

MINUTES OF 5/15/07 CONFERENCE CALL

List of Participants: Lorraine Bevacqua, RT, OBRT Board Member; Frank Erickson, M.D., Radiologist, OBRT Board Member; Laurinda Andrist, Immediate Past President, SDMS; Lindi Quinn, Treasurer, SDMS, ARDMS; Peter Schork, RDCS, EchoVision, Inc., Sonographer; Robert McDonald, Board of Directors, ARDMS, Sonographer; Claudia Black, Director of Government Affairs, OMA; Linda Russell, Executive Director, OBRT; Ernest Wick, RT, Chair, OBRT; Don Hagan, CEO, SDMS; Mark Tindell, Sibley, Austin, (Chicago-based law firm), SDMS, operates out of Washington DC; Barb Smith, MS, RT(R)(QM) FASRT, PCC/OSRT

Start of Conference Call at 5:30 PM

Linda: Hello? Hi Barbara

Laurinda: Hi

Linda: Hi Laurinda. Just kind of waiting for a few people

Laurinda: Do we have a list of everyone who'll be calling in?

Linda: Yes, I have a checklist and we'll take a roll call real quick when everybody gets online and they can say their name for the record

Laurinda: Okay

Linda: How's everybody doing?

Barb: Oh, fine. I was wondering if my clock was fast or slow

Linda: Oh, well, we were doing the same thing

Don: Don Hagan, SDMS

Linda: Hello

Lindi: Lindi Quinn, Oregon sonographer from Coos Bay

Linda: Hi Lindi

Laurinda: Hi Lindi Lou

Linda: Hello

Frank: Hi, this is Dr. Erickson

Linda: Hi Frank

Frank: Hi Linda. Anyone else here?

Linda: Oh, yeh

Frank: Good

Linda: Laurinda, have any of you spoken with Rob?

Laurinda: I got an e-mail from him umm oh I can't remember if it was late last night or this morning he is on vacation this week

Linda: I know he was, yes

Laurinda: So I am unclear if he is actually going to be able to make this call or not

Linda: Okay well good well at least you guys have been in contact so that's all I, that mattered, good thank you

Linda: Hello?

Mark: Hi this is Mark Tindell

Linda: Hi Mark

Laurinda: Hi Mark

Linda; I don't know who you are Mark

Mark: I am with SDMS I'm their Washington, DC-based lobbyist with Sibley, Austin

Linda: okay well hopefully we'll have enough people because I only ordered so many vacancies anticipating only the people that were at the conference but um Robs not going to call, not coming in so I do have one extra so hopefully we'll be good

Laurinda: Yeh, Linda I apologize I sent you an email earlier today saying he would be included in the call.

Linda: That's okay we'll work it out and I can dial the operator if we need to add somebody you know we'll do it

Claudia: This is Claudia I just joined the call

Linda: Hi Claudia, Hello

Claudia: Hi

Rob: Yes, this is Rob McDonald

Linda: Hi, vacation and everything alrighty everyone is checking in

Laurinda: So is it warm and sunny down there?

Rob: Umm actually its 34 ion the coast we've been it sunny but the wind is coming down and it'sFrank talks about his location in Pendleton...

Linda: Lorraine, are you here? Not yet, okay. Just to let everybody know Ernest Wick who is our Board Chair is going to come in a little bit late into the conference call they had some emergencies at his hospital so he just called me a couple of minutes ago and said he had to take care of a few things before he could join us.

Frank: He's a working supervisor

Linda: That he is, in more than one fort Frank

Laurinda: Claudia, how many more people are we waiting for?

Linda: As far as I know we are just waiting for Lorraine and um and then of coarse Ernest will join us when he can but that won't hold us up we'll get going You mean we're going to go ahead and get going once Lorraine gets on the phone?

Linda: Claudia, Is Amy going to call in?

Claudia: No, I don't think she is

Linda: Okay, Okay

Claudia: calling in, So, So we're going to still wait for Lorraine before we do anything is that right?

Linda: Well, we'll just give her a couple if minutes, I figure we can, I've got 5:33, if we wait till 5:35, is that agreeable for everyone

Claudia: Sure

Frank: Uh-huh

Linda: I don't want to waste everybody's time of course, she'll catch up with us. Lorraine are you there yet?

Laurinda: She'll be there when you hear that little beep

Frank: Yeh, you'll hear that

Claudia: Beep on the phone when someone comes on

Linda: See, you guys are all experienced. These conference calls are fairly new for me.

Laurinda: They are very handy

Linda: They are very handy, yes, it's great. And I, Barb Smith your there, right?

Barb: Yep I'm still here

Linda: And Thomas King is not going to be here with us, Barb's here for him today

Barb: We'll this actually works for me because I'm trying to get home before the conversation starts so I can take notes,

Linda; Well we actually are going to do minutes of our of and that's why I am going to take a roll call and if you would and if everyone before you speak or comment on things if you would just say your first name since we're not familiar with each others voices that way once we get the minutes done then we'll send them out to everyone
Hello?

Peter: Hello this is Peter.....

Linda: Hi Peter We're just waiting for a couple more people, we're going to give it a couple minutes and then we're going to go

Peter: Okay, Who are we waiting for?

Linda: We're waiting for Lorraine and Ernest is going to be late but he will join us as soon as he gets the crisis at the hospital straightened around

Claudia: Linda, this is Claudia speaking and I'm wondering if we can we plan or agree to limit this conversation to one hour until 6:30 so that we can wind up and kind of be respectful of peoples

Linda; Oh, Absolutely

Claudia: needs to do other things and then if we need to do follow up with another call that we make it at the end of this one

Linda: Absolutely, is everybody in agreement to that?

Frank: Sure

Linda; Okay, good then before we get started and before the roll-call then I'll make that announcement.

Linda; Hello?

Lorraine: Hi,

Linda: Hi, that's Lorraine joining us, uh Lorraine, Ernest is going to be a little late in joining us he's had a crisis at the hospital, uh so as far as I know we have everybody on board now, and I just want to set a couple little Ground rules what we've agreed to before you joined us that we're going to limit this to one hour maximum and if we need to have another conference call we will then we will but for right now so everybody can have some time for their evening is what we're going to do and I'm going to take and roll-call so um and then when we start talking if everyone would just say their first name before they start you know their question or answer so that we can get this right we're going to do minutes for this and send them out to everybody. So is everybody ready?

