

**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 LEADS 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.

**OREGON BOARD OF MEDICAL IMAGING
BOARD MEETING, FRIDAY, APRIL 20, 2012
Room 1D, Portland State Office Building**

APPROVED MINUTES

Board attendance: Thomas King, Frank Krause, Wayne Lemler, Shirlee Templeton, William McMillen, Kimberly Earp, Pamela Warren. Also David Howe, (RPS; advisory member).

Others in attendance: Ed Conlow, executive director; Sarah Anderson, administrative licensing specialist; Vincent Mandina, administrative LEDES specialist; Carol Parks, Senior Assistant Attorney General; John Terpening, Legislative Fiscal Office.

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

Executive session: Thomas King convened the board in executive session pursuant to ORS 192.660(2)(k) at 8:42 a.m.

Convene public session: Chair Thomas King convened the board in public session at 2:42 p.m.

Adoption of minutes from previous meeting: Kim Earp moved to approve the draft minutes from the January 6, 2012 board meeting as submitted; Lemler seconded. Approved unanimously.

Ratification of licenses: Motion to ratify by Earp; second by Krause. Adopted unanimously.

1. Radiographer licenses: From 171199 through 171238
2. Radiation therapy licenses: From 270855 through 270860
3. Nuclear medicine licenses: From 500219 through 500225
4. MRI licenses: From 400400 through 400410
5. Sonography licenses: From 600883 through 600915
6. Limited x-ray machine operator permits: From 4009 to 4037
7. All temporary initial medical imaging modality licenses and permits: From 04916 through 04974.

Investigation Cases:

Case #12-04-02: Motion by Krause; second by Lemler. Approved unanimously: \$200 civil penalty to licensee based upon ORS 688.415(1) and OAR 337-030-0002(10) and OAR 337-030-0010(3)(a)(B) for practicing medical imaging without a current Oregon license due to nonpayment of fees for a period in excess of six months but less than 12 months. Also, send a letter of concern to the employer indicating our concern that, although the employer has indicated a protocol for checking licensure of employees, the employer apparently has not made that known to all of employees.

Case #12-02-02 and 12-02-03: No action at this time. These cases will be carried-over for further discussion and possible resolution at the next board meeting.

Case #12-02-01: Defer action and call the employer before the Board at the next Board meeting.

Case #12-02-05: Direct the Board executive to request that the licensee ask his attending physician to provide a letter, on the physician's letterhead, indicating that, in the physician's opinion, the licensee is able to practice medical imaging in a safe manner while taking Kadian as prescribed. The executive director will provide the letter to the Board at the next meeting, for the Board's review and consideration.

Case #12-02-06: Issue a \$500 civil penalty for a violation of ORS 688.915(1) and OAR 337-030-0010(3)(b), for practicing medical imaging without a current Oregon license. Also, send a letter to the employer, reminding them of licensure requirements and urging them to make sure their employees or contract workers are properly licensed in accordance with Oregon law. Motion by Krause; second by Earp. Approved unanimously.

Case #12-02-07: No action against the person's license. Separate from the motion, the Board will request that the license have the results of his diversion provided to the Board.

Case #12-02-08: No motion. Take no action against the person's license.

Case #12-03-01: No motion. Take no action; issue temporary permit.

Case #12-03-02: Motion is to levy \$500 civil penalty in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(g), making a false statement to the Board. Motion by Krause; second by Earp. Approved unanimously.

Case #12-04-03: Motion is to levy a \$200 civil penalty for practicing medical imaging without a current Oregon license or permit due to nonpayment of fees, in accordance with under ORS 688.415(1) and OAR 337-030-0010(3)(a)(B). Also, the executive director is directed to send a letter of concern to the employer regarding the employer's failure to verify licensure of employees. Motion by Krause; second by Earp. Approved unanimously.

Case #12-04-01: Motion is to levy a \$200 civil penalty and enter into a stipulated agreement to not practice until ARRT registration is reinstated. Failure to disclose the change in certification is a violation of ORS 688.525(1)(c) and OAR 337-010-0009, subject to a penalty pursuant to OAR 337-030-0010(3)(c). Motion by Krause; second by Earp. Approved unanimously.

Case #12-04-04: No motion. Take no action at this time, pending further investigation by the Board.

Case 12-02-09: Motion is to issue a notice of proposed disciplinary action to revoke the license (based upon nonpayment of the license fee). Violation of ORS 688.525(1)(g) and OAR 337-030-0002(7). Motion by Krause; second by Earp. Approved unanimously.

Case 10-02-06: No motion. Take no action.

Case 01-08-04: No motion. Carol: Get an evaluation from a professional who is named by the Board. The nursing or medical board could recommend some names.

Committee updates: Thomas King indicated that the school inspections committee will have an update on recent inspections in July. Pat Williams will attend for the school inspections committee.

Kim Earp indicated that the CE committee is keeping up with course approval requests. Thomas King indicated that the ARRT will be holding its CE Consensus committee meeting this year (October 12) in which all states which are RCEEMS are invited to meet. He said we will bring this up at the July meeting, to see if there is anything that we need to discuss or bring before the CE Consensus Committee.

Administrative rulemaking: Rulemaking to amend the rules for temporary licensure was initiated by the Board at the January 6, 2012 Board meeting, with draft rules published in the Oregon Bulletin on March 1, 2012. Ed Conlow explained the revised draft rule that was revised in response to comments received during the public comment period. The revised draft rules:

- Specify that a medical imaging student may be employed (under supervision) with a temporary license no earlier than five months prior to the student's projected course completion date. (The duration of a temporary license remains six months.)
- To obtain a temporary license, the student will need to have the school director sign a statement on the temporary license application form that indicates that the student is in good standing and is competent to work under supervision.
- Clarify current OBMI practice that a six-month temporary license may be renewed one time for an additional six month period.
- Clarify the definition of supervision to indicate that having the licensee's supervisor physically present in the building and available to assist the licensee is defined as "indirect" supervision. (There is no substantive change to the level of supervision required.)

Krause moved to adopt the revised draft; McMillen seconded; approved unanimously. There was discussion regarding the definition of temporary licensee "supervision" in 337-010-0045(2). Frank Krause suggested that it might be appropriate to have that definition be as consistent as possible with the CMS definition. Ed suggested that a substantive amendment to the definition of supervision in the rule might require a separate rulemaking.

