

Oregon Board of Radiologic Technology (OBRT) Legislative Update Board Meeting

January 4, 2008 MINUTES

State Office Building 800 NE Oregon Street, Room 1B Portland, Oregon

ATTENDANCE

Members and Staff: Ernest Wick, LRT, Board Chair; Richard Fucillo, LRT, Vice Chair; Frank Erickson, MD, Radiologist; Carrie Whitlock, LRT, LRTT; Lorraine Bevacqua, LRT; Peter-Jon Chin, CMT (Professional Imaging Member); Rayberta Jenkins, LPH; Margaret Lut, RPS (Advisory Member); Linda Russell, Executive Director; Bernice Fox, Administrative LEDS Specialist; Heidi Park, Administrative Licensing Specialist

Members Absent: Doug Cech, LRT; Terry Lindsey, Manager, RPS (Advisory Member)

Also Present: Representative Mitch Greenlick, Chair of the House Committee on Healthcare; Tom Powers, Legislative Director; Barb Smith, OSRT, PCC, RT(R), Frank Krause, BS, RDCS, FASE; Robert W. McDonald, Cardiac Sonographer; Bart Pierce, RT(R)(MR); Aaron Carroll, MRI; Michelle Wilson, Sonographer, Society of Diagnostic Medical Sonography; Jen Lewis, Oregon Medical Association; J.H. Batten, Concorde Career College; John Ferguson, Adventist Medical Center; Kimberly Earp, Adventist Medical Center; Thomas King, President, Oregon Society of Radiologic Technologists; Randy Harp, Allied Medical Institute; Shirlee Templeton, Oregon Institute of Technology; Eileen Millsap, Epic Imaging; Susan J. Taylor, Concorde Career College; Bob Slaughter, Diagnostic Associates, LLC

WELCOMING AND INTRODUCTIONS

Chair Ernest Wick welcomed everyone and called the public meeting to order at 9:12 AM in Conference Room 1B, Portland State Office Building (PSOB), Portland, OR for public input on how the Board will proceed with legislation for the 2009 session.

The goal is to craft new legislation that will accomplish oversight in accordance with SB144 and be respectful in establishing a common ground for all imaging modalities. Chair Wick asked the Board and staff to introduce themselves.

“LEGISLATIVE UPDATE” PRESENTATION – FRANK ERICKSON, MD

Frank Erickson: Good morning everyone. Welcome to the new year. Thank you all for making an effort to help us with our legislative update. This is our third session. I

apologize to those who have seen this before, some of the slides are the same but we do make an effort to update this.

As far as the OBRT goes, it was formed 30 years ago. The only medical imaging modality widely used then was x-ray. The board was asked to regulate the competence and conduct of the technologists who operated x-ray equipment to protect Oregon patients from harm. The Oregon statutes and administrative rules governing the OBRT have not kept up with the subsequent advances in imaging that we're all familiar with and now include multiple new modalities, the operators of which are not licensed or regulated by the state of Oregon.

The current Board has been asked to try to modernize the statutes and catch up on 30 years of neglect, benign neglect I hope. We need to provide oversight of the operators of the new imaging modalities the same way the x-ray technologists are regulated and like all the other healthcare providers in the state. This is a short history and I hope not to bore you.

The 2005 legislative session had budget hearings during which there was a question raised in the Ways and Means Committee – why aren't these unregulated modalities regulated and why hasn't this been addressed in 30 years? Senator Avel Gordly asked that the OBRT look into this and report back in 2007, which we did. We went through the process. We had open public meetings – October 2005, January 2006, March 2006, provided legislative concepts in April 2006, posted them on the website and came up with what became SB144 after the legislative counsel had their rewrite and that was posted on the website.

Representative Greenlick was the House Healthcare Committee Chairman, who addressed concerns. We got through the Senate and into the House. In the House Healthcare Committee, there were several questions raised by several organizations. We're here now doing that, to submit this again to the next legislative session. So you can see there are several different organizations that have a vested interest in this legislation – radiation therapy, radiography, limited scope radiography, nuclear medicine, sonography and magnetic resonance imaging. If there are any others, let me know.

When we give a license through the OBRT, it looks like this. The current fee is \$96.00 and there is no promise that it will stay that way in the future. I've been asked to remind everybody that's what it is right now. The idea is that if you were a multi-talented tech, a multi-certified tech, all of your certifications would appear on this one license. We're trying to avoid having multiple organization licenses in the state of Oregon if you just happen to have a different modality that you're doing and that's what it would look like. The application process is on our website so you can see what the questions are and what the requirements are to fill out. It's fairly standard. We keep up to date by finding out things in the course of listening to cases. All the people that do regulation are asking similar questions – doing background checks, fingerprints, trying to tell who's who, making sure it's you that's doing your work.