Roll Call: Linda: Lorraine? Lorraine Bevacqua, ARRT technologist and member of the Board; Linda: Frank? Frank Erickson, M.D., radiologist, on the Board; Linda: Laurinda? Laurinda Andrist, Past President, SDMS and Oregon sonographer; Linda: Lindi? Lindi Quinn, ARDMS, sonographer in Coos Bay; Linda: Peter? Peter Schork, cardiac sonographer, Echo Vision, Portland, Oregon; Linda: Rob? Robert McDonald, pediatric cardiology sonographer, Portland, Oregon; Linda: Claudia? Claudia Black, Oregon Medical Association; Linda Russell, Executive Director for the OBRT/Oregon Board of Radiologic Technology; Okay, I think that's everybody except for Ernest who'll join us in a little bit. Don: No, I think there's a couple more people on the call from SDMS. My name is Don Hagen, Chief Executive Officer of the SDMS, office out of Dallas, Texas and our Washington-based lobbyist, Mark Tindell. Mark, would you please speak up. Mark: I'm sorry, I'm a last minute addition. Mark Tindell of Sibley, Austin which is a Chicago-based law firm for SDMS operating out of Washington. Linda: Okay, great. Barb: Me, Barbara. Linda: Sorry, you were the first one to come in. Barb: Barbara Smith. I work at Portland Community College. I'm ARRT, a Fellow with ASRT, I'm editor for Merrill's Positioning Atlas and I belong to OSRT. Linda: Now, do we have everybody?

Claudia -I don't know if we have an agenda or format for the conversation that we're going to be having tonight

Linda -I don't have anything formal. Actually, I think that we should just open it up to everyone at a time. I think since we didn't have an opportunity to speak with everyone from SDMS & ARDMS that they would speak and acknowledge their concerns and if they'd like an answer from someone, we'll certainly reply

Claudia - I think that since it's a bill you've introduced and heard some of the concerns expressed in committee and I wonder if you've had a chance to go back and think over some of the issues to be addressed. Is that a fair question?

Lorraine - Actually, I think that's one of our questions. One of our questions is that basically we walked in and got smacked by everybody in there and told that our bill is going to go down. That's kind of the attitude that was presented to us. And our question is basically what is it that the sonographers really want? What is it because other than being there to oppose the world kind of an attitude that we ran into, we really didn't get very far

Claudia – I think it's kind of important that we keep personalities out of it and really kind of work toward solutions and it seems that hearing that both were pretty upset , one side because they felt they hadn't been contacted and the other side because they felt like they had been contacted too late and in the hearing. I think we're going to need to work on setting those issues aside and what we can do to work through the issues that came up in the hearing and any other issues people have

Linda -That's a good point, Claudia. I know you have a lot of experience doing this so by all means

Claudia - I know it's very frustrating when you think you have all of this moving forward and everything seems okay and then to find out it isn't. On the other hand, for the folks that didn't know about it to be included in the bill and that it's going to impact the way we're going to do business is tough, too. So, anyway, let's just kind of _____ caveat and move forward

Barb - As a person who was not at the hearing, and sporadically goes to the meetings at the OBRT I can say the OBRT was asked by the legislature to look into putting together a bill to license all the medical imaging, hence the name would change to medical imaging and as far as I know there isn't a state society for ultrasound, so I don't know that there was a local place to contact. I know that at one point that Tom King had spoken to someone at ASRT and I think he was under the impression that they would contact someone but nobody contacted us. After that happened and I believe it was March, and so again not knowing who to contact, getting the direction from the legislature, trying to put some language into the bill because I did see some of that, trying to be pretty inclusive, I would think that the sonography people should have a seat on this new board as well as nuclear medicine because they're going to be in there and MR is going to be in there. Perhaps an amendment needs to be put on it to make sure that there would be inclusion of the major areas and I guess it sounded to me like both sides didn't know a lot of things and so everybody started off on the wrong foot. I've had some people call me and I really don't have a clear idea why when doctors are licensed, nurses are licensed, there's a whole bunch of people in healthcare that are licensed for patient safety, why it is that ultrasound doesn't want to be licensed. I guess that's my question

Laurinda - I'd be happy to respond to that. Actually, it's based on things that we have learned working with ASRT at the national level. Probably about 10 or 11 years, we met with them regarding their original draft of the Care bill and they had pointed out to us, the reason they were going back to the Care bill is because their original bill that was written in 1981 did not have enforcement, they ended up with the 50 different standards across the United States and so, from that conversation, we learned that perhaps state licensure was not in our best interest for sonography and for our patients and we wanted to have a very consistent national standards and so that is why we have never been in support of having a state by state licensure and currently there are not any states that have sonography licenses. We have chosen to do other avenues, either through our connections process through the ARDMS and also through our work with the current medical directors which require that now 30 states or more that have mandatory credentialing or lab accreditation and we've also been working at the national level to establish a national standard

Barb - That only takes into account some of the places where ultrasound is done. There's a lot of places that probably don't go through that accreditation. That also doesn't leave any place for the patient in the state of Oregon to go to locally if there's a problem and the background checks now are done on a regular basis at OBRT

Don - I'd like to take a crack at responding to that one. The reality is that the Care bill at the national level has a significant enforcement hook. I think probably more profound than any we've seen at any state level and those are tied to reimbursement. If an individual is going to get reimbursed for the ultrasound service provided, either through Medicare or Medicaid, or for that matter any form of federal insurance, they're going to have to comply with the standards of the bill, meaning credentialing and meeting the educational standards. As it relates to the issues of background checks, protection of public, I want to sort of cut to the chase on this one. We don't disagree that there needs to be regulatory oversight for diagnostic medical sonography. What we disagree with is the tool you've chosen to put on the table to accomplish that objective which is, I suspect, the gut reason we're on this call this evening. We don't disagree with the need, we disagree with the tool and the process that was used in order to get to this call this evening. And that's really what we'd like to focus on. It's not that we think that ultrasound ought to be exempt from regulatory control, in fact we believe just the opposite but we also believe as Laurinda has stated, that the more appropriate way to do this is to establish a consistent standard which can be done through the federal application of standards and when you tie it to reimbursement those standards have a way of being adhered to. People don't provide services for free and as it relates to who does the patient or individual go to in the state of Oregon. The reality is that right now, in the state of Oregon, sonographers work acting as delegated agents of the physician. It is under their delegatory authority that sonographers provide any service. Without that, they're involved in the illegal practice of medicine and the appropriate redress facility then would be the Oregon Board of Medical Examiners because you have somebody who is providing medical services without the appropriate licensure and oversight. So, it's not that there are no enforcement or regulatory control currently in effect, it's that they haven't been applied in all situations and it's not that we don't think

that those situations that haven't been covered are appropriate to cover, we just don't think that the tools that are on the table right now is the appropriate mechanism to do it. You heard some of the reaction to that and with the process as well. The reality is that, Claudia I'm not casting aspersions here or dealing with individuals but the reality is that when you have a bill offered up at the state level where those who are proposed to be covered under a regulatory umbrella are not brought into the process, the reaction when they find out should not be surprising. It would be no different if the table had been turned and it was diagnostic medical sonography pushing an imaging regulatory bill and we failed to contact you and the pushback that your getting is honestly, under the circumstances, is really quite understandable. I don't think it's productive and I don't think it's worth revisiting but it shouldn't surprise anybody