Proposed legislative concepts for 2013:

1. To give the OBMI authority to adopt administrative rules establishing specific credentialing requirements for medical imaging licensees to practice in areas of subspecialization. Motion by Krause to adopt this legislative concept; second by Lemler. Approved unanimously.
2. To outlaw "keepsake ultrasound" businesses in Oregon and restrict who can buy and sell ultrasound equipment. The Board decided to NOT include California's proposed language to regulate sale and transfer of ultrasound equipment, and to adopt language to restrict non-medical use of radiation as proposed by Don Kerns of the Society of Diagnostic Medical Sonographers. Board motion by Krause, second by Templeton, is to approve the following language for a legislative concept:

"No person shall perform an imaging procedure using ionizing or nonionizing radiation on a person unless such procedure is (1) ordered by a licensed health care provider, acting within the scope of such provider's authority, and (2) for a medical or diagnostic purpose. Violations may result in civil penalties as determined by the board by rule. This section does not apply to imaging procedures performed for research or educational purposes as determined by the board by rule."

Process to deal with certain disciplinary cases: Following discussion, McMillen made a motion, seconded by Krause, to delegate to the executive director the authority to levy civil penalties, as specified in OAR 337-030-0010(a), for practicing medical imaging on an expired license. As a result

of this motion, these cases will not be called before the Board, but each will be issued a stipulated agreement and final order. As part of the motion, the executive director is instructed to provide a report to the Board, during Board meeting executive session, regarding all actions taken (in accordance with this motion) since the previous Board meeting.

The motion also directed the executive director to revise Board policy 833-426-007 to exclude first-time DUII offenders, whose arrest resulted in diversion or probation, from being automatically required to appear before the Board to explain the arrest.

The motion was approved unanimously.

Provisional licenses to be set to expire on December 31, 2013: Following Board discussion, Earp made a motion to specify that all provisional licenses, issued to licensees who do not have a national credential as required beginning January 1, 2014, will henceforth have an expiration date of December 31, 2013. Krause seconded. Approved unanimously.

Bone densitometry classes: Ed Conlow indicated that Oregon Health Sciences University (OHSU) recently discontinued its bone densitometry class. Ed Conlow indicated that OSU is the other institution with a Board-approved bone densitometry program, and that OSU is also currently not offering classes. So currently there are no approved bone densitometry class offerings in Oregon, and the office has received several inquiries from individuals who want to take the class.

Thomas King asked Randy Harp, director of Allied Medical X-Ray Institute, to address the committee. Mr. Harp explained that he is looking at the possibility of setting up a bone densitometry program at Allied, and may come back to the Board with a proposal for Board approval. Mr. Harp indicated that he may be able to offer a class in the fall of 2012.

OBMI budget: Ed Conlow explained to the Board that the 2013-15 budget process is about to get underway. He explained that the Board can move forward with a hold-even budget that looks pretty close to the current 2011-13 budget. He asked if the Board wanted to try to include a request for the \$10,934 scanner support package that was included in the Agency Request Budget (ARB) for 2011-13, but which was not approved or funded. Ed noted that state leaders were not encouraging new budget packages for 2013-15.

Thomas King spoke in favor of the scanner package, to provide a back-up for agency records and to provide greater flexibility through electronic formatting and to free-up space. Mr. King suggested that the scanner package would provide a long-term saving as a result of space spaced and other saving factors.

Bill McMillen indicated that state leaders are looking for ways to cut down on paper, which is an argument in favor of scanning. Bill said that a scanner system could be operated in-house, by OBMI staff scanning, or by shipping paper off to a commercial entity to do the scanning on contract with OBMI, without taking up OBMI staff time. In response to Bill's comments, Carol Parks expressed concern about taking disciplinary files out of the office for scanning, because it could compromise confidentiality requirements. Kim Earp noted that some copy machines include scanning functions. Earp moved for a budget for the 2013-15 biennium to include the policy package for scanner support and to continue to fund the part-time investigator. Krause seconded. Approved unanimously.

Public Comment:

Randy Harp: introduced himself as the legislative delegate for the Oregon Society of Radiologic Technologists. He thanked the Board Chair for issuing a letter in support of the federal CARE bill, HR 2104. He indicated that the bill picked up three new co-sponsors from Oregon, Reps. Blumenauer, DeFazio and Walden.

Barbara Smith from PCC and OSRT: Barb thanked Ed for attending the OSRT meeting in Salem, and for presenting to the OSRT. She said that Ed had discussed an idea at the OSRT meeting to replace the current Board practice of mailing renewal applications to all current licensees with an email reminder. She indicated that the OSRT members expressed a preference for a mailed post-card reminder over an email reminder. Kim Earp noted that people change their email addresses and have trouble remembering all the places where they need to change their email. Bill McMillen noted an advantage to first class mail is that, if a resident has moved, the mail will be returned with a forwarding address, if there is one. Barb Smith and Randy Harp noted that first-class post-cards will be returned with forwarding address.

Barb indicated that the OSRT fully supports the OBMI proposed legislation to outlaw imaging procedures unless ordered by a medical professional for a medical or diagnostic purpose. She noted that OHA Radiation Protection Services has similar policies in place relating to radiography procedures, which should be an argument in support of the proposed legislation.

Responding to a question from Thomas King, Barb Smith indicated that the newly-reconstituted state sonography organization has been designated as a committee within the OSRT.

Doug Roberts: He introduced himself as a sonographer who works for Kaiser Permanente, commenting on proposed sonography legislation. He thinks that requiring sonographers to pass the exam in each area of subspecialization will harm his ability to hire from out-of-state. He said they sometimes need to hire from out of state and this would likely make it more difficult.

Meeting adjourned at 3:48 p.m.

OREGON BOARD OF MEDICAL IMAGING
BOARD MEETING, FRIDAY, July 13, 2012
Room 1D, Portland State Office Building

APPROVED MINUTES

Board attendance: Thomas King, Frank Krause, Wayne Lemler, Shirlee Templeton, William McMillen, Kimberly Earp, Pamela Warren, Akshay Gupta. Also David Howe, (RPS; advisory member), Rick Wendt (RPS), Rich Beauman (RPS)

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

Call to order: 8:38 a.m. by board chair Thomas King.