There are two types of accrediting agencies, it's called Accreditation – Middle States Association of Colleges and Schools and Northwest Association of Schools and

Colleges. They accredit degree-granting colleges and universities. Programmatic Accreditation – JRCERT, The Joint Review Committee on Education programs in Nuclear Medicine and similar JRCDMS for Sonography.

This is a list of programs accredited in 2007 – 612 radiography programs; 82 radiation therapy programs; 2 MR programs; 101 nuclear medicine programs and 151 sonography programs.

These are lists of registries, certification boards and credentialing organizations, we've identified. You can see there are several of them. This gives you a feel for relative numbers – 275,000 radiologic technologists, 4,219 Oregon imaging technologists; 55,000 sonographers, 670 of which are in Oregon; 850 MRI technologists, 1 in Oregon; 12,643 nuclear medicine technologists, 23 in Oregon and 10,000 cardiovascular credentialing types. You might get the wrong idea – this doesn't mean there's only 1 MRI tech. A lot of the RT's are cross-trained. That's why they would benefit from having just one license.

Here's a list of certification examinations – the ARRT administers 12, the ARDMS administers 15. I won't read all these to you. Again, this is just background information to give you a perspective. The further we go with time, the more studies are added, the more differentiation there is, the more subspecialties become created and formalized. Here are some more certification exams – NMTCB has 2, ARMRT has 1 and CCI has 4.

This is a list of professional societies that we found. All of them have their acronym. I won't read these to you but it's just to give you some background of the relative numbers of members of each of these; something to look at later for future reading.

This is a lightning round here. We're going through this really fast and there's a lot of discussion that could be and has been received on these things. The remaining issues that we have identified are: the Board composition, a very high interest in that; competency review and testing that include grandfathering details; and specifying legislative concepts for all modalities.

I have developed a list of possible Board compositions and one of them is just ridiculous which you should reject but I put it in for amusement – a one person board, very simple. I call it the Ghenghis Khan model, probably not viable in our free society. Then there's a second one – one member from each modality, one radiologist, one non-radiologist physician and two public members. I called it the Spartan model. It makes the Board what I consider a manageable size and lots of people do this because the alternative is the third model, the Athenian model, where there's one of everybody; one for each type of subspecialty from each medical imaging modality, one physician from each type of subspecialty involved in medical imaging and two public members. I just put that out there to generate discussion. I don't strongly favor, as you can tell, any single model but the middle one.

Again, this is an old slide of what we intend to avoid with this legislation in an attempt to avoid multiple agency licenses for people working in more than one modality. We want

to avoid legislating anyone out of a job and we want to avoid stripping rural areas of technologists and imaging specialists. We hope the new revised bill that we intend on creating will protect the public from unqualified or unethical healthcare providers, as about 80% of our cases deal with conduct rather than competency; we hope to limit potential harm from diagnostic imaging devices; and, we want to increase public confidence in medical imaging practitioners throughout Oregon. I think I'll turn it over now to Carrie Whitlock who has her own presentation.

Carrie Whitlock: I'm going to follow up on something that Frank said, just kind of at the end, which was conduct and competence. Mostly what we see here on the Board is conduct and not competence. That's what I've been asked to talk about. I am just real briefly going to define certification, registration, credentialing and licensing. I'm going to give you an example and I'm going to end by talking about and stressing the important differences of credentialing bodies and state licensing agencies. Why is this important? Because we all need to speak the same lingo. It's important that when we're talking to each other that we all understand what the other one is talking about, so that's why we're going to clarify this.

Certification, registration and credentialing happen through the same agency. All that happens through one body like the ARRT. Licensure happens through the state. Certification is an initial recognition for graduating from an approved school. To be certified, you have to be in compliance with ethical standards of whatever bodies you are applying for and you also have to pass their exam in whatever modality you're requesting. For registration, it is an annual process to renew your certification. You also have to be in compliance usually with 3 components – the certifying body's rules, their standard of ethics and also their continuing education policies. For credentialing, it means you get to use initials after your name, it designates your area of expertise and to keep credentials, you usually must be in current registration. As for the license, I actually just quoted the dictionary, "governmental permission granted by a competent authority to engage in an occupation otherwise unlawful." So, for my example, I thought about this for a couple of days and I came up with one that I felt would kind of take the personal side of things; this is going to be my own personal example.