Frank - I have to take exception to what's been said just now. As a physician in a hospital where the ultrasound technologist malfunctioned, so to speak, I was not liable for the conduct of this person and the liability of the hospital was considered more (safe? sacred?) than my personal liability for what was basically unprofessional conduct. There was no recourse, there was no oversight, there was no society to self police and this one incident was part of what motivated us to try to expand coverage of regulation to all technologists who are dealing healthcare in Oregon. It's a modernization effort that's long overdue. You can take umbrage that we didn't personally go out and interview every ultrasound technologist to see if they'd like to be regulated. We didn't do that with the nuclear medicine technologists or the MRI technologists or the CT technologists. Most of them were RT's already and were used to being licensed and regulated. I appreciate being upset that suddenly somebody's going to try to regulate you without asking your permission but it's nothing personal. It's a state function. The federal government has more or less has abandoned its responsibility on a national level to do across the board regulation, citing the states have traditionally been responsible for these kinds of things. There's very little movement that I can see at doing what the federal government could be doing in this role. It could have had national healthcare, it could have had a universal medical license, getting rid of all the little state boards but I don't see it happening anytime soon. I do not see any effective oversight by national societies for individual subspecialty technologists that's effective. The national societies are really there for credentialing not day to day oversight and that's been the role of the Oregon Board of Radiologic Technology which I've been on for 2 years. I've been very impressed with the fact that most of the cases for review that we have to go through are not involved in technical issues, they're involved in behavioral issues and I appreciate that you admit that ultrasound technologists are really no different than other technologists regarding their behavior patterns and probably do need some kind of regulation. The tool, as you call it, that we're choosing to use is basically the only tool out there that I can see that could have handled the case that I'm referring to that I have personal experience with and I think it's something that requires an oversight committee or a board, managed by a full time executive director who has access to background check software and is charged by a government, in this case the state of Oregon, to follow the law and apply the rules and most of the cases that we're seeing at the Board we don't take people's licenses away, we usually help them get through whatever that is bothering them or causing them to

not do a good job and most of them return to full function after a period of adjustment but you don't have that mechanism if you don't have any way of tracking people once they've been discovered and reported or complained about. If you don't have that tracking system that keeps tabs on them and checks on whether or not they're doing what they need to do, you're really not protecting anybody. You can say there's oversight and you can say you're self policing but I really don't have any evidence of that happening in Oregon. I was told today that there are probably 650 ultrasound techs in Oregon, only 300 of which are actually credentialed by the national society and please feel free to correct me

Laurinda – Dr. Erickson, actually, there are 600 ARDMS sonographers in Oregon and that's from their database and we have about 300 members in our professional society in Oregon. I think maybe there was a little reversal there

Frank – Sorry, I got it backwards then or misinformed. I have experience only personally with a few but I am licensed in a dozen states and I read for several other states and deal with ultrasound techs everyday, many of which I'm very happy to associate with. As you all know most Oregon people are doing good work, behaving themselves and don't need any oversight and unfortunately they all have to be treated the same way for justice to prevail. We're really talking about is the 1% that need to have their chain yanked every now and then and how do you go about that. It should be done fairly and persistently and we really are trying to do that. We may have stumbled by not asking everybody for input at the time. We have public sessions every time we meet 4 times a year. You should be aware that as a public notice that we do that. We went through this process spending hundreds of hours literally getting this prepared and labored to make it a document that actually is as fair as we can, representing every subspecialty on the Board. We estimated that we need 1 representative on the board for every approximately 500-600 techs out there and that's how we try to build the representation so that no one group has unfair representation but everybody has at least 1, that's how we're trying to do it and if it's not written that way now we can make it that way, that's our goal. It should be fair, it should be fair representational government on the Board. I think it's a fair minded Board. I don't think there's any malicious effort or intent there to stick to the ultrasound techs. We are breaking ground. There are lot of states that have not widened the scope of their OBRT equivalents to include the new subspecialties. This particular board was created in the 70's before a lot of these subspecialties were even invented and ultrasound was getting started then. It wasn't considered anything that needed regulation particularly related to the technology but as these things do grow, or after a time it turns out that most of the time like I said, we're not reviewing people's behavior or technical performance, we're doing that too, some of them need that but the greater percentage are for other things like DUI or writing their own prescriptions and taking advantage of patients who are in a definite position, ultrasound in particular, with close personal contact has a particular potential for abuse there, so anyway I think I've said enough or too much and it's time for someone else to come back on it

Laurinda - I was wondering Linda since the hearing last week, has your Board had an opportunity to meet or come up with a possible solution or

Frank – I wasn't at the meeting in Salem so I'm not sure, I've seen e-mail traffic on these things that one of the questions was for representation and one question was why not have 1 tech for every subspecialty of ultrasound on the Board. I think I addressed that

Lindi – Just for clarification, are you proposing that you have a sonographer for each specialty within ultrasound

Frank - No, that was what someone said that the ultrasound lobby wanted

Lindi – I think one of the points, and I did attend the public hearing and am opposed to this legislation as it is written, and primarily

Frank- Can you identify a specific part of it?

Lindi – Yes, there are a couple things. One is that in the ultrasound profession, we as sonographers work for many different physician groups and I have worked for radiology for years and currently work in obstetrics and perinatology and our concern is that included in the OBRT that we would be primarily under radiology and we really work in a lot of different specialties

Frank – No, no. The whole point of this exercise, is changing the name of the Board to reflect modernization. It will no longer be called OBRT but would be called the OBMIT referring to medical imaging technologists. It's an umbrella term. The whole scope of the Board would be broadened to include all the people that are involved in medical imaging that are technologist.

