey Department of Environmental Protection radioactive materials license that authorizes the medical use of naturally occurring or accelerator-produced radioactive materials, or on a Nuclear Regulatory Commission license that authorizes the medical use of byproduct radioactive materials.

"Diagnostic x-ray technologist license" shall mean a license for general diagnostic radiology (LRT(R)).

"Direct physician supervision" shall mean instruction, direction and guidance by a physician who is personally aware of the procedure intended for a given patient; who is present in the facility and is readily available to physically attend to the patient; and who has assured that emergency equipment shall be available for immediate use by a licensed physician trained to use that equipment. All tasks which this section permits a physician to delegate may be performed in a licensed hospital or in a licensed outpatient facility or in the physician's private office, unless otherwise specified.

"Licensed nuclear medicine technologist" or "LNMT" shall mean an individual holding a license issued directly by the Department of Environmental Protection.

"Limited technologist license" shall mean a license in chest x-ray (LRT(C)), dental x-ray (LRT(D)), podiatric x-ray (LRT(P)), orthopedic x-ray (LRT(O)) or urologic x-ray (LRT(U)) issued by the New Jersey Radiologic Technology Board of Examiners.

"Medical resident" shall mean a graduate physician who is authorized to practice medicine and surgery by means of a valid permit issued by the Board of Medical Examiners to a person authorized to engage in the practice of medicine and surgery while in the second year or beyond of a graduate medical education program pursuant to N.J.A.C. 13:35–1.5.

"Physician," unless otherwise specified, shall mean an individual holding a plenary license to practice medicine and surgery issued by the State Board of Medical Examiners.

"Technologist" shall mean an individual who holds a current license in a specific category of radiologic practice from the New Jersey Radiologic Technology Board of Examiners or the Department of Environmental Protection, as applicable.

(b) A physician may direct a technologist holding the license for general diagnostic radiology (LRT(R)) from the New Jersey Radiologic Technology Board of Examiners to perform the tasks set forth in (c) below provided that:

1. The physician (or another plenary-licensed physician in the office or, in a licensed health care facility, the head of the pertinent Department) has personally certified and documented the radiologic technologist's training and competency to perform the task. The documents shall be preserved in the personnel record and retained for at least the duration of such technologist's employment by or for that physician or facility;

2. A physician or a medical resident is on the premises and immediately available to physically attend to the patient;

3. The physician is responsible for the choice and ordering of all pharmaceuticals and contrast materials and for the determination of dosage and route of administration; and

4. For pediatric patients, the physician shall have experience in the performance of the pertinent procedures with such patients.

(c) A physician may direct a technologist, in the circumstances set forth in (b) above, to perform the following tasks:

1. Establish a peripheral intravenous line;

2. Administer contrast material into a peripheral intravenous line or into a pre-existing central intravenous line;

3. Administer contrast material through the use of a power injector;

4. Administer contrast materials into pre-existing urinary catheters, whether indwelling or otherwise;

5. Administer contrast materials into pre-existing nasogastric tubes or other gastric or intestinal feeding tubes;

6. Administer intravenous flush solutions such as saline or heparin; and

7. Administer glucagon and such other pharmaceuticals as shall be approved by the Board.

(d) Under (c) above, for pediatric patients, the physician shall have experience in the performance of the pertinent procedures with such patients.

(e) A physician shall not direct a diagnostic radiologic technologist holding the LRT(R) license to perform the following tasks:

1. Administer contrast material into the subarachnoid space;

2. Administer to a patient pharmaceutical materials other than those approved in accordance with (c) above; or

3. Administer radioactive materials in any form for any purpose.

(f) A physician who allows a medical resident to supervise a diagnostic radiologic student technologist shall assure that the supervision is performed concurrently with a licensed radiologic technologist or with the physician.

(g) A physician may direct an individual holding a general diagnostic or limited technologist license to perform such radiologic procedures as are authorized by the laws and rules of the State Department of Environmental Protection applicable to that licensure. A physician or a podiatric physician (DPM) may direct either a technologist holding the LRT(R) license or a technologist holding the limited license for podiatric x-ray LRT(P) to perform such radiologic procedures as are authorized and applicable to the holder of a LRT(P) license.

(h) A physician may direct a technologist holding the LRT(U) license to administer a contrast medium injection into a pre-existing peripheral intravenous line or into a pre-existing urinary catheter, whether indwelling or otherwise, so long as a physician or a medical resident is on the premises and is readily available to physically attend to the patient. The physician shall be responsible for the choice and ordering of all contrast materials and for the determination of dosage and route of administration. For pediatric patients, the physician shall have experience in the performance of the pertinent procedures with such patients or shall assure consultation with a physician having such experience.

(i) Prior to delegating the tasks set forth in (g) and (h) above, the physician (or another physician in the office or, in a licensed health care facility, the head of the pertinent Department) shall personally certify and document the radiologic technologist's training and competency to perform the task. The documents shall be preserved in the personnel record and retained for at least the duration of such technologist's employment by or for that physician/facility.

(j) Except as set forth in (h) above, a physician shall not direct a technologist holding the LRT(C), LRT(D), LRT(P), LRT(O), or LRT(U) license to perform any of the tasks set forth in (c) or (e) above.