Executive session: Thomas King convened the board in executive session pursuant to ORS 192.660(2)(k) at 8:38 a.m.

Convene public session: Chair Thomas King convened the board in public session at 3:10 p.m.

Approval of the previous meeting minutes from April 20, 2012: Moved by Warren; second by Earp. Approved unanimously, without amendment.

Ratification of licenses: Motion to ratify by Earp; second by Lemler. Approved unanimously.

1. Radiographer licenses: From 171239 to 171296
2. Nuclear medicine licenses: From 500226 through 500230
3. MRI licenses: From 400411 through 400422
4. Sonography licenses: From 600916 through 600942
5. Limited x-ray machine operator permits: From 4038 through 4047
6. All temporary initial medical imaging modality licenses and permits: From 04975 through 50031.

Investigation Cases:

Case 12-02-01: Motion by Krause: \$200 fine in accordance with OAR 337-030-0010(3)(a)(B), for practicing with a lapsed license for a period in excess of six months but less than 12 months. Second by Lemler. Approved unanimously.

Case 12-02-01A: Motion by Krause: \$1,000 fine for employing an individual to practice medical imaging when the individual does not have a current, valid license, constituting a violation of ORS 688.915 subject to penalty under ORS 337-030-0010(3)(n). Also, a letter of notification must be sent to the Oregon Medical Board, outlining the facts of the case. Additionally, a letter must be sent to the individual requesting a list of licensees under the individual's employment, and licensure status. Second by McMillen. Approved unanimously. (Gupta recused.)

Case 12-06-01: Send a letter to the employer and a letter of concern to the licensee regarding the fact that the licensee had been practicing without proper licensure. Earp moved; Templeton seconded.

Case 12-06-02: With regard to the licensee practicing for a period of time prior to obtaining initial licensure, issue a letter of concern to the licensee and direct the employer to appear before the Board. Earp moved; Templeton seconded. Approved unanimously.

Case 12-06-03: Motion is to issue a \$500 civil penalty, in accordance with ORS 688.915(1) and OAR 337-030-0010(3)(b), for knowingly practicing without first obtaining a license. Earp moved; McMillen seconded. Approved unanimously.

Case 12-06-04: Motion is to issue a \$500 civil penalty in accordance with ORS 688.915(1) and OAR 337-030-0010(3)(b) for living in the state for a period of time and already possessing one license from the Board yet failing to obtain proper licensure in the second modality. Earp moved; Lemler seconded. Approved unanimously.

Case 12-06-05: Motion is to issue a letter of concern to the licensee. Moved by Earp; seconded by McMillen. Approved unanimously.

Case 12-06-06. Motion is \$500 fine, in accordance with OAR 337-030-0010(3)(b), based upon the fact that the licensee practiced for a substantial period of time while failing to apply for licensure. Moved by Earp, seconded by King. Approved unanimously.

Case 12-06-07: Motion is to issue a \$500 civil penalty in accordance with OAR 337-010-0010(3)(b) based upon practicing medical imaging for a substantial period of time while failing to obtain proper licensure. (Templeton recused.) Earp moved; Lemler seconded. Approved unanimously.

Case 12-06-08: Motion is to issue a letter of concern to the licensee. Moved by Earp; McMillen seconded. Approved unanimously.

Case 12-06-09: Motion is to issue a \$500 civil penalty in accordance with OAR 337-030-0010(3)(b), based upon practicing in Oregon for a substantial period of time prior to applying for a license. Earp moved; King seconded. Approved unanimously.

Case 11-11-02: Motion is \$500 civil penalty in accordance with OAR 337-030-0010(3)(b), for practicing for a substantial period of time while failing to apply for licensure. Motion by Earp; second by Lemler. Approved unanimously.

Case 12-06-10A: Motion is \$10,000 fine in accordance with ORS 688.915(1) and OAR 337-030-0010(3)(n). Moved by McMillen; seconded by Earp. Approved unanimously.

Case 12-06-10: Motion is to issue a letter of concern to the licensee. Moved by Earp; second by McMillen. Approved unanimously.

Case 12-06-12: Motion is to issue a letter of concern to the licensee. Moved by Earp; second by McMillen. Approved unanimously.

Case 12-06-13: Motion is to issue a letter of concern to the licensee. Moved by Earp; second by King. Approved unanimously.

Case 12-02-04: Motion is \$1,000 fine in accordance with ORS 688.915(1) and OAR 337-030-0010(3)(n). Earp moved; second by Templeton. Approved unanimously.

Case 12-02-03: Motion is \$500 civil penalty for practicing outside the licensee's scope of practice, in accordance with ORS 688.415(1) and OAR 337-030-0010(3)(h). Moved by Earp; second by McMillen. Approved unanimously.

Case 12-02-02: Motion is \$500 civil penalty for practicing outside the licensee's scope of practice, in accordance with ORS 688.415(1) and OAR 337-030-0010(3)(h). Moved by Earp; second by McMillen. Approved unanimously.

Case 12-04-04: Motion is to issue a letter of concern to the licensee. Moved by Earp; second by McMillen. Approved unanimously. Moved by Lemler; second by King. Approved unanimously.

Case 12-02-09: Motion is to issue a final order of default for license revocation. Earp moved; McMillen seconded. Approved unanimously.

Committee Updates:

School inspections committee: Patricia Williams, former Board member, has volunteered to conduct inspections of limited schools. She said the schools appear in good order and have suitable equipment on hand for students to use for practice. She said that she is disturbed by the disparity in average test scores among the different schools, noting that some of the average scores seem low. Her suggestion is to publish the average scores, as a service to consumers. Thomas King noted that the Board had decided at the July 12, 2012 retreat to publish verified average school test score results on the OBMI website.

ARRT CE Consensus Committee: Thomas King indicated that he would be attending the meeting at the ARRT headquarters in Minnesota, along with OBMI executive director Ed Conlow.

Update on the OBMI budget process: Ed Conlow explained the one-page budget summary that was distributed during the meeting. The document included a summary that attempted a very rough calculation of the projected budget for the next biennium, including \$11,000 for a scanner to enable the Board office to begin to store records electronically and also funding for the investigator. Ed asked for a sense of the Board: if he finds out that it would be advantageous to request a 0.5 FTE investigator as part of the OBMI's 2013-15 budget request, would the Board mind if he increased the budget request to include a 0.5 FTE investigator, rather than the board's current 0.25 FTE; no members objected to the suggestion.