Lindi – The physician representation would be expanded to included obstetricians, vascular surgeons and cardiologists?

Frank – No, a physician member traditionally has been a radiologist. It doesn't mean it has to stay a radiologist. I don't think it went into that detail, no. It's a good criticism and you could say again based on the numbers of technologists since it is a Board regulating technologists, you have look and see who the supervising physicians are and do we need one radiologist, 1 ob doc, 1 cardiologist, that kind of thing. We haven't explored that option yet but we can

Lindi – I think that would be important if you wanted a consensus from our group that we were getting proper representation. The other concern that I have as a person who works in a rural community and I pointed this out to the committee, is an access issue. As you probably know, working in Pendleton and being outside of the metropolitan area, that many times people who are doing ultrasound, are x-ray licensed, x-ray technologists who are cross-trained and are doing ultrasound services, sometimes high

quality ultrasound services, but they haven't gone through the credentialing process through the ARDMS and from what I understand, this legislation does not clearly cover the grandfathering of these individuals in a thoughtful way that can account for the cost of taking a credentialing test so that we don't have access issues in these small communities if there's suddenly a mandated licensing of them

Frank – I think Linda can respond to this

Lorraine – If you don't mind. A couple of points on that. Number 1, one of the major points that we kept saying over and over again as we were writing this is that we cannot legislate somebody out of a job. We cannot do that. We tried to be extremely careful in not putting it in such a way where if you're not ARRT, ARDMS or whatever it is, you're out of work. We can't do that and we know it. So there is in the legislation and legislation typically is loosely written for a reason. If you take a look at the Care bill, it is very broad in many, many respects just saying certain things will have to be done. If you take a look at the proposed regulations that the ASRT and the CMS are writing along with the alliance, those are the regulations behind the legislation. The same thing happens with state law. We have the state bill that'll become the law but we also have the administrative rules which are the equivalent of these regulations that the alliance is writing. That's where the details are put together. That's where we, more than any place else, need the expertise of every single one of the specialties so that we don't write a regulation that's not reasonable for that specialty which includes the fact that you have people out there who are RT's in radiology. They are doing ultrasound as you say, Lindi, great for them. If they want to continue to do ultrasound they don't necessarily have to go and take the ARDMS exam but what they're going to need to do to continue working in here, is to have the continuing education that is equal to what you have to have as a credentialed sonographer so that they can continue to do sonography and forces them to become better sonographers. That's the idea is that through education they become better and maybe eventually a certain percentage may go and take the ARDMS test

Lindi – I would just have to say that continuing education for x-ray technologists who have been cross trained would not be satisfactory to me if I was going in for an ultrasound. I want that person and this is what we're striving for at a national level, is to be credentialed. Continuing Ed does not prove that you have attained the standards of credentialing and I would want the person doing my ultrasound to be credentialed.

Frank – We're on the same page. We all want people to get to that ideal. What we have now is chaos. Anybody who wants to do it, can do it with no training and we'd love to get to the point where everybody is credentialed by their national society and that's the only person you could get an ultrasound from. In Oregon, that's the ultimate goal. You sound like a great person who would have been nice to help write this. You're worried about the transition perhaps and we were concerned that we were trying to make sure that, like Lorraine said, that no one would be suddenly out of a job when this legislation comes into effect

Linda – Excuse me Frank. This is Linda. Can I please address the grandfathering clause of our bill. Linda and for everyone else, what you heard from Lorraine and Frank is absolutely true. We do not want to have any of our technologists out there, out of work. At the very last part of the bill itself under section 37 and 38 and again, it's very loosely written, it does indicate that those individuals that are working presently in the field of these different subspecialties will continue to do so but any new person once this act takes effectiveness, and I'm not quite sure if that will be at the time the governor would sign the bill or if it would be like some of our legislation, it comes out to January of the next year. So, for instance, January of 2008, that part I'm not certain of. It's just called the act of 2007

Laurinda - Linda, I think actually Mark Tindell with Sibley, Austin can probably answer that question

Linda – Ok, can I please finish what I wanted to start with and say is that and that'll be great but the fact remains that after this point, all of those making applications for licensure in Oregon, no matter what type of licensure they would be making, they need to be credentialed by their credentialing body, anyone new coming in. Those already working like Lorraine said, will have to meet the continuing education that's required by their certifying body of the specialty that they're licensed in or working in. So, that's how this will roll out

Frank – We're hoping that the national societies would take that as a plus because that would mean that more technologists would have to join them to comply with the state of Oregon requirements

Mark – If I could chime in on this grandfathering point. Linda, we had our healthcare lawyers take a look at the, I guess, what you're referring to as the grandfathering provisions at the very end of the bill which as I recall are section 37

Linda – and 38.

Mark – and 38. And the problem is, and correct me if I wrong. The Board as it exists today does not have the authority to offer licenses to sonographers – is that correct?

Linda – That is correct

Lorraine – Yes, that is correct

Mark – The problem with this language is, that it states that section 8 which is the operative section in terms of requiring a credentialing component, the act applies to persons submitting applications for licensure on or after the effective date of the act. Until the act becomes effective, you don't have authority to license sonographers

Linda – Right

Mark – Therefore, no one could apply for a license until after the act is already

Linda – And you're absolutely right, that's why

Lorraine – Our AG's office had to review this before it even got this far, Mark, just so that you know. I mean, we just didn't sit here as lay people and try to write law. This had to go through a process here where it had to go through a first start at the AG's office and then it had to go to the legislative council people and all those lovely lawyers there to be able to get to the place that it is. They did not bring up this point that you're bringing up and I'm not too sure exactly how we would try to deal with that because what you're saying is we're going to split this hair down the middle and on December 31 we can't accept the applications because we don't have the authority but on January 1 everybody has to be licensed and that's what I hear you saying. That's not real reasonable for anybody

Mark – Let me back up. We're talking about legislative language here so it's really not about splitting hairs because this is the law. And I appreciate that you in good faith are telling us that your intention is that this language would grandfather people. At the same time, there is no guarantee in the future that this Board is going to consist of you folks and that the governor is going to have reappoint everyone to the board so in theory we could have an entirely new board who may not have any experience with how the legislation began or whatever