I am an x-ray tech and I'm also a radiation therapist. I married an x-ray tech, CT tech, MR tech. This is me and these are my credentials – registered technologist in radiography and therapy. I'm certified, registered and credentialed through the ARRT in both modalities and I hold an Oregon license in both as well. Here's my husband – he's a registered technologist in radiography and CT. He's also certified in those modalities through the ARRT. He holds an Oregon license in both modalities; however, he's employed as an MR tech and this is true.

We decided we were going to come up with an early retirement plan. I'll share it with you but I don't advise any of you guys to do this. My part of our early retirement plan is, since I work in oncology, I'm going to get information on cancer patients, I'm going to get all their personal data. My husband is going to get a prescription pad at the MR clinic where he works. Together, we're going to forge some prescriptions, we're going to get pain meds that we're going to sell to our friends, and we're going to make lots of money. This is my plan. Eventually, we're going to get caught and convicted and we're

going to serve time, both of us equally. So, what's going to happen to us? If you are me, the OBRT is going to find out, usually by a couple of different ways. Someone in the field will report me or it'll come time for me to renew my license and they're going to do a LEDS check, they're going to find out that I have a conviction and they're going to start their investigation. More than likely, I'm going to get my license revoked, the OBRT is going to report me to my credentialing body, they're going to yank my credentials. The OBRT, also when the case is closed, can report to other states. For example, if I live in Salem and Oregon says I can't work in Oregon but sure, I'll commute to Vancouver. If the Board finds out I'm working in Vancouver, they report me to the Washington board and Washington will do their own investigation to decide if they want me touching their citizens. Basically, I can no longer work in healthcare in Oregon. Even if I go to another modality like nursing, this Board is going to report me to the Nursing board; it's going to haunt me.

What happens to Corey? The same thing. OBRT is going to investigate and they're going to yank his license, ARRT is going to yank his registration, the same thing. However, he will be able to continue to work in MR. The reason for this is because even if he had credentials and got those yanked, there is nothing in place in Oregon that says he cannot work as an MR tech. Actually, for me, I couldn't work in x-ray or therapy, but with a background as an x-ray tech, I could go and get a job in MR as well where we would be back in the same scenario, access to patient information, access to prescriptions, access to all of that and we could repeat our crimes. This scenario, unfortunately, is true. This is the stuff that we see in front of our board and there are worse things that we see, too. Mostly, patient abuse we see. There's no license to yank, there's nothing that says that person can't practice. That's the take home message here. So, if there's anything that you hear, hear this. Credentialing bodies are responsible for developing and administering exams that assess knowledge and skills that are required for us to practice. Credentialing bodies cannot prevent a healthcare worker from practicing even if credentials are revoked. State licensing agencies such as the OBRT work closely with credentialing bodies as a mechanism to lawfully prevent incompetent and unethical healthcare workers from bringing harm to the public. Any questions?

Ernest Wick: Thanks Carrie. I'd like to thank Carrie, Frank, Lorraine and Linda for the hard work on the presentations. I'd like to move along to the folks that wish to testify and at the end of that, we have some letters to read into the record. The first person to come up to talk is Randy Harp. When you come up, I need you to state your name, spell your last name and speak up.

PUBLIC COMMENT

Randy Harp: My name is Randy Harp. I'm the past president of the Oregon Society of Radiologic Technologists, I also own a limited scope school, and I've done some lobbying in Washington, DC on behalf of the American Society of Radiologic Technologists on the CARE bill. Oregon has sort of been a leader in the areas of licensure and oversight. Obviously, through time, some things have fallen through the cracks. There are people practicing imaging and other modalities in Oregon that

probably don't have a whole lot of oversight and I think it's about time that we do promote a mechanism. Maybe through some collaboration with other societies, we can come up with an idea that will bring everybody up to speed and not just have people that are taking x-rays under the scrutiny of a state licensing board but more on the side of public safety. I think it's a big issue in Oregon and I think we want to have a list to know who's doing what in Oregon and have some kind of mechanism to deal with an issue if it would come up. That's pretty much all I have to say. I've worked with some issues that have come up with limited scope people and OBRT has done an excellent job in oversight and finding things out. Even between the schools, sometimes things will happen but they've worked with us and we've worked with them and it's always been a good arrangement. I really commend them for their good job, all the Board members, and the great job they've done over the years and I just want to thank them for it. That's all I want to say. Any questions?

Chair Wick: Thank you. Bart Pierce.