Scanner support package in 2013-15 budget: Wayne Lemler asked if it had been previously discussed to try to determine if the OBMI could share the scanner with other agencies. It was agreed that this had been previously discussed, and that it should be researched.

Old Business

Update on legislative concepts for the 2013 legislative session:

1. Ed Conlow indicated that the Governor's staff had met with him and Board Chair Thomas King and had asked the Board to table the legislative concept that would give the Board rulemaking authority to establish specific credentialing requirements for medical imaging

subcategories. (The OBMI will not move forward with this legislative concept at this time.) Thomas King noted that he and Ed would be joining Shirlee for community meetings in Bend and Medford, in part to obtain feedback from professionals concerning credentialing for subcategories and other issues.

2. The OBMI is still moving forward with a 2013 legislative concept to outlaw “keepsake ultrasound” businesses in Oregon. The legislative concept will be drafted to outlaw all medical imaging unless ordered by a licensed health care practitioner acting within the practitioner’s scope of practice, and for a medical or diagnostic purpose. It will include an exception for medical imaging done for research and education purposes. It will also include an exception for screening mammograms, which do not require a doctor’s referral under current accepted medical practice.

New Business

Statement by the Society for Diagnostic Medical Sonographers (SDMS): Presented by Laurinda Andrist, past president of the SDMS and Director of Operations and Compliance Officer for Oregon Imaging Centers in Eugene, and Katie Kuntz, President-elect of the SDMS. The statement expresses support and encouragement for sonographers to take credentialing examinations in subspecialties, and notes that a sonographer who holds one ARDMS certification is automatically eligible to take examinations in other areas of subspecialization. The full statement is part of the official meeting record and will be made available upon request.

Following the statement, there was discussion among Board members, engaging the SDMS representatives regarding possible efforts by SDMS to work with its membership in Oregon to promote efforts by sonographers to become credentialed in subspecialties.

Public Comment:

William Woodward, presenting a statement by Wilfrido Sly, MD, Chairman and Executive Director of the American Registry of Magnetic Resonance Imaging Technologists (ARMRIT), and James Coffin, President of ARMRIT. The statement expressed support for ARMRIT as a recognized autonomous certifying body, and opposition to any proposal for the Board to adopt practice standards published by the American Society of Radiologic Technologists (ASRT). The Statement expressed concern that ASRT practice standards are prejudicial in favor of the American Registry of Radiologic Technologists (ARRT). In any deliberations related to adoption of MRI practice standards, the statement urged representation by ARMRIT. The statement is part of the official meeting record and will be made available upon request.

After delivering the ARMRIT statement, Mr. Woodward went on to make a personal statement that the ASRT and ARRT are closely linked and the ASRT is not an independent nonbiased organization. He said that the ARRT is a competitor to ARMRIT. He said that the ARRT does not recognize the ARMRIT registry. He said that the ASRT and the ARRT wish to control the field of diagnostic medical imaging. He said that excluding and disenfranchising all diagnostic imaging professionals who do not come from a radiologic or x-ray background is precisely what would happen if the OBMI adopted the ASRT standards for continuing education.

Monica Quintero-DeVlaeminck: Regarding student:teacher ratios in the classroom, she noted that there is a significant difference among the limited schools in Oregon, and she suggested that it can

make a big difference in educational outcomes. She asked if the OBMI would consider establishing student:teacher ratios for limited schools. She noted that the Oregon State Board of Nursing has such ratios in their rules. Frank Krause suggested that Monica research the OSBN's ratios.

Adjourn: 4:36 p.m.

Society of Diagnostic Medical Sonography (SDMS) Statement to the OBMI
July 13, 2012

Laurinda S. Andrist MBA, RDMS, RDCS

Director of Operations & Compliance
Oregon Imaging Centers
Past-President, SDMS

Kathryn (Katie) Kuntz, Med, RT(R), RDMS, RVT

Adjunct Faculty to:
Mayo Clinic
Florida Hospital College of Health Sciences
University of Wisconsin-Milwaukee
President Elect, SDMS

Thank you for the opportunity to address the Board. As you know, SDMS, along with other stakeholders within the communities of interest have long supported the need for education and practice standards that include certification. When invited by OBMI to collaborate to develop certification regulations for sonographers in Oregon, SDMS reviewed the Commission on Accreditation of Allied Health Education Programs (CAAHEP) programmatic education standards and American Registry of Diagnostic Medical Sonographers (ARDMS), as well as the other certification organization test categories, and has suggested four sonography licensure categories to align with clinical practice. We have distributed handouts for your consideration.

In spite of the fact that sonography certification has followed a growing trend toward advanced or *subspecialty* certification, such as breast and musculoskeletal, the education accreditation world has remained less fragmented and the learning concentrations that are accredited by CAAHEP have remained broad and encompass entry-to-practice level education in the licensure categories that are included in your handout. Accredited education programs choose to offer curriculum and competency development in learning concentrations of general, vascular or cardiac -- or combinations. General includes abdomen and ob-gyn and other areas such as basic breast and MSK curriculum; vascular includes peripheral, cerebrovascular and visceral; and cardiac is self-explanatory. All graduates of CAAHEP accredited programs are eligible to take certification exams for which the program offers learning in its learning concentrations.

It is understandable that currently practicing Oregon sonographers, whether it is in rural or other settings, may feel nervous or threatened by the need to take a certification test in an area in which they may have been practicing ---in some instances ---for many years. We acknowledge that it *can* be frightening -- but it is achievable. We must

remember that certification represents *entry-to-practice* qualifications. Just as in other professions, such as an airline pilot being certified to fly certain aircraft, passing the exam and maintaining the credential in your area of practice tells your colleagues and more importantly, your *patients* that you have and maintain the knowledge and skills necessary to perform your role.

Let's look at the categories of practice that we are discussing for regulatory purposes. Just as the CAAHEP accredited education programs have the categories of General, Vascular and Cardiac, so have we proposed these categories for certification/licensure regulations.

Let's use the ARDMS tests and credentials as an example. General covers the credential RDMS. This means a sonographer in Oregon who has the RDMS (regardless if it is in AB or OB) would be licensed to perform abdomen, breast, fetal echo, neuro, and OB-Gyn. These are the *same* content areas that are required to be covered in a CAAHEP accredited general program.