Frank – Or institutional memory

Mark - Or institutional memory. Which means that you could have a legal situation where there is no grandfathering. But there's also a practical situation and that is that people do not follow the law until it actually becomes the law and so there would be no expectation that sonographers would flood the board with applications as soon as the bill was passed because it takes some time to notify people of the new requirement. It also takes an incentive for people to follow the new requirement which is the enactment of the law and the penalties that come with it. And I think, Lorraine, what about the Care bill. The difference with the Care bill is that it specifically states two things, one is there is a 4 year implementation period so there's a built-in grandfathering clause from the first plank where the bill passed not until 48 months later does the Secretary of Health and Human Services overseeing all the federal funding of healthcare has any authority to withhold the first reimbursement and secondly, there's a so-called practice experience section that explicitly states that the secretary shall make special conditions for those who have prior training or prior experience. This is just one aspect of the bill that SDMS has concerns about but it is one that is a major concern for us because you obviously have a lot of folks out there who have been sonographers for decades and have wonderful experience but may have never gotten a credential and probably could but under this legislation they would not be grandfathered legally. And while I'm on this point

Lorraine – So what you're saying is that for it to be acceptable for a grandfathering in issue that we should specify a timeline that says as of January 1 no one new into this field could come into here from Washington or Idaho and just go to work just because but anybody who is working on January 1 has one year or two years, whatever, pick a number, of time in order to get to the point where they have to do what? To where they have to get the license, or do they have to get the credential, or what is it that they would have to get in that time period?

Mark – I think that's something that we could talk about. I can tell what we did in Massachusetts where's there's a bill pending now talking about modernization which is a point that Frank brought up I'd like to hear in just a second. In Massachusetts there's a bill pending before the state legislature. There was just a hearing 2 or 3 weeks ago where they've decided they're going to go in the direction or they're considering going in the direction of requiring that anyone who practices in the state and receives any kind of state reimbursements which is kind of a first step incentive towards we're saying all physicians, hospitals and diagnostic testing facilities and others and potential sonographers, that those people cannot be reimbursed from the state for any medical service unless they are either in an accredited lab or they have credentialed sonographers and there's a 3-year grandfather provision saying basically that from the effective date of this legislation, those practicing before the passage of the legislation, the enactment of the legislation would have 3 years to comply with these provisions. So often, a traditional grandfather clause has a specific set time period because as I think Linda rightly pointed out, there is no effective date for the legislation that's established within the bill itself which means that whenever laws typically take force in a state, which it sounds like in Oregon that may be January 1, that's likely the point at which the bill would become effective, so normally you base it on time from that. I just want to say a couple of things about what Frank said

Ernest – This is Ernest and I'm on line now

Linda – Oh, hi Ernest

Mark – Frank, there are a couple of things I wanted to hit on, not to be combative but just to offer a counterpoint

Frank – Ernest, Mark Tindell is the lobbyist for SDMS and he is now responding to remarks I made earlier

Ernest - Okay

Mark – You mentioned that as a radiologist in a hospital that you had no liability or at least very limited liability for a problem sonographer

Frank – That is correct. I was also an independent contractor. The hospital employs the ultrasound and the rest of the technologists

Mark – I think the point here is that the hospital as, and Don was making the point that the ultrasound operates as an agent for the physician

Frank – Not entirely true

Mark – Everything that we've looked at, pretty much, the authority comes from the physician's authority

Frank – The authority to perform the study and what the study is designed to be and what it is looking for and you have to go into specific details. The performance of the study when the technologist is out of sight of the radiologist if they want to perform unprofessional behavior, then it becomes more like, the person, or the institution that employs that person, a personnel issue, a job performance issue, not a medical issue. You might concede that

Mark – I'm not sure I would because maybe what we should get at then, because to me

Frank – I'm just stating the facts of the case that actually occurred not what would be nice if it all happened that way and you could say that all the ultrasound techs can hide under the umbrella of their physicians which is not the truth

Mark – Maybe what we should get at is, what is the resolution we want for a sonographer who performs an inappropriate act or acts in an inappropriate way and you said that it becomes a personnel matter and perhaps and I think what I'm hearing you say is that you want something beyond a sonographer being fired, you want to make sure he never practices again in this state or something like that

Mark - Okay

Frank – Or at least show cause why they should be rehired, at least be tracked because I can tell you that this same individual is now reemployed as a sonographer not 3 miles away from his prior establishment

Mark –And can I ask did the hospital or you or others take steps to notify the establishment that this person has a troubled background?

Frank – Not yet, they just started 3 days ago

Mark – Okay

Frank – You can ask them if you wish

Mark – In the case of the hospital, as you said, the hospital holds liability apparently for the acts of the sonographer and in the case of the physician office it is the physician as the head of that practice or the operator if you will

Frank – To do a background check

Mark - That has a similar liability

Frank – Yes, I agree with that now

Mark – So, in every case, you do have someone who holds liability for the actions of the sonographer and someone who has the power to take action. For now, I can tell you that when I heard about this case, we had a discussion recently with the SDMS folks, about the importance of an issue like this. I think you would find an audience with SDMS that is very amenable to finding a solution to tracking folks or keeping track of folks who have acted inappropriately and perhaps criminally because I don't think anyone certainly supports that

Frank – I hope not

Mark – You mentioned the point that you didn't feel the need, or you understood why people would be upset, if they were being regulated and you didn't feel the need to go out and ask every single sonographer. I was just going to let that one pass by but, I mean, with all respect, it's a little bit of a disingenuous comment because even if you Google, as we're sitting here, medical sonographer, medical sonography, SDMS is the first hit on Google. It's widely known that they're the national association and the primary association for sonography

Frank – I would put it to you that the general public is totally unaware of that institution

Mark – I think that's right but we're not talking about the general public at all

Frank – That's who we're trying to protect

Mark – I'm talking about you consulting the stakeholders before constructing legislation that has a major impact on them.

Frank – That's true

Mark - As a Board that is very well aware of the medical community, one would expect that there might be some recognition of that. And then you mentioned modernization which is something I really appreciate because that is something that SDMS has worked on at the state level and at the national level with ASRT in this case on the Care bill and then at the medical carrier level, getting local coverage determinations that require accreditation or credentialing. There are a number of ways to modify this and licensing is certainly not the only way. In fact Oregon would be the only state to come even close to licensing sonographers. I mentioned the bill in Massachusetts where you have modernization taking place. There's been legislation in Missouri. California had passed legislation that was more limited than we would like in the first step but nonetheless requires credentialing and accreditation for those performing prenatal

ultrasound. There's other legislation that has been considered or will be considered in the future that does that to all ultrasounds. My only suggestion would be, there's a number of ways here to modernize and I think that's what we would like to get at in this call is why this thing is problematic for sonographers is for a number of reasons. One of the things they are very concerned about is the effect this is going to have on hiring in a profession that already has a 12% vacancy rate and

Frank – Similar to all the other medical imaging technologists

Mark – Absolutely, and what I would ask you

Frank – Why are you _____?