Bart Pierce: My name is Bart Pierce. P-I-E-R-C-E. First, kudos for the updated presentation that the Board put together. I was at the last couple of meetings and I think the presentations that were done today were excellent and actually answered a lot of the questions and comments that I might make, so hopefully this won't be too redundant. I am currently the MR supervisor at Samaritan Health Services in Corvallis where I have worked for the past 19 years. I am ARRT certified as a radiographer and as an MR technologist. I have been an active member of the OSRT and ASRT for the last 21 years and am currently serving at the ASRT as a by-laws committee chairman. I tell you these things, not to boast, but to point out that I am passionate about my profession. I am assuming that those of you in this room are equally as passionate or you wouldn't be here today. I have participated in the recent public forums designed to gather input and allow the Board to come to some consensus about what the profession needs and wants in a new bill. I have heard comment after comment about how certain groups were left out of the process of 2007. Most of these comments were quite critical and accusatory and presumed the Board acted with malice and intent. The Board, on as many occasions, has apologized for this oversight. I was involved with the creation of the legislative concepts and sat through many committee meetings during that 2007. There was no malice or intent to leave anyone out of the process. It was simply a mistake as a volunteer board attempted to enact the wishes of the legislature. Another hot topic seems to be adequate representation on the Board. Many comments have been made about having all of the ultrasound specialties and all non-ARRT certifying agencies represented. I understand the desire of the individuals to want appropriate representation because they fear that without this, their practice interests will not be protected. Please keep in mind that the Board deals primarily with conduct issues. Practice issues seldom come before the Board and those that do typically are issues related to adequate certification. If practice standards do present themselves, expert individuals are sought to answer those questions. The most important issue with increased representation is the ability to find individuals willing to volunteer 2-3 weeks of their time each year for Board business. In the past, it has been very difficult to find technologists, and there are over 2600 radiologic technologists in Oregon, to even fill the current positions. I assume that those of you in the audience that feel strongly about this will be willing to give of your time and fill these newly created vacancies.

Currently, the Board allows reciprocity with the ARRT. If you maintain appropriate certification, you are licensed by the state. The Board will most likely continue to use this method to license the new modalities that are not currently licensed. They must accept all nationally recognized certification agencies. If they do not, they are being exclusionary and in violation of state and federal law. I have also heard comments from the sonographers in the past, wanting the Board to require individuals not currently credentialed in ultrasound, to be credentialed as a prerequisite to licensing. This would be restraint of trade and also against the law. It is also against the law to enact any legislation that takes away the ability of a person to work. On the positive side, I agree that the Board should be increased by at least 2 members; one to represent sonography and one to represent MRI. I doubt that a cardiologist would be willing to volunteer the time but this could also be looked into. I would also like to see the Board put a task force together of interested parties, to help fashion any proposed legislation and associated OARS. The purpose of these public forums has been lost through all the rhetoric and chest thumping. We are all passionate and react viscerally to change, especially change involving our profession. We are here for one reason and one reason only, to assure that the patients of Oregon receive diagnostic imaging services of competent and professional technologists. It is important to utilize these public forums for positive helpful ideas, not continued criticism and innuendo. We must put aside our professional differences and come to a consensus on the best way to make this happen. If not, the legislature will do it for us. Thank you.

Chair Wick: Thank you. Barb Smith

Barb Smith: Barbara Smith. S-M-I-T-H. I have a cold so I sound a little funny today. Thank you for inviting us to another public session. I have attended multiple public sessions for a long time. I have been a tech since back in the 70's and I was around when the Board first started. Currently, I teach at Portland Community College. I have been a tech along with teaching for a long time. When I first graduated from school, I could do nuclear medicine, therapy or ultrasound because back then, once you graduated from school, you could do whatever imaging modality the doctor you worked for wanted you to do and I used to do ultrasound. I found that it was not an area that I had a high interest in. I could have sat for the test but I didn't want to, so I went back into just doing just x-ray and back when this board started, x-ray was pretty much the primary imaging modality. Ultrasound was still fairly new and nuclear medicine, I don't know why they weren't involved, but they weren't involved and so it was x-ray and therapy. Things have changed as pointed out in the slide show. Most healthcare fields are licensed and it's a patient care issue. Nurses are licensed, doctors are licensed and now the legislature wants all imaging modalities licensed and it does make sense. That will change the Board. It will no longer be an x-ray board and repeatedly people have talked about x-ray being over ultrasound or MR. It won't be that way because the Board will now have people from all the modalities. So, they will change the name of the Board and the composition of the Board. It will deal with all diagnostic imaging and I think it's appropriate. We don't deal with nurses unless they do x-ray and have an x-ray license, so all imaging modalities will be under one board. Having a radiologist on the Board to continue would make sense since they do all the imaging modalities but having another physician on the Board also makes sense because a lot of these modalities are not just done in the hospitals and are not just done with radiologists. Patients expect