If you hold the RDCS credential you are licensed to perform adult echo, fetal and Pediatric echo. On the other hand, a person who holds ONLY the RVT credential is licensed to perform vascular technology examinations, for example, but not Abdomen or OB gyn. Similarly, a person who holds ONLY the specialty credential of breast (BR) or the new musculoskeletal (MSK) credential would not be able to be licensed for General examinations without additional certification. So, you can see that the general and cardiac categories are intentionally intended to be inclusive.

With regard to access to test eligibility, there would be no barriers to the proposal/licensure categories we've presented--it is a quirky but real feature of the Sonography credentials that *all currently practicing sonographers who hold one of the ARDMS certifications are eligible to take subsequent exams*. For example, if you are an RDMS with the abdomen (AB) credential you are eligible to take the RVT-vascular exam. Similarly, you would be able to take the OB exam. Similar access models also exist for the American Registry of Radiologic Technologists (ARRT) and Cardiac Credentialing International (CCI) sonography certification tests. Also, it is worth noting that the recent change to a single physics exam by ARDMS means that currently practicing AB or OB sonographers would not need to take a physics exam if they certify in Vascular, for example.

Generally speaking, no one would need to go back to school for formal education courses in order to take a second or third certification test---there are numerous Continuing Medical Education (CME) courses (free and for a fee) to provide an educational boost to those who may feel threatened or challenged by taking an exam--perhaps in some instances many years after the person obtained their original certification.

SDMS is sensitive to the concerns that exist for people who may find they need or want to pursue additional credentials. From a financial point of view, the SDMS Education

Foundation offers grants to eligible members to defray costs and compensate for the cost of a certification exam.

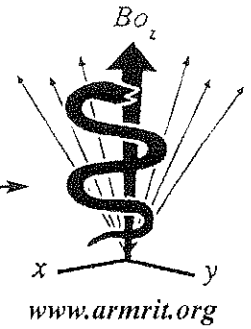
SDMS recognizes the need for registry review education and has developed a Registry Review Track at its annual meeting. Additionally, it has created the NCER; a series of affordable books (the National Certification Education Review Series) for each test/certification category. And, for those who cannot attend a conference, Webinars by nationally known speakers have also been developed and will soon be available. Other organizations have also developed similar offerings for their members, and many vendors offer case studies, lectures and e- book chapters free of charge.

In closing, we want to state that it is easy for rumors to spread that a model of certification in these four broad categories would prohibit or restrict currently practicing sonographers in Oregon with the RDMS credential from providing services in, for example, abdominal Doppler studies. We respectfully but firmly want to say that this is not true. We urge the OBMI to carefully and thoughtfully review the proposed licensure categories and our comments at this hearing as to how such a model would work-- it is our sincere hope that it has helped to alleviate ungrounded, but understandable fears for those who may feel threatened by change.

Thank you again for the opportunity to address the board. We realize that this testimony is very sonography specific and those of you are not sonographers may have questions about it. We would be happy to answer any questions any of you may have.



American Registry of Magnetic Resonance Imaging Technologists
 8815 Commonwealth Blvd. Bellerose, New York 11426
 Phone: 718-347-8690 Fax: 718-347-8691 E-mail: armrit@msn.com



July 11, 2012

President:

James F. Coffin, ARMRIT

Oregon Board of Medical Imaging
 800 NE Oregon St., Suite 1160A
 Portland, OR 97232

Executive Director:

Wilfrido M. Sy, MD

To the honorable members of the Oregon Board of Medical Imaging:

Exam Committee Chair:

Alberto L. Cayton, MD

July 12 & 13, 2012 Session.

Public Member:

Col. Richard J. Arold (Ret.)

Board Officers:

Theresa Cipollone, RN

Romulo L. Genato, MD, FACS

Paul D. Heubeck, MBA

Milan Lo, MD

William J. O'Connell, Dr.PH

The American Society Radiologic Technologists (ASRT) Practice Standards are presented before this august Board for adoption and therefore legislation to become the parameters to determine who can practice and deliver MRI health care services to the citizens of Oregon. The American Registry of MRI Technologists (ARMRIT), a 21 year old independently recognized autonomous certifying body which we represent strongly object and take direct issues with the specific standards that have been detailed, outlined and required, pages MR 4 and MR 5, because they are arbitrary, exclusionary, unfair, unjustified, prejudicial and directly favor and benefit one single and only one group of individuals in the delivery of MRI technology health care to patients who need the service, namely members of the ARRT.

The exclusion of ARMRIT as a bonafide group of certified technologists to practice the technological aspect of MRI health care delivery has been addressed and fully resolved when the Board of the American College of Radiology, the mother organization, in effect of ARRT (since four of its nine-member governing Board are appointed by the American College of Radiology) fully recognized without qualification, ARMRIT, as an autonomous certifying organization for MRI technologists in 2008. In the paraphrased words of the ACR Board, ARMRIT has met all the standards of excellence and parameters to be an autonomous MRI technology certifying body and is so recognized by the ACR. Leonard Lucey, Esq., long standing ACR Counsel and Senior Director and Theresa Branham, the ACR Manager of MRI and CT accreditation and ARRT member, have been alternately guests speakers at the ARMRIT annual seminar since 2008 and have nothing but positive comments in the way our meetings are held as to the faculty, venue, and substance of lectures for CME credits.

To the honorable members of the Oregon Board of Medical Imaging:

We concur with all other statements that expand on the standards of excellence and the technical paradigms detailed that are not exclusionary and delimited to a single and one group as these, as written in the submitted documents, do jibe with our own credo of standards of excellence and practice, for to believe otherwise is akin to be against "motherhood and apple pie."

Our main area of contention and basis of our strong objection are contained in the pages MR 4 and MR 5 regarding as to who can and who is not included by direct inference eligible to practice MRI technology; if these are adopted as proposed it would clearly and arbitrarily disenfranchise all qualified, bonafide, credentialed, and experienced technologists in the field of MRI because they opted to obtain their expertise and certification in the field through a non-radiologic pathway.

The expertise of becoming an MRI technologist is accessible through a radiologic path and a non-radiologic path and is not a monopoly of one interest group. We submit that the hours of didactic and hands-on clinical training which are fully focused only on MRI as required by ARMRIT, exemplify the high standard requirements we espoused of any training program requirements. The number of hours directly expended during their clinical internship at certified sites is manifold longer and more extensive or at the minimum at par with training requirements of their other counterparts. The graduates of dedicated and licensed MRI programs must pass the rigorous but fair 4-hour exam administered by ARMRIT in order to be certified.

Incidentally, perhaps it is a typo but the word "radiopharmacology" as it appears on page MR 4, as far as we know is either unintended or incorrectly used. No radioactive material is used in MRI, that is why it is correctly a non-radiologic modality, just as the discipline of ultrasonography is also a non-radiologic procedure. These latter two disciplines do not use any ionizing radiation as the source of obtaining the resultant medical imaging, plain x-rays do, as CAT scan does and other permutations such as spiral CT procedures.

It is clear to us that the standards referred to in MR4 and MR 5 are written to exclude a group of qualified technologists who are not ARRT certified but nonetheless duly qualified and certified by ARMRIT. To disenfranchise these individuals from their rightfully earned vocation, is tantamount to a restraint of trade and can be viewed as nothing else but prejudicial, unfair, exclusionary, slanted to benefit a group, at the exclusion of another. To this we say, we need more qualified and well-trained individuals in the field of MRI technology, not restrict or restrain their growth because they opted to take the venue outside of radiology. It should be duly noted that there are individuals who genuinely have a phobia for radiation, more specifically young women of child bearing-age, but nevertheless have chosen this field as their vocation and ARMRIT is their venue to this.

To the honorable members of the Oregon Board of Medical Imaging:

In conclusion we petition that this august Board include an ARMIRIT representative in the deliberation of this paramount issue and be represented in this Oregon Board of Medical Imaging. It further behooves this august Board, to include representatives of ARMIRIT in the deliberations, discussion and formulation of the MRI Practice Standards. For reasons already given we further petition that this Board does not allow the practice of MRI technology to one interest group in its deliberations at the expense and exclusion of another group. In the practice of MRI, as in other health delivery systems, no one interest group should be allowed to control the market.

Thank you for your time.

Sincerely,

Wilfrido M. Sy, MD
Chairman and Executive Director
Clinical Prof. of Radiology,
Weill School of Medicine
University of Cornell

James Coffin ARMIRIT
President

With concurrence and cc: ARMIRIT Board Members

ARRT Governance: A nine-member Board of Trustees establishes ARRT policies, including: Five Trustees are appointed by the American Society of Radiologic Technologists (ASRT) — the national professional membership organization representing all areas of the radiologic sciences — and four are appointed by the American College of Radiology (ACR) — the principle membership organization of radiologists, radiation oncologists, and clinical medical physicists in the United States.

ASRT Board of Directors (2011-2012) - ALL RTs.

James B. Temme, M.P.A., R.T.(R)(QM), FASRT
Dawn McNeil, M.S.M., R.T.(R)(M), RDMS, RVT, CRA
Donna L. Thaler Long, M.S.M., R.T.(R)(M)(QM), FASRT
Julie Gill, Ph.D., R.T.(R)(QM)
William J. Brennan Jr., M.A., R.T.(R)(CT), CIIP
Sandra Hayden, M.A., R.T.(T)
G. Tim Wescott, A.A.S., R.T.(R), FASRT

University of Cornell

Education and Certification

Magnetic resonance technologists prepare for their role on the interdisciplinary team by successfully completing an accredited educational program in radiologic technology. Two-year certificate, associate degree and four-year baccalaureate degree programs exist throughout the United States. Accredited programs must meet specific curricular and educational standards.

Upon completion of a course of study in radiologic technology from an accredited program recognized by the American Registry of Radiologic Technologists, individuals may apply to take the national certification examination. Those who successfully complete the certification examination in radiography may use the credential R.T.(R) following their name; the R.T. signifies registered technologist and the (R) indicates radiography. Those who successfully complete the certification examination in radiation therapy may use the credential R.T.(T) following their name; R.T. signifies registered technologist and the (T) indicates radiation therapy. Those who successfully complete the certification examination in nuclear medicine may use the credential R.T.(N); the R.T. signifies registered technologist and the (N) indicates nuclear medicine.

To maintain ARRT certification, radiographers must complete appropriate continuing education requirements in order to sustain a level of expertise and awareness of changes and advances in practice.

The Nuclear Medicine Technology Certification Board (NMTCB) also is a certifying agency. Once the NMTCB determines an applicant is eligible for the examination, the applicant must take the certification examination within the prescribed time period established by the NMTCB. Those who successfully complete this certification examination may use the credential CNMT, indicating certified nuclear medicine technologist.

Eligibility to take the post-primary examination in magnetic resonance requires registration in radiography, radiation therapy or nuclear medicine technology at the time of examination and documentation of clinical experience in specific procedures. Since Jan. 1, 2001, certificates issued by the NMTCB are recognized as meeting the eligibility requirements for magnetic resonance certification and continued magnetic resonance registration through the ARRT. After successfully completing the magnetic resonance imaging post-primary examination, the credentials R.T.(R)(MR), R.T.(T)(MR) or R.T.(N)(MR) may be used if registered by the ARRT and CNMT, R.T.(MR) ARRT if certified by the NMTCB.

July 13, 2012

To the honorable members of the Oregon Board of Medical Imaging:

It has been established that the American Society of Radiologic Technologists (ASRT) and the American Registry of Radiologic Technologists (ARRT) are organizations that are inextricably linked to one another. As stated on the ARRT website with respect to governance, "A nine member board of Trustees establishes ARRT policies [...] Five Trustees are appointed by the American Society of Radiologic Technologists (ASRT)".

Given that five of the nine members of the ARRT Board of Trustees are appointed by the ASRT, **the ASRT is not an impartial body dedicated to education.** A quick scan of the ASRT's website shows that their real time actions and deeds speak much louder than their self serving rhetoric served up for their own financial gain. The ASRT is clearly biased towards individuals who are members of the American Society of Radiologic Technologists. (ARRT) After all the majority of the board members of the ARRT were appointed by the ASRT. **The ARRT is a competitor to my registry the ARMRT.**

The ASRT opposes anyone doing MRI who is not a member of the ARRT. Again quoting from their web site:

Opposition to Radiologic Technologists Supervising and/or Training Unlicensed or Uncertified Individuals

The American Society of Radiologic Technologists opposes any radiologic technologists being required to supervise and/or train any unlicensed or uncertified individuals in the delivery of **medical imaging** or radiation therapy procedures unless they are enrolled in or have graduated from an educational program in the radiologic sciences accredited by a mechanism recognized by the American Registry of Radiologic Technologists or equivalent.