Mark – What I would ask you as a physician is have you consulted other physicians who depend on sonographers for the performance of sonography, whether it's an obstetrician or others, have you consulted them to get better input on this modernization plan?

Frank – No

Mark – It would be the same thing as they would be major stakeholders as well considering that as we said they operate as agents of physicians

Lorraine – Mark, may I make a comment. When we originally did licensing in this state in 1979, there was a lot of physicians involved in that and we now have limited license x-ray people in this state and we will have because of the doctors who owned their own x-ray machines who wanted everybody to be able to continue taking x-rays except for registered techs. That's a concern that we don't want to see go on into the other modalities. We don't want to have limited licensed sonographers, we don't want to have limited license nuclear medicine techs, etc., etc. and so we want this to stay where either you're credentialed or you're not, either you're doing the job properly or you're not but you're not going to have a limited license where they can take a clerk and say we're going to teach you how to do this one exam and have no clue what they're really doing because we deal constantly with the issues of limited license people as a Board and we see the end results of it and the frustration of it. So, when you say can we get a cardiologist, all the cardiologists in here, all the neurologists and all the ob/gyn and everybody else and they have to have their 2-cents worth, what we will have in this state will be limited license licensing for sonography

Frank – That's actually a tool to guarantee a lack of agreement

Laurinda – I know we're supposed to end the call. Ernest, I heard that you were on the call

Ernest – Yes I am

Laurinda – You're the Chair. I'd like to suggest that we are very appreciative of all the hard work you have done on this bill and we are also very aware of the shortness of this legislative session. We totally respect and support mandatory credentialing for all of medical imaging, not just sonographers or radiographers.

Frank – Who is this speaking?

Laurinda – This is Laurinda. I am a sonographer here in Oregon and I am also a past president of SDMS

Frank – Thank you

Laurinda – And we are also at the same time very aware of how sonography has changed. So, I would like to suggest that we don't want to hold you up from your work that you have done and to remove ultrasound from this piece of legislation and go forward so that you can get what you need to achieve. At the same time, I think we need to very much look at sonography and see if we can be the groundbreakers for the field of sonography and suggest that we look at creating a new bill working with all the stakeholders, cardiology and vascular sonography and it's not limited license. Each one of those specialties are completely their own specialty with their own credentialing exam and we can include in them looking at the sale of ultrasound equipment to those that are being utilized for a non-medical purpose and we can also look at requiring medical facilities to start background checks on employees because I think the best of both worlds or both, all the professions that are involved so that everybody gets the credentialing and the educational standards and the grandfathering that is appropriate for their particular modality

Frank – I'd like to comment before and I didn't get a chance to think about it but, you're probably under a misconception that we're going to run a licensing test or administer a test to credential the ultrasound techs and that's not the case

Laurinda – No, I don't have that perception

Frank – All right, but it sounded like that's what you're saying. The cost is a token of the licensing. The hardest part is assembling the credentialing and filing the CME. All the things you said you'd like to accomplish are in this bill in a way that has already been proven to work for the RT's

Laurinda – But I am not an RT

Frank – I understand that but the mechanism applies to all medical imaging technologists. It's the same mechanism that is handled efficiently in a single Board

Laurinda – I guess I will be very clear that we are not happy with the mechanism the way it is outlined for sonography

Frank – Do you have a specific complaint?

Laurinda – Yes, we do not like the grandfathering

Frank – That can be rewritten

Laurinda – We are determining that this bill leaves it very nebulous as to how the decision making around the accreditation and credentialing standards are determined.

Frank – Leave it up to the national society

Laurinda – No, you leave it up to the Board to determine that and this Board does not reflect the multiple different specialties of the sonographers and it does not reflect the specialties of the physicians that interpret the exams

Frank – Okay. If it did reflect those more, then you would find it acceptable?

Laurinda – That's why I'm suggesting that we have an Oregon Board of Diagnostic Medical Sonography that would include all the things that this bill includes for sonography. We have worked for 12 years, hammering out language working with the ASRT to have the best language that is in the interest of patients for sonographers and physicians. So, we are not opposed to having standards but I do not think that the language of this particular bill is written in the best interest of any of those groups

Don – If I could take a shot at clarifying, making a clear sense of what our options are at the table. Time is running out and we agreed that we'd basically look at an hour's worth of discussion content and I know we're close and the bottom line is I think it's pretty clear as to what you want which is to get this bill passed. I hope that the exchange this evening on both sides, I have found it to be instructive, Frank and others on the call. I've heard new information tonight that would cause us I think to reconsider ways in which we might go about structuring that process but these are conversations that should have taken place literally months ago

Frank – If you were trying to write your own bill and create your own board that would have interesting in consult

Don – Frank, that would have applied under any regulatory umbrella with individuals who are to be governed under its structure and I think that denying that, that it would be considered or be of interest to any group, just flies in the face of reality. But be that as it may, I think our sense is this, we have mutual concerns. You have concerns with regard to inclusion of diagnostic medical sonography and apparent patient safety issues. We have concern over those same issues but we are not obviously in agreement about the tool to best accomplish that task. The likelihood of that happening in the next 2, 3 or 4 weeks is, and for us, it is an issue for us involving all the stakeholders. There are a number of other organizations that have expressed interest and what I'm about to say I do not want to be misinterpreted. This is not a threat, it is

not a here comes the boogeyman, but I will tell you that there are a number of other physician specialty organizations that have contacted us and have expressed an interest in weighing into this battle. They perceive this as an issue for them. They have concerns, they may or may not be the same as ours. The point is, we've not had an opportunity nor has your Board members had the opportunity to dialogue with those individuals who do have an interest. What we would like to offer up is the following, there are 2 options on the table. One is remove diagnostic medical sonography from the provisions of the bill, creating exclusionary language and with the understanding that that is the way this Board will operate, that diagnostic medical sonography is not to be covered now or in the future. In which case, we go to the sidelines and you will not find us in an oppositional position. We would do that immediately. Option number 2 which, honestly, I hear support from both sides, at least I hope we do, is cross out medical diagnostic sonography from this generation of the bill with the understanding and an understanding by the way that I think we would be willing to put into writing that in the interim between the next session that the representation from the sonography community with you with focus on the board and the other stakeholders would sit down to discuss and hopefully decide on an appropriate regulatory oversight structure that could be applied to diagnostic medical sonography so that it could be ready for submission in the next session. Laurinda, would that be a correct statement?