individuals to be licensed. When I talk to them and they find out that a lot of these other modalities are not licensed, they aren't real happy and that there's no place for them to go if they have a complaint. Most people don't know to go to a certifying board. The general public has no knowledge of that. Having a license assures people that you have had correct training and that you have been certified because usually to get a license, the Boards require that you be certified. They will, of course, have to grandfather in some people that are currently practicing and there will need to be some discussion about that, but eventually all those people that were grandfathered in, if they leave the field, will not be able to come back in or retire so that eventually everybody practicing will have gone through a certification process. A lot of places do background checks but not everybody does and with a license, you have a guarantee that everybody working will have a background check. They keep talking about lab accreditation. Currently, it's my understanding that lab accreditation really only has to have one person in the lab certified. That may change but that's the way it is right now according to some business managers I have talked to. The Board is not going to set your practice standards. Your certifying agency does that and your professional associations. You saw the list that they have. Those will be the people they will go to if there are practice issues. Most of the problems are conduct issues. Carrying bad prescriptions or something along those lines. If you look at the records over the years, like the nursing board and with most licensing boards, rarely is it a practice issue, it's almost always a conduct issue. People are selling drugs or abusing patients and that's what this Board generally has to deal with. If they have a question about a practice, sometimes I get a call because I teach in x-ray, so if they have some questions about education or something like that, they'll call me. They talk to the ASRT when they have certain practice issues because they have set up practice standards. They will call the SDMS if there is a practice issue with some part of sonography, or if it's echo they would call the echo societies and that's who sets your practice standards. This Board is not going to do that. It's not a matter of radiology controlling anything. The Board, once this comes through, will not be a radiology board. You're going to have individuals from all the modalities on this Board and that's as it should be. It's a matter of oversight and assuring the patients they have adequately trained and educated people doing their exams and that there's some oversight and somebody they can go to if they have a problem. Currently, there isn't any mechanism in place for them if they've had a problem. Thank you very much. I would like to say that over the years as I've gone to many, many board meetings, the Board is always very professional. Like I said, they will talk to experts. They are very generous in their looking at things and trying to make sure the right decision is made.

Chair Wick: Thank you. Frank Krause.

Frank Krause: Hi, I'm Frank Krause. K-R-A-U-S-E. I'm a registered cardiac sonographer in both pediatric and adult echocardiography. I'm a member of SDMS and ACC. I want to thank the Board for their outreach to me and other individuals in the community and to ultrasound to help educate them and to get our input. I really do appreciate that. I appreciate the updates in the presentation. I think that was a very nice addition to that as well. I don't think anybody in the ultrasound community is challenging licensure at this point. I think they just want to make sure that it's done correctly. Last spring, the way the bill was written, it wasn't going to represent us in the

light we are talking now. I think that is where we're at now. The previous arguments, like the young lady was just stating, I think that's past. I think the Board is reaching out and we're getting our voice heard which is what we wanted to hear. I've been in communication with Linda with some of the points that I've come up with. I don't think I need to reiterate those here and I appreciate that. I just want to say that I'm thankful for that, where we're going and to clear up some of the past things. Lab accreditation is on the horizon for ultrasound. I am an accredited lab. It does require following standards of our registration bodies. It does require people are registered. It does require continuing education so it is a good thing, it's a valid thing. It's not something that needs to be taken lightly as licensure is not something that needs to be taken lightly. Thank you.

Chair Wick: Thank you. Is there anyone else who is not signed up who wishes to speak? Michelle Wilson.

Michelle Wilson: Michelle Wilson. W-I-L-S-O-N. I would just like to reiterate what Frank said. As a representative of the SDMS, I became involved with this not long ago and I have just seen a vast improvement. I would like to thank the OBRT for that and for listening to us and hearing us, and making changes and wanting to work with us. I've been in communication with Linda and I think it's all been very positive and I think we're moving forward. From our perspective, because there are so many societies within ultrasound within our profession, it's going to take a little bit of time to get everybody on the same plane, a sort of collaborative effort. I hope you have patience with us in doing that. I just want to make sure that we move forward in the right direction and comply with the rules. I really want to thank the OBRT for listening to us, making changes, and hopefully moving forward in the right direction.

Chair Wick: Anyone else?