Adopted, Resolution 02-3.01, 2002

Amended, Main Motion, C-08.15, 2008

Amended, Main Motion C-09.49, 2009

(It is important to note that the ARRT does not recognize the ARMRT)

Yes, indeed, the ASRT opposes ARRT registered MRI technologists teaching anyone other than their own members or future members. Yet, right here in Portland, Oregon we have MRI Technologists from the American Registry of Magnetic Resonance Imaging Technologist (ARMRT) teaching students enrolled in Portland Community College's MRI program during the students' clinical rotations (it should be noted that the PCC program is under the auspices of the ARRT). These skilled and seasoned ARMRT MRI Technologists cannot sign off, noting that a PCC student has successfully completed a required clinical MRI examination, simply because they do not belong to the ARRT.

ARMRT MRI Technologists are happy to teach Portland Community College's students enrolled in their ARRT sponsored MRI program. I have to assume that PCC welcomes ARMRT Technologists teaching their MRI students during their clinical rotations. Yet because the PCC program is under the auspices of the ARRT, an organization clearly linked to the ASRT, PCC MRI students cannot leave a paper trail indicating that it was an ARMRT Technologist who helped bring them into the field of MRI technology. I have to note that this comment is in no way intended to disparage the dedicated clinical

educators at Portland Community College; they are simply following the rules of the ARRT and their supporting organization the ASRT.

Another position statement from the ASRT:

Unification of the Profession

It is the position of the American Society of Radiologic Technologists that the Society foster unification of the radiologic science profession.

Adopted, Resolution 89-1.20, 1989

Amended, Resolution 94-1.19, 1994

Amended, Resolution C-07.13, 2007

Amended, Main Motion, C-09.35, 2009

Well this no surprise except their definition of “Radiologic Science” includes diagnostic imaging modalities that have nothing what so ever to do with Radiologic Science (X-Ray). Currently, to the best of my knowledge, all individuals licensed to administer ionizing radiation (X-Ray) are already unified.

Their aim is clear, the ASRT and the ARRT wish to control the field of diagnostic imaging. Once again please note that the majority of the board members of the ARRT, five of nine, were appointed by the ASRT. The ARRT has been openly hostile towards my registry, the ARMRT, for many years.

Using antiquated nomenclature for clarity, the ASRT is in the X-Ray, (Radiologic Technologist) education business. If one wishes to give a continuing education seminar that is approved by the ASRT one must pay the ASRT per continuing education credit. This is their business and they are paid well. They’ve taken their cue from the ARRT in that they seek to monopolize the continuing education credit business just as the ARRT has sought for many years to monopolize, control, and serve as the gatekeeper for all individuals who wish to enter the diagnostic imaging field. Regardless of how exclusionary their practices may be it is their right to further their financial goals.

While the ASRT and ARRT have a right to further their political and financial aims through lobbying (and they do plenty of it) the Oregon Board of Medical Imaging is a publically funded state mandated body that cannot show obvious bias towards one body of people to the exclusion of another. The Oregon Board of Medical Imaging is not in the business of furthering the goals of the ASRT or the ARRT. Excluding and disenfranchising all diagnostic imaging professionals who do not come from Radiologic (X-Ray) background is precisely what would happen if the OBMI adopted the ASRT’s standards for continuing education.

Respectfully submitted,

William Woodward (ARMRT)
OBMI# 912021

OREGON BOARD OF MEDICAL IMAGING
BOARD MEETING, Tuesday, October 23, 2012
Room 445, Portland State Office Building

APPROVED MINUTES

Board attendance: Thomas King, Frank Krause, Wayne Lemler, Shirlee Templeton, William McMillen, Kimberly Earp, Pamela Warren, Akshay Gupta. Also David Howe, (RPS; advisory member), Rick Wendt (RPS Advisory member).

Others in attendance: Ed Conlow, executive director; Sarah Anderson, administrative licensing specialist; Vincent Mandina, administrative LEDS specialist; By telephone for part of the meeting: Carol Parks, Senior Assistant Attorney General.

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

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

Executive session adjourned at 12:17 p.m.

Convene public session: Chair Thomas King convened the board in public session at 12:56 p.m.

Approval of the previous meeting minutes

- Approval of minutes from retreat on July 12, 2012: Moved by Earp; seconded by McMillen. Approved unanimously, without amendment.
- Approval of minutes from Board meeting on July 13, 2012: Moved by Earp; seconded by Lemler. Approved unanimously, without amendment.

Ratification of licenses: Motion to ratify by Earp; second by Lemler. Approved unanimously.

1. Radiographer licenses: From 171297 through 171374
2. Nuclear medicine licenses: From 500226 through 500230
3. MRI licenses: From 400423 through 400446
4. Sonography licenses: From 600943 through 600978
5. Limited x-ray machine operator permits: From 4048 through 4065
6. All temporary initial medical imaging modality licenses and permits: From 50032 through 50050.

Investigation Cases:

Case 12-10-01: Motion by Earp: \$500 fine in accordance with OAR 337-030-0010(3)(b), for practicing for a substantial period of time while failing to apply for licensure. Second by McMillen. Approved unanimously.

Case 12-09-03: Motion by Earp: \$500 fine for obtaining a license through misrepresentation, in violation of ORS 688.525(1)(g), subject to penalty according to OAR 337-030-0010(3)(i). Second by Templeton. Approved unanimously. Communication to the licensee must include a letter of concern that any future DUII infraction may result in Board action related to licensure.

Case 12-10-02: Motion by Earp: Letter of concern to the licensee with regard to any future unlawful behavior. The letter must request that the licensee provide the Board with results of drug tests that were required by the Court. Second by Lemler. Approved unanimously.

Case 12-02-05: Motion by Earp: Issue a letter of concern to the licensee regarding proper care when ingesting prescription pain medication, for purposes of job performance and patient safety, as well as proper handling of prescription medication while in the workplace. Second by Warren. Approved Unanimously.