Laurinda – That would be correct. I should point out that part of the reason we're making this request is we are representing SDMS. There are other national organizations that have members in the state of Oregon and all the states and we cannot speak on their behalf and so that implies that when we went to the ASRT 10 years ago we actually had this very conversation and now we are all coming back but we are doing it together as a group so we cannot speak for the American Society of Echocardiography and we cannot speak for the Society for Vascular Ultrasound or any other physician groups that are involved with ultrasound. We are only speaking for SDMS and that's why we are requesting that ultrasound be removed from the bill

Frank – That's part of the problem, who do you talk to as a regulatory board for ultrasound, if you can see it from our point of view

Mark – We would be happy to help facilitate that discussion and provide you with a contact list of both professional organizations, accrediting and credentialing bodies. The list is long

Lindi – If I can speak for a moment, where I as a sonographer have always referenced, whether it my scope of practice or for guidelines, it's that there is only really one place and if you Google ultrasound you're going to find the SDMS. They are the largest body, over 19,000 members representing the ultrasound community in the United States and that is where you can go to get help. That is where we have been working as sonographers on the Care bill and I would add that without other states having this kind of licensing requirement what would you use as your model and if you are aware of the Care bill and all the time and energy that has gone into that alliance, getting everybody to come together, why the Care bill wasn't your model

Lorraine – I pulled the Care bill off of the ASRT website over a year ago and from what I can determine in comparison to what I see now it's a totally different language. This has been severely rewritten so to come up with a model language you'd have to look at every legislative session in Washington, DC too

Frank – It doesn't cover everybody

Linda – It is now 6:36. I would like to make one comment that seems to be escaping everyone is the fact that this board is a regulatory board for the state of Oregon. We are to regulate those professions that affect Oregon citizens and those that are living here that are not citizens yet that are being provided these services from all modalities that we currently have the authority to regulate. That's what we're about. It isn't why didn't we do this, why weren't we a part of that, we're not trying to exclude anyone but we only have certain authority to do certain things. We went to the professional organizations that were in Oregon. Unfortunately, sonographers don't have an Oregon chapter. Looking at it from our perspective it may sound like a lousy excuse and we certainly didn't mean to leave anyone out. However, we went to the conferences for OSRT, we spoke about the bill, we've been many places. Since the very beginning it has been on our website. We support the Care bill, it's on our website. I wrote personal letters signed by myself and the board chair that was taken by OSRT to Washington, DC in support and were handed to all of the representatives from Oregon and people on the committee. So, we weren't in it with everyone but you're not realizing we're in a different place. We're about regulations and making sure Oregonians are protected

Lindi – I am an Oregonian and I'm sorry but I do not feel that the way this particular legislation is presented is going to fulfill OBRT's obligation to ensure that you have credentialed sonographers providing medical services to me and the rest of the citizens of Oregon. I think that I am in favor of Mr. Hagan's suggestion that we carve out ultrasound and go back and look at this as a group and get a consensus of the very, very interested stakeholders in this issue so that we know that when we put something forward before as legislation that it's going to be an effective piece of legislation that protects the patient and the people of Oregon. This legislation does not do that to my satisfaction

Laurinda - This is not for me either and I'm a sonographer and I have spent my 21 year career in Oregon

Ernest – I apologize for coming in late. Having come in late, what I'm hearing basically from both sides at this point is that we basically agree to disagree. You have your opinions as to why we should do things differently and we have our opinions on how we ought to do things as Oregonians and having regulated x-ray techs for example for 30 years. I'm not sure where else this needs to go

Claudia – I've been trying to say something for about 45 minutes. It doesn't sound like in the next week and a half, people are going to come together with any conclusions

and I'm wondering. We've done this with 2 of our bills in session where we couldn't get agreement, one was with the hospital association and one was with insurers. What we did was form an interim work group and I'm wondering if we took the diagnostic medical technicians out of the bill and had the committee go on record and say I am directing you to work together, report back to the interim committee on your progress, that this is something we can look at again next session. Could you still move forward with the rest of your bill

Linda – Claudia, you guys are missing out on one important issue here. You can direct people to do whatever but our whole administrative cost, our budget comes from our licensees' fees. For us to take money from our licensees to look into something over here so that the other group is in agreement, I can't take that responsibility nor can I ask my licensees to do that. So, how are we going to have this interim group over here, who is going to pay for it?

Claudia – Linda, you said that if you had the contact people in Oregon you would have worked with them on this legislation prior to this session

Linda – And that is correct but at the depth that they have been talking about today

Claudia – That's the depth that I seeing, the sense that they need to get to be able to sufficiently answer their concerns

Linda – But they're talking on a national level. We're talking about Oregon

Laurinda – We're talking about Oregon and we're talking about providing an opportunity for Oregon sonographers and Oregon physicians to discuss what is in the best interests of sonography and patients receiving those services. We are not talking about utilizing the Care bill. We are talking about being trendsetters here. We are going to as Oregonians are going to be the first state to license sonographers and look at what is the best mechanism to do that, much as you have done for radiographers and some of the other medical imaging modalities

Linda – Thank you Laurinda, that helps clarify that because it hasn't sounded that way.

Laurinda – That is what I proposed about 15 or 20 minutes ago

Claudia – The question I have before we hang up is you need to get back to your Board members and have a session to see what they think about this proposal

Linda – Of course

Claudia – And do we need to have a follow up conference call or what's our next step on people's minds?