Frank Erickson: Frank Erickson, MD. E-R-I-C-K-S-O-N. I just wanted to ask the attendees if you're aware of other members of your subspecialties who couldn't make it to any of these public sessions, just to get a feel for how many more of these we need to hold. Are there people that wanted to come that couldn't? Can we have a show of hands if you're aware of people like that? One? Just to be able to comment but prevented by time or not being able to get the time off to come here.

Michelle Wilson: The SDMS has been very much in touch with many sonographers in multiple specialties within Oregon and having it on a Friday during the workweek was really hard to reschedule patients as I'm sure it is for all the people here. Yes, there are many more sonographers but I think that we as far as the ultrasound community, have expressed their concerns, so I'm not sure there's many people that couldn't be here but I'm not sure how many. We definitely, at the SDMS, have heard from multiple sonographers regarding the issues, wanting to make it.

Chair Wick: While Tom is coming up, I will comment that we have tried to do evening meetings, day meetings. Granted, we're trying to please everybody. That's hard to do but we're making an effort to do that. State your name and spell your last name.

Thomas King: My name is Thomas King. K-I-N-G. I'm current president of the Oregon Society of Radiologic Technologists and have to bear with me, I'm under the weather today. I wanted to say that I've noticed a little bit of a change. I wanted to echo what Mr. Krause has said, that I sat in the hearing when it became a little bit contentious way back earlier last year, and I notice a change for the better now that we're talking. I did bring up earlier last year the last time I talked to you folks at a previous hearing, I'm talking about the sonographers, that you're welcome to attend our meetings. I wanted to put the olive branch out there that maybe we could talk together a little bit more often, other than just coming to one of these hearings here. In fact, we could put you on the list. Our meetings are open and we can have some good open discussions and work together. I just wanted to put that out there for you. I wanted to also let the Board know that I appreciate the extra work that has gone on because I've heard out there from other modalities that they had some concerns that they didn't understand the fact that the current Board name is OBRT and it has radiologic technologists written all over it. I think we want to emphasize even more that we want to change the Board to the new name and kind of put that word out there a little more as an education. That's all I ask.

Chair Wick: Thank you. Barb, come on up.

Barb Smith: Barbara Smith. S-M-I-T-H. One thing I do want to say is the Board meetings are open, the OBRT meetings are open. So, even before all this stuff goes to the legislature, I'm sure they'll be talking about this at the Board meetings. If anybody wants to get involved, you can come to the Board meetings. I come to them as often as my schedule allows. They always have a public open session and you can sit in and listen to what they're doing. We can't sit in when they're doing executive things like going through cases where people have done stuff, so we can't find that out. We can come to the section where they're doing their business. The next meeting is next Friday. They meet quarterly and they'll have another meeting in April. If you're interested, if you want to see how the Board works, I would suggest that you come to one of the meetings because they're very interesting. After this passes the legislature and it becomes the multi-modality Board, then you can come to those meetings, too. That's where you really find out what's going on and you'll see that they work very hard.

Chair Wick: The next public meeting like this is February 15th at 9:00 AM.

Kimberly Earp: My name is Kimberly Earp. E-A-R-P. I'm the chief therapist in radiation oncology at Adventist Medical Center and I'm licensed in both radiography and therapy and have been for a very long time, since 1980 or so. I just wanted to point out and I didn't want to add a fly in the ointment here, but you folks are missing the medical dosimetrists. They're not licensed. Most of them are actually radiation therapists; it's another subset, it's another specialty, it's another certification exam that is separate that most folks have and not included on your license stuff. Another thing I've always kind of wondered is why the medical physicists don't have to do anything to get an education. They don't have to be American Board of Radiology certified but they don't have any kind of state licensure unlike physicians that have master's degrees or doctorates, but they don't have any certification requirements.

Frank Erickson: That's a good question.

Kimberly Earp: They're very important in terms of quality assurance and everything. They'll determine what kind of dose you're getting for your radionuclides and stuff like that. So, it's critical.

Chair Wick: This is exactly an example of why we really want to have these conversations and hear what you have to say and what you're thinking because we're a volunteer board and this information and everything else we've heard is very beneficial. We don't have the knowledge of everything, so I really appreciate your comments.

Chair Wick: Anyone else wish to comment or speak? Again, the next public session is February 15th at 9:00 AM. If there's not anyone else who wishes to talk, I will adjourn the meeting...

Representative Greenlick: Can I comment?

Chair Wick: Yes.