(k) A supervising physician may direct the LNMT to establish a peripheral intravenous line.

(*l*) A physician who is an authorized medical user, as specified on a Byproduct Materials License issued by the Nuclear Regulatory Commission or on the Radioactive Materials License issued by the New Jersey Department of Environmental Protection, may direct an LNMT to inject radioactive materials used for diagnostic purposes when specifically designated by the supervising physician, and only as follows:

1. Into pre-existing urinary catheters, whether indwelling or otherwise;

2. Into pre-existing nasogastric tubes or other gastric or intestinal feeding tubes;

3. Into a peripheral intravenous line, into a pre-existing central intravenous line, or by direct intravenous injection; and

4. Into a spinal needle placed into the subarachnoid space by a physician who is continuously present with the patient throughout the procedure.

(m) A physician may direct the LNMT to administer, under direct physician supervision, nonradioactive pharmaceuticals, as follows:

1. Adenosine and dipyridamole for use in nuclear medicine stress tests;

2. Aminophylline in conjunction with nuclear medicine stress tests;

3. Diuretics;

4. Angiotensin converting enzyme-inhibitor agents;

5. Vitamin B–12; and

6. Intravenous flush solutions such as saline or heparin.

(n) The Board may, from time to time, add or delete pharmaceuticals by amendment to (m) above, on its own initiative or through a petition for rulemaking.

(*o*) A physician shall not direct the LNMT to administer Controlled Dangerous Substances or other pharmaceuticals,

including, but not limited to, atropine, neostigmine, other cardioactive medications or any other pharmaceuticals except as set forth in (m) above.

(p) The physician shall be responsible for the choice and ordering of all nonradioactive pharmaceuticals and for the determination of dosage and route of administration. The physician who is also an authorized user shall be responsible for the choice and ordering of all radioactive pharmaceuticals and for the determination of dosage and route of administration. For pediatric patients, the physician shall have experience in the performance of the pertinent procedures with such patients.

New Rule, R.1999 d.155, effective June 7, 1999.
See: 30 N.J.R. 1752(a), 31 N.J.R. 1496(a).

13:35–6.21 Hair replacement techniques

(a) As used within this section, the following terms have the following meanings unless the content indicates otherwise:

1. "Cosmetic suturing retaining process" means a method of attaching a unit of hair to the scalp via a suturing (retaining) process.

2. "Implanted prolene loop procedure" means a surgical insertion of continuous prolene sutures in and out of the scalp in concentric circles to which a hair weave is attached.

3. "Licensee" means a physician subject to regulation by the New Jersey Board of Medical Examiners.

(b) No licensee shall perform or assist in the performance of a hair replacement technique using the implanted prolene loop procedure or any other cosmetic suturing retaining process involving the use of suture material in the scalp.

(c) Nothing in this section shall preclude licensees from performing medically recognized hair transplantation techniques.

(d) Licensees shall complete and maintain patient medical records pursuant to N.J.A.C. 13:35–6.5 which accurately reflect the transplantation technique utilized in any hair replacement procedure, a brief history pertinent to the procedure, any complications which ensued, any medications prescribed and follow-up directed.

(e) Licensees shall assure that prior to the initiation of a permitted hair transplantation technique, the risks and benefits have been discussed with the patient and informed consent has been obtained.

(f) Licensees shall, by means of a telephone number by which they shall be available, provide appropriate medical coverage on a 24–hour basis to all patients undergoing a hair transplantation technique and shall maintain a log for the sole purpose of recording all complications. This log shall be available for inspection by the Board upon request.

(g) Violation of any of (b) through (f) above may be deemed to constitute one or more of the following:

1. Gross malpractice, gross neglect, or gross incompetence in the practice of the licensed profession pursuant to N.J.S.A. 45:1–21(c);

2. Professional misconduct in the practice of the licensed profession, pursuant to N.J.S.A. 45:1–21(e);

3. A failure to comply with the provisions of an act or regulation administered by the Board, pursuant to N.J.S.A. 45:1–21(h); or

4. Unprofessional conduct which would present an imminent danger to the individual patient or to the public health, safety or welfare, within the meaning of N.J.S.A. 45:9–19.5.

(h) Licensees who are in possession of information which reasonably indicates that another licensee has engaged in a prohibited hair replacement technique shall be obligated to report such information to the Board pursuant to N.J.S.A. 45:9–19.5.

New Rule, R.1994 d.86, effective February 22, 1994.
See: 25 N.J.R. 5444(a), 26 N.J.R. 1104(a).
Stay of Operative Date until February 23, 1994; further stay until April 13, 1994.
See: 26 N.J.R. 1354(a).
Withdrawal of stay of Operative Date.
See: 26 N.J.R. 4083(a).

SUBCHAPTER 6A. DECLARATIONS OF DEATH UPON THE BASIS OF NEUROLOGICAL CRITERIA

13:35–6A.1 Purpose

(a) The rules in this subchapter are established pursuant to N.J.S.A. 26:6A–1 et seq. (P.L. 1991, c.90), the New Jersey Declaration of Death Act, and set forth: