

**OREGON BOARD OF MEDICAL IMAGING
BOARD MEETING, FRIDAY, JANUARY 6, 2012
Room 1D, Portland State Office Building**

APPROVED MINUTES

Board attendance: Thomas King, Frank Krause, David Farthing, Wayne Lemler, Shirlee Templeton, William McMillen, William Purnell (by phone all day), Kimberly Earp (by phone all day), Pamela Warren (by phone beginning at 2:15 pm). Also Margaret Lut (RPS; advisory member) and Rick Wendt (RPS; advisory member).

Others in attendance: Ed Conlow, executive director; Sarah Anderson, administrative licensing specialist; Vincent Mandina, administrative LEDS specialist; Carol Parks, Senior Assistant Attorney General.

Call to order: 8:40 a.m. by board chair Thomas King.

Thomas King convened the board in executive session pursuant to ORS 192.660(2)(k) at 8:43 a.m.

Thomas King adjourned executive session at 2:12 p.m.

Pam Warren arrived (by telephone) at 2:15 p.m.

Convene public session: Chair Thomas King convened the board in public session at 2:19 pm.

Ratification of licenses: Motion to ratify by Krause; second by Farthing. Approved unanimously.

1. Radiographer licenses: From 171152 through 171198
2. Radiation therapy licenses: From 270850 through 270854
3. Nuclear medicine licenses: From 500208 through 500218
4. MRI licenses: From 400388 through 400399
5. Sonography licenses: From 600837 through 600882
6. Limited x-ray machine operator permits: From 3998 through 4008
7. All temporary initial medical imaging modality licenses and permits: From 04892 through 04915

Investigation Cases:

Case 11-09-05: Motion by Krause to grant the license with no disciplinary action. Second by Templeton. Unanimous aye vote.

Case 11-10-01: Motion by Krause to take no action against the license with the board option for random urinary analysis over the next year, to be coordinated by the executive director. Second by Earp. Unanimous aye vote.

Case 11-10-02 and 11-10-02A: Krause motion to dismiss with no board action. Templeton seconds. Adopted unanimously.

Cases 11-10-03, 11-10-04, 11-10-05, 11-10-06, 11-11-01, 11-11-03, and 11-10-08: Krause moves for the executive director to issue a letter of concern to each licensee on behalf of the board. Earp seconds. Adopted unanimously.

Cases 11-10-03A, 11-10-04A, 11-10-05A, 11-10-06A, 11-11-03A, and 11-10-08A: Krause moves to have a letter of concern sent to each of these employers; also request a complete listing of all imaging modality licensees in each facility, at the time of the letter, plus a detailed explanation of the process of making sure that all current and future employees will be properly licensed. Templeton second. Adopted unanimously.

11-11-01A: Motion by Krause, close with no action and a letter from the Board. Templeton second. Adopted unanimously.

11-12-01: Motion to grant license with no disciplinary action. Motion by Krause; second by Earp. Approved unanimously.

Correction and approval of previous meeting minutes: Moved to adopt January 6, 2012 minutes without amendment by McMillen; second by Templeton. Adopted unanimously.

Patty O’Sullivan from the OAHHS: Thomas King introduced Patricia O’Sullivan, Senior Policy Advisor, OAHHS. She said she was drawn into this after hospitals started getting contacted to appear before the board. She noted that the OAHHS had forwarded letters authored by OBMI (in May and October, 2011) urging compliance; they were forwarded to the OAHHS compliance committee members at the different hospitals. She said hospitals are all over the board regarding compliance. She said that she discussed with Ed the production of a cheat sheet, including current requirements and something that explains what happens in 2014. She wants to get that cheat sheet and send out a short survey to every hospital to ask them if they are in compliance. She wants to take two months to survey hospitals, to get a response back from the hospitals and see if anyone is not aware of the licensure requirements. If they find any hospitals are not aware of the licensure requirements, she said OAHHS would work with them to promote compliance. Frank Krause said that he applauded the hospital association for making this effort to promote compliance. He also commented that the OBMI went far and beyond what was required, to notify the health provider community regarding the new licensure law, but that we didn’t get a reaction until we started issuing subpoenas. Thomas King indicated that the executive director would be meeting with officials at Salem Hospital, and that we would be willing to work with the hospital association on this. Patty said she would let the Board know what they find out through their survey process.

Committee updates:

ASRT revision of radiography curriculum: Thomas King indicated that the ASRT is updating

Old Business: Ed Conlow offered two versions of administrative rules that had been noticed, amending OAR 337-010-0030 (6)(a). Ed reported that a public hearing was held and nobody showed up. Regarding the rules that were noticed, Barb Smith offered some comments and Ed made revisions to the proposed rules, based upon Barb’s comments. The Board made a motion to adopt the

revised version of the noticed rules, with a January 9, 2012 effective date. Motion by Thomas King; second by Krause. Adopted unanimously.

Update on legislative concepts: Ed Conlow explained that the proposed corrective legislation, indicating that the version before the Board is the version that is submitted by Legislative Council to the bill sponsor, Rep. Mitch Greenlick. Thomas King indicated that he appreciated Rep. Greenlick's willingness to help the OBMI with the legislation during the short 2012 session.

Discussion of military preference under LC 204: Ed Conlow mentioned another bill before the Legislature, LC 204, which says that an applicant for a license from OBMI would meet the educational requirements by providing the board with documentation of military training or experience. (LC 204 addresses processes for a number of state agencies, not just OBMI.) If the board determines that the military training is substantially equivalent to the training in a board-approved school, then the board would be required to accept the military training, for purposes of licensure. Ed wanted to know if the board would be supportive of this concept, which he was asked to report to the staff of the House Veteran Affairs Committee. Thomas King noted that the ASRT accepts the military training. General comments indicated that the military training is of a fairly high level.

Thomas King asked Barb Smith from Portland Community College about the quality of military training. Barb said she could only address the quality of RT training in the military. Barb said that the problem is that a lot of the documentation (of educational programs in the military) that Portland Community College would require is lacking in what the military provides. She said that military records will typically just show the name of a class, but she needs more detail about the content of a particular class. Barb Smith said that persons who go through the RT program in the military are eligible to sit for the ARRT registry examination. Barb said there could be a question or issue if a military-trained RT received their training ten years ago, would we still need to honor their educational training? Also, she wondered if it could be an issue if there is a lengthy time period from classroom to registry exam, because the registry limits how much time can lapse between finishing school and sitting for the registry exam. She said it would be beneficial if military RTs would sit for the registry as soon as they finish the RT program in the military; but she said that many do not. That could be an issue.

2013 Legislative concepts from OBMI:

1. Outlaw keepsake ultrasound: Ed Conlow noted that the board's earlier discussion focused upon the Connecticut law. California has a law that regulates who can buy and sell ultrasound mechanisms. Ed said that we ought to be able to combine the two state laws into one legislative concept, and that he would work to get the larger (Cal/Conn) combined version drafted and submitted for 2013, on the board's behalf.
2. Require sonographers to pass the registry exam in each subspecialty that the sonographers practice in: Ed Conlow mentioned that he has heard from a few sonographers who are concerned that they will not be able to pass the exam in each subspecialty. Ed asked the board for final instructions before development of the legislative concept. Thomas King suggested that requiring passage of the exam in each subspecialty could be problematic. Frank Krause said that the four main categories are OB, abdomen, vascular and cardiac, and that could be an appropriate place to start. Ed also wanted to get direction on when the exam requirement should become effective. Frank Krause asked to start with an effective date of 2014; we can revisit later if necessary.

New Business:

1. Can OBMI allow licensees, when adding subspecialties to their licenses, to use work for training? Responding to a question from Kim Earp, Tom said that they would need to work under the supervision of a certified technologist. Kim Earp asked if there would be a time limit or time frame before they would need to get a license. Tom said there would be some time requirements. Wayne Lemler said that MRI techs have a maximum of 24 months to get their competency, and Kim said that it makes some sense to mirror current registry time limits. Tom said that we didn't need to make any decisions on this issue, but would keep it on the agenda for April.
2. Should OAR 337-010-0045(1) be amended to clarify that persons who have not yet graduated from imaging school may obtain temporary licensure? Ed Conlow noted that the OBMI statute (688.520) allows the Board to issue temporary licenses to students who are still in imaging school, but that the rules as written provide for temporary licenses only for graduates. Ed said he was trying to make the rules fit current practice, and proposed a rules amendment to allow students to have temporary licenses. Motion by King, second by Lemler, approved unanimously, to initiate rulemaking to add the following language as an amendment to OAR 337-0120-0045(1):
(NEW LETTERED PARAGRAPH) With a letter to OBMI from the medical imaging program director at a student's school, indicating that the student is in good standing and is in the process of meeting educational requirements for graduation on a date specified, and that the student is competent to work under supervision, a temporary license may be issued which will be valid up to three months prior to the specified graduation date.

King moved, Lemler seconded, to amend the rules to specify that a temporary license can be renewed once by the board, so that the total duration of one temporary license cannot exceed 12 months – one initial six-month issuance plus one six-month renewal. Motion passed unanimously.
3. Can the Board interpret the reciprocity statute (ORS 688.495) to say that, once a person has been licensed by OBMI through reciprocity with another state, then that person can continue to be renewed, even if our state requirements change (i.e. we add a national credentialing requirement)? Sense of the Board was that it is appropriate to interpret 688.495 in this manner.
4. Review Board policy – Can certain cases that now come before the Board be delegated to the executive director? This item was deferred to a later meeting. Carol said that the Pharmacy Board has a similar issue on their agenda, to create some sort of consent agenda. Carol suggested that we could defer this item until the next meeting, to allow staff to do some follow-up with the Pharmacy Board and maybe bring something back to the OBMI for consideration at the April meeting. No further action was taken on this item.

Public Comment: 3:42 p.m.

Barb Smith, Portland Community College: Barb Smith commented that MRI currently does not require a radiography background; you used to need a radiography background for MRI. Barb said she has a problem that people can cross-train from x-ray to MRI because MRI is totally different, and in fact OHSU asked PCC to start an MRI program because MRI techs don't know a lot about what they are doing; they are just pushing a button. She said the purpose of a license and/or certification is

to have the appropriate training. And just sitting there, with the person sitting next to you pointing out the correct button to push is not appropriate training. She said she is against arbitrarily giving someone a temporary license because they want to cross-train on the job to get MRI or ultrasound or other certifications. With proper educational background, you understand how the scanners work and the specifics behind the technology, and you can recognize when there are problems and can respond appropriately. She said that, starting in 2016, ARRT is going to require some sort of classroom training. She said that a lot of people who take the MRI examination do not pass, which is most likely because they don't have the background. As the technology becomes more complex, it becomes more important that the people operating the equipment know what they are doing. She concurred that she considers a person who passes a registry examination to be qualified.

Barb asked that some sort of exposure indicator show up on an x-ray, to indicate if the x-ray is over- or under-exposed. Barb asked that we support RPS or whoever, if we need a rule or whatever, in an effort to require an exposure number or exposure indicator to tell the tech that they have a proper exposure.

Brock Price from OHSU: Commenting on the previous discussion regarding cross-training, if there is any formal education to add to the cross-training, it has a tremendous impact on enhancing the quality of training.

Randy Jarigese, sonographer with Legacy Health Systems: He expressed concern with the board's decision to seek legislation to require sonographers to pass the registry exam in all areas that they practice. He said that, if the proposal is adopted, ultrasound departments will need to adjust the personnel works schedules so that all vascular exams are only performed by RVT

If the proposal becomes a rule, ultrasound departments will need to adjust the personnel work schedules so that all vascular exams are to only be performed by RVT certified technologists. Call also poses a special problem, as vascular exams are also performed on call. All technologists take call. Thus the proposed rule will greatly constrain hospital/clinics flexibility at a time of major budget constraints. This is only one example of the several problems that will occur if the rule is required.

General ultrasound technologists are overseen by radiologists who make sure they are doing quality work. Many have been in the field for years. I have been doing general ultrasound exams for 23 years. I am registered in Abdomen (organs of the abdomen) and Ob/Gyn, having taken 3-3 hour board certified tests (which includes the ultrasound physics test). The radiologists overseeing my work are satisfied with my level of competence on all general ultrasound exams, including vascular studies. Experience is the most important factor. Passing a test does not guarantee quality; indeed many of the test questions address details/definitions that have little relevance to doing the actual vascular scan. Requiring all technologists to pass the RVT test imposes an unnecessary burden. Each test is \$200 and takes months to study for. The passing success rate is approximately 70 percent. . For most of my 23 years in the field there has been a shortage of ultrasonographers. This rule will just lead to more shortages and perhaps, drive experienced highly competent technologist out of the field.

There are about 65 hospitals in Oregon (not including clinics). I called four hospitals to find out about their operations. It appears that about half of the techs are RVT and the other half are certified in general ultrasound only. I have worked at three different hospitals in the Portland area and no

problems have ever been mentioned by other technologists, radiologists, or management about the current system. This proposed rule would not improve quality but would create staffing difficulties for all sizes of hospitals and clinics throughout Oregon.

Dan Scharbaugh, Providence Health Systems: Asked for some clarification on licensure requirements. Ed Conlow responded that, under current law and regulations, the Board believes it does not have the authority to require sonographers to have passed the examination in each subspecialty, but that the board is pursuing legislation in 2013 to require sonographers to have at least passed one examination in any of the four broad categories in which the sonographer practices.

Monica Quintero-DeVlaeminck: Asks if there are any rules that would allow prospective students to seek guidance from the Board in advance if their criminal background would keep them from getting a limited permit, once they applied after they completed their educational requirements. Thomas King said that this could be handled through the school's admissions process, to screen students through the admissions process. Board members commented that it is not the board's job to pre-screen students. Thomas King indicated that Monica could visit with Ed Conlow at the board office if she wants to discuss this further.

Warren Rosen: He said that the board is not paying attention to what is happening in the facilities across the state. In small hospitals with two techs, they have to cover 24/7. Ultrasound, if this goes into effect in 2014, our facility will not have ultrasound services for parts of the week. He submitted a letter. He said that medicine is different in a rural hospital. If you get in an accident in a rural area, you'll be taken to the rural hospital and you won't be able to get the sonography or CT images you need, because the rural hospital will not have people on hand who are approved to take the images. He said he was trained for a full week on a CT unit by Toshiba. He said that, when a new MRI machine is installed, there is a week of training. Where do the technologists get the training to earn the state credential – we don't talk about that. What will it do to the CAH's if we can't get people who have the proper licenses?

He said that it is wrong for a person who renewed late to have a permanent red checkmark on their license. (He submitted a letter from a co-worker.)

He cited the rules and asked where it says that a radiographer needs to have a CT by 2014. Thomas King said the board needs to consider not just the rules but also the statute.

Thomas King asked the executive director to seek more involvement from rural hospitals. He asked Warren to work with the executive director. Frank Krause said that the law was passed by the Legislature; it didn't come from the board. Also, Frank mentioned that there may be federal legislation soon.

Adjourned at 4:40 p.m.