Representative Greenlick: State Representative Mitch Greenlick. G-R-E-E-N-L-I-C-K. I just wanted to make a couple of comments before we close today and talk a little bit about timing and what's going on at the same time. First of all, I really would like to comment that you all have responded remarkably to the challenge that we gave. I remember sitting in that last meeting, it was almost our last meeting, of the Health Committee in the legislature and encouraging you to move ahead with the notion of bringing other imaging professions into the fold. It made a lot of sense to us, and I think you're moving in a way that this does make sense. The committee as an interim work plan, is looking at the whole question of licensing health professionals and we are working toward creating an omnibus bill that looks at several issues around licensing of health professionals. The three that come immediately to mind is the whole question of who a board reports to. Who's responsible for oversight of a board? That's pretty much an ambiguous situation right now. It's not clear who, it's not clear whether the governor has oversight on a board. Some board members can be replaced without cause by the governor and some boards only with cause, except in the time of crisis like we had over the last few months with the Board of Nursing, it's not clear really, what's going on and we do intend to look at that. We also intend to look at the question of public membership and I really urge you to think beyond the three models. I notice that each of the three models is going to be expanding the size of the Board, which seems to be inevitable and appropriate. You want to ask yourself, what's the appropriate public membership on the Board? I'm not convinced that a Board that has 11 professionals and 2 public members is the right balance and we are going to be looking at that across the board. We intend to create an omnibus bill on health licensing boards before we're done in the interim. We could either have the action for this Board as a sub-piece of that or we could have separate legislation. We'll be talking about that as we go on. The third issue we're looking at is the question of impaired professionals, the extent to which there's rumors rampant that we intend to create one health licensing board for all professions. I can assure you that nothing is further from our minds than that, but the question of whether we want to have one program for impaired professionals is another question. It seems to me the notion of having one program for physicians, one for

nurses, one for dentists, one for pharmacists, one for imaging technologists, doesn't make a lot of sense and we are exploring the possibility of creating one or maybe two programs for impaired professionals. I'm sure it's very hard for you to deal with the question of an impaired professional because you don't really have the kind of resources that the Medical Board has, which has tons of resources. So, those are three things we are looking at. In terms of time tables, we ought to be asking when the legislative concepts ought to be developed in order to move swiftly through the last session. You do remember that the bill last time passed the Senate and should not have a problem. It got held up in our committee for a variety of reasons, so that I think we want to be very much involved in the creation of that legislative concept. We do have the advantage in the February session of having some time to do interim committees. Typically, we'll have only 3 or maybe 4 meetings of an interim committee during the interim because it's expensive to run those committees so the administration closes down because of the per diem and a variety of other things. What's happening in the February session, the plan is that during the last couple of weeks of the February session, the substantive committees that will not be having work to do anymore, we're going to finish our work in the substantive committees for the February session by the 14th of February, we will be able to use the last two weeks, the whole interim business meetings. I think it will be very useful if you think about presenting at one of those interim meetings in the last couple of weeks of February. I hope we'll have at least 4 or 5 of them to allow us to do some work; where you are, and to begin to help you think about how to work through the development of the legislative concept with all the folks involved. I think the bones of that are very clearly here. The fact that any of the professions that are to be licensed under the Board will have representation on the Board in some form or another, I think exactly what Frank presented, makes a lot of sense. I think you're moving very rapidly towards answering the kind of questions that need to be answered and I really do congratulate you on your work. I think you're doing a great job. I'll be happy to answer any questions if anybody would like.

Frank Erickson: We would appreciate the guidance on how to incorporate our legislative concepts with your legislative effort to make a separate board concerned with substance abuse.

Representative Greenlick: Substance abuse and mental health issues.

Frank Erickson: And mental health issues. I've often felt we needed a psychiatrist on the OBRT.

Representative Greenlick: I think you need a psychiatrist on most of the boards. Interestingly, we passed legislation in the last session that expanded the impaired physician program to include mental health. Before that, it was originally designed as a substance abuse program to find a way to monitor professionals while they were dealing with moving into rehabilitation and we added mental health. I think we passed that, right Tom? Tom knows everything. Yes, we added mental health. I think you don't need to worry about that piece. Let's let that float separately and we'll be doing that in a separate bill.

Frank Erickson: We need to concentrate on our expertise.

Linda Russell: R-U-S-S-E-L-L. I would like to know if I could work with Tom and find out about these interim committee work sessions in order to set something up. It would be in everyone's best interest if we all worked together to try to develop the language we need to move forward. With support and collaborative efforts, we will be able to make better progress and no one will need to worry about being left out. Honestly I feel wonderful about how things are right now. Everyone that I've talked to knows that we are trying our best to show everyone concerned that we do care and we want to do it the right way. We all benefit by having the legislature and especially Representative Greenlick and his committee help us, thank you.