Barb – Could I make a comment here? Could we, it would be you Linda, send an e-mail on some of the points we've been making here including about doing some of the subcommittee work in between sessions. Quite frankly, I haven't had much of a chance to get a comment in here. We can do some e-mailing and then perhaps schedule another telephone conference or through e-mail we can come up with either something can happen or nothing can happen

Linda – We're going to send out the minutes, Barb

Barb – Can we agree right now that the minutes will go out to all of us and we will reply to all so that there's kind of an e-mail conversation going on

Ernest – I think probably what you said is fine and true except before we start talking about subcommittees and doing all other kinds of things, we need to reach some kind of conclusion

Claudia – I'm wondering if they could go back to their board members and see if they took out the diagnostic medical technicians out of the bill, the objections would be gone and the bill could move forward and there are certain things they could get done and then as part of that agreement would be to have an interim work group. There are many legislative interim work groups. The problem as I see it is that we could probably get some kind of resolution but I don't see it happening in a week and a half

Lindi – I would agree with that and really encourage that approach

Laurinda – I would also

Ernest – We have to go back to our people and get a consensus as far as whether we want to do what you're proposing and determine what our next step might be versus doing all this work in regards to the possibilities. I agree that we're not going to accomplish this tonight. My thought is that whether the bill moves forward or not goes back to us on the board as to what action we wish to take in general in regards to the bill in its completeness

Claudia – Having been in a very tough situation this afternoon in committee, I can tell you one thing that the legislators do not appreciate coming in an airing your dirty laundry because it's such a limited amount of time and they're frustrated and they don't know what the right direction is and I see over and over again that with the healthcare committee this time around that they want people to sit down and figure out something that both sides can live with

Don – With what you just said is just a clear indication for those individuals that have been involved in the political process whether it be the state or the national level but I'm saying that the legislators don't want is to be thrust into a position to serve as referees in a turf battle and unless we can come to some agreement which I think is the likely outcome which I don't think serves either your interest and when I'm saying your

interest, I mean the future board of imaging nor is it in the interest of the sonography community. I think what is in our mutual interest is taking the issue off the table for the moment with the clear understand and we're willing to put this in writing that there will be a work group or interim study group that's formed that involves diagnostic medical sonography, those individuals who serve on the current imaging board and other stakeholders who have an interest in this to craft an answer, a response, a structure that is acceptable to the community at large and I have faith that it can be done during the interim study. I think that recommendation is a reasonable way to proceed and I think you will find us in support of it

Ernest – Instead of taking the ultrasound techs out of the bill, why not leave it in the bill and do the same thing with the subcommittee and work with us as far as establishing the rules that we work under

Don– I've been around in this game long enough to know that if the language isn't correct in the statute, hoping that the language gets fixed on the regulatory side is impossible. While that may be well intentioned, in reality that's not how that process works. We don't have time left in this session because we are late at the table to address the issues I believe that have to be reflected appropriately in the statutory language before we even get to the regulatory language. What you're hearing from us is, take us out of the bill, out of this bill, push it past it, we can be on the sidelines. In the interim, we're more than willing to sit down with you, representatives of the Oregon chapter of ASRT, the board of imaging and any other stakeholders who are interested in this issue to help craft in a thoughtful and appropriate governance and oversight structure for sonography, one that has teeth in it, one that Laurinda has said that could be a model that could be used throughout the country. The likelihood of that job being done and being done adequately in the next 2 or 3 weeks is on a continuum of nil to nonexistent

Linda – Do you have that document drafted already

Mark – The oversight document?

Linda – No, the agreement of your option 2. Is it drafted?

Mark – No, it is not

Linda – Because that's something the board would need to look at

(?) – The problem is we cannot speak for all the modalities of ultrasound

Linda – It didn't sound like that's what that was about. It was more that it was a good faith agreement was how Don was making it sound

Mark – Are you saying is there a document saying we agree to work with you?

Linda – Well, that's what I thought that Don was hinting at?

Mark – We're talking about a two-way agreement here so I think that's something that could be drafted extremely quickly

Don – I would agree with that

Mark – If we're talking about a letter effectively saying we agree to remove from the bill this year that the Oregon sonography stakeholders will work with the imaging board and others to

Lindi – I am in complete agreement with what Don has just recapped and it is very important for us to recognize that sonography is very different because we work for all the different physician groups and if we want to create something that is user friendly to the sonographers of the state of Oregon, we need to make sure that the sonographers in the state of Oregon are at the table and if we want to make sure that there are no barriers for sonographers coming into the state of Oregon, the only state in the country that has a licensing legislation that hasn't been carefully drafted by the sonographers at least with them at the table. We want to put this on hold and look at it carefully and I think this is so important, I cannot stress that enough

Frank – Have you actually read the legislation?

Lindi – Yes

Frank – And you realize we made the language apply to every subspecialty equally

Lindi – Every subspecialty as I perceive it of radiology

Frank – No, of medical imaging. They all have exactly the same language. They're all being treated fairly and equally

Lindi – Well, I'm not a great expert and I don't have a great memory recall of all the details, but I know one of my concerns was that there wasn't anything specifically addressed that sonography has different specialties within it

Frank – As do MRI and RT's

Laurinda – I've been the director of an outpatient medical imaging center and my husband's a radiologist. I know radiology very well and it's different than the other specialties I've worked for

Frank – There's no question there's sub-specialization in ultrasound but there is unifying, universal common ground

Laurinda – I agree there is common ground there

Frank – That's what we're trying to address

Mark – It sound like we're kind of going backwards. The bottom line is that what Laurinda has outlined here is appropriate and that is there is kind of a proposal on the table

Ernest – Right now, I don't feel that we can make a decision on behalf of our board at this point in regards to your proposal. I suggest that we ask Linda to be our point and that you establish a point person on your end and we'll get back to you, we'll set a day and a time

Don – It sounds like a reasonable course of action, Ernest

Ernest – I mean, we can be at this all night

Lorraine – When do have to go back to Salem?

Frank – Next Monday

Lorraine – So basically we've got 5 days to come up with a resolution, compromise, suggestion, what are we going to do kind of thing

Linda – Monday the 21st at 3:00. It is a hearing, possible work session

Claudia – And were you going to let us know about that

Linda – We just found out

Lindi – I can be there. Linda needs to get back to her board members and if that's okay communicate with us what your plans are

Linda – Absolutely

Ernest – Who's the point on your side

Mark – Laurinda Andrist will be the point for SDMS

Ernest – What we're going to do is take a day and a time

Don – I would suggest that we try to do this before Friday. I realize we're at Tuesday . At the close of business on Thursday, would that be adequate given the e-mail distribution option?

Ernest – Linda, what do you think?

Linda – Just a moment, I need to check my schedule. Just a moment please. I'll do my best

Ernest – Right now the agreement is that we will bring it back to our board. You folks are going to continue to have your conversations on your side. Linda will talk to your person and we'll get back to you no later than end of business on Thursday the 17th

Don – Ernest, just one additional piece of information which we will provide before the close of business tomorrow, we will have a letter in your hands which outlines our commitment regarding the interim process so that it can be shared with the stakeholders on your side

Linda – That would be great. Thank you very much

Claudia – I'd like to be in on that loop, too.

Linda – Absolutely. Have a very good evening everyone. Thank you very much

End of Conference Call at 7:00 PM