Case 12-06-09: Motion by Earp: Address a letter to the licensee stating that the Board's earlier decision is unchanged. Second by Warren. Approved unanimously.

Case 12-02-04: Motion by Earp: Address a letter to the licensee stating that the Board's earlier decision is unchanged. Second by Warren. Approved unanimously.

Case 12-09-01: Motion by Earp: \$500 fine in accordance with OAR 337-030-0010(3)(b), for practicing for a substantial period of time while failing to apply for licensure. Second by Warren. Approved unanimously.

Committee Updates:

Continuing Education Committee: Kim Earp indicated that the CE committee is up to date on all CE credit requests.

ARRT CE Consensus Committee: Thomas King updated the Board on the trip to the ARRT CE Consensus Committee meeting in St. Paul, MN. On October 12, 2012. Thomas King, Board Chair, and Ed Conlow, Executive Director, attended on behalf of the Oregon Board of Medical Imaging. Mr. King noted that almost all recognized certifying bodies were in attendance. Some of the discussion at the meeting centered on possible future strategies to demonstrate competence and outcomes in continuing education systems. This discussion is expected to be ongoing and we may see changes to CE in the future to reflect systemic changes that grow out of the current discussion. Other topics of discussion at the St. Paul meeting:

- Methods to ensure that persons who claim CE credit actually attend and participate; and
- Possibly requiring printed CE graduation certificates (rather than filled in by hand) to assure authenticity.

Thomas King deferred further discussion on this topic to the OBMI's CE Committee, in order to move to the next agenda item.

Update on proposed legislative concepts for 2013:

Comments from Steve Conklin, Legal Counsel, OHSU: Discussed OHSU's proposed amendment to the OBMI's legislative concept (LC 383) to exempt medical imaging done for education and research purposes from the LC's prohibition against any medical imaging that isn't done for medical purposes. The amendment defines education as tied to a recognized accreditation process or else recognized by an Oregon health professional regulatory board, and research as tied to approval by a institutional review board. He also discussed some alternative approaches to accomplish the purpose.

Rick Wendt asked if screening could be brought in under OHSU's definition of "research," allowing an institution to pick up anybody off the street and do screens without any diagnostic purpose. Steve Conklin explained that the IRB process should protect against unwarranted screening.

David Howe asked about firefighter screenings done for lung capacity, as part of an pre-employment physical examination. Steve Conklin said that neither education or research would cover this under the exemption.

Steve Conklin said that his favored approach would be for the OHSU governmental affairs office to get together with the OBMI office to develop a process for getting the amendment language added to LC 383.

Ed Conlow mentioned that the current draft of LC 383 brings the medical imaging of cadavers under the jurisdiction of the OBMI. He said he sent an email to Christine Lung at the American Society of Radiologic Technologists (ASRT) to get ASRT's feedback on licensure of technologists working in forensic pathology labs. Some of the discussion turned to the fact that using radiation in a forensic pathology setting has safety implications for other staffers working nearby.

Ed Conlow asked if calibration is imaging. He asked if calibration produces an image. Rick Wendt stated that calibration could produce an image, but not necessarily. Ed Conlow asked if "calibration" is defined in statute or rule. Rick Wendt indicated that he would see if RPS has a definition of "calibration" in RPS rules.

Update on OBMI's investigator: David Howe of RPS indicated that Catherine Hess, who works for RPS as well as with the OBMI (as OBMI's investigator) through an interagency agreement, attended a basic investigator training program sponsored by the Council on Licensure, Enforcement and Regulation (CLEAR) and as a result she is now eligible to be nationally certified as an investigator. He indicated that CLEAR may offer an advanced investigator course in Portland in February, and RPS and the OBMI would cooperate to send Catherine to the advanced course.

New Business:

Ed Conlow asked the Board if he could approach the Governor's office to seek an amendment to the OBMI statute to reduce the number of physicians required to be on the Board, from four to maybe two, because it has been so difficult to find physicians who have the scheduling flexibility to attend Board meetings. The Board discussed different Board membership configurations that could work; the Board did not make any specific recommendations as to how to restructure the Board, only to allow Ed to approach the Governor's office about reducing the number of required physicians.

Proposed review of the OBMI process for approving licensure: Thomas King suggested that the OBMI should periodically review the OBMI's recognized registries. Bill McMillen suggested a biennial review done during the retreat that occurs prior to the regular legislative session.

Do we want to schedule any Board meetings outside Portland, as part of community outreach? The Board discussed having one meeting per year in a location other than Portland, as community outreach. There was favorable discussion, to be continued at the January meeting.

Public Comment:

Barbara Smith of PCC and OSRT: She said she got a call from research people that want the coursework for fluoroscopy. She said she won't let them take the class if they can't do fluoro. She said she is interested in seeing how this discussion unfolds.

Barbara Smith also said that doing fluoro on a dead body could increase the scatter, due to density, and consequently the danger to the equipment operators. She said that safety is the big issue here.

She said that veterinarians want to do CT. Right now, RTs have to operate. Thomas King indicated that this is an RPS issue; OBMI has nothing to do with veterinarians.

Adjourn: 3:24 p.m.

OREGON BOARD OF MEDICAL IMAGING

BOARD MEETING, Thursday, November 8, 2012

Room 445, Portland State Office Building

APPROVED MINUTES

Board attendance: In person: Thomas King. Attendance by telephone: Frank Krause, Wayne Lemler, Shirlee Templeton, William McMillen, Kimberly Earp, Pamela Warren, Akshay Gupta.

Others in attendance: In person: Ed Conlow, executive director; Vincent Mandina, administrative LEDS specialist; Catherine Hess, OBMI investigator. Attendance by telephone: Carol Parks, Senior Assistant Attorney General.

Call to order: 8:04 a.m. by board chair Thomas King.

Executive session: Thomas King convened the board in executive session pursuant to ORS 192.660(2)(k) at 8:05 a.m.

Convene public session: Chair Thomas King convened the board in public session at 8:20 a.m.

Investigation Cases:

Case 12-09-17: Motion by Earp; seconded by Krause: Issue an immediate notice of proposed suspension of license, based upon criminal charges filed and HIPAA violation. Approved unanimously.

Adjourn: Motion by Earp; second by Gupta: Approved unanimously at 8:21 a.m.