Representative Greenlick: The way bills are drafted, it's not something that's done as a personal staff or even a committee staff, it's done by legislative counsel. We have a legislative counsel member, Lorey Freeman, who does most of the health stuff and she's really very, very good. When it comes time to actually try and put the legislative concept together, we'll be working with Ms. Freeman on that and she'll be very helpful. Tom will help coordinate that with you. Thank you very much.

Chair Wick: Thank you. Any other comments?

PUBLIC WRITTEN RESPONSES TO NEW LEGISLATION

Michelle Wilson: My name is Michelle Wilson. W-I-L-S-O-N. I have been asked to read a letter from an SDMS member named Laurinda Andrist. Here it goes:

"Dear Mr. Wick. I am writing to you today to reinforce the perspective I shared with you and the Oregon House Health Committee during the hearings last May regarding the proposed language of SB 144. I have been a clinically practicing sonographer in the state of Oregon for over 20 years. During this time, I have been very committed to advocating for educational and clinical practice standards as well as requisite credentialing requirements for diagnostic medical sonographers of all specialties both as a sonographer and a past board member of the Society of Diagnostic Medical Sonography (SDMS). There are several observations I would like to share with the OBRT: 1. I am appreciative of the attempted effort by the OBRT to improve patient care in Oregon. Standards, for health care providers, are critical to ensure patients receive quality care, optimal procedures and best practices from their health care providers. 2. I have been a member of the SDMS for 22 years. They have over 300 members in the state of Oregon. They are the largest society for sonographers in the world and represent sonographers on a wide variety of issues both at the individual state and federal level. SDMS has every right to advocate for the sonographers of Oregon. That is why sonographers join the SDMS, for professional support. The determination by the OBRT that SDMS does not have a stake in the discussion of the proposed licensure of sonographers because SDMS is based in Texas is invalid and a non issue. I urge the OBRT to listen to the thoughtful council of the SDMS representatives and the other national sonography associations. Those organizations are experts on the practice of sonography. 3. The mission and reason for establishment of the OBRT was to protect the public from harmful ionizing radiation.

Sonography is ultrasound, not ionizing radiation. 4. The conclusion by the OBRT that sonography is part of the other imaging technologies or considered another modality of radiography is incorrect. The U.S. Department of Labor Recognizes Diagnostic Medical Sonography (including all sub-specialty areas) as a separate occupation.

Recommendations: 1. Oregon has an opportunity to be the first state to license sonographers in the country. That is not a process that is to be rushed but should be diligently thoughtful, inclusive and respectful of the great complexities that need to be addressed to ensure patients receive optimal sonography examinations. 2. At my final SDMS board meeting as past president in October 2007, there was a multi-organizational forum of 14 sonography related organizations (including the American Society of Echocardiography, the American Registry of Diagnostic Medical Sonography, the American Registry of Radiologic Technology, the American Society of Radiologic Technology, and the Society for Vascular Ultrasound). The organizations present felt it was critical to work together to develop a proposal to address the concerns of the Oregon State Legislature which could also serve as a model for other states. 3. I urge the OBRT to carefully consider the sonography organizations' recommendations when they are provided to the agency and would urge that a collaborative approach be used in creating appropriate quality control standards for sonography that can be introduced in the Oregon 2009 legislative session. The OBRT does not have the expertise to develop these standards independently and should concentrate its efforts on radiography specific issues. 4. The need for the change in standards to protect patients also implies the need to change the composition and governance structure for this new board to appropriately reflect the new complexities of all of the medical imaging professions. That governance structure is not adequately reflected in the composition of the board as it exists today.

I appreciate the opportunity to provide my comments to the board members of the OBRT. I believe quality can be achieved for patients, but each stakeholder needs to be responsible for their specific areas of expertise. It is critical that the outcome of these discussions is not rushed to reach a conclusion for the sake of reaching an end. The discussions need to have an outcome that meets the objective of the OBRT which is allowing for reformulation of the bill that meets the expectations of all the stakeholders and most of all our patients. Respectfully, Laurinda Andrist.”

Frank Erickson: I've been asked to read this letter dated December 14, 2007. It says the Oregon Chapter of the American College of Cardiology.

“The Oregon legislative session of 2007 featured a bill sponsored by the Oregon Board of Radiologic Technology that sought to license all radiology technicians including echocardiography technicians as a way to improve quality. The bill never got out of the committee due to lack of support by multiple organizations. The Oregon Chapter of the American College of Cardiology was one of these organizations. While we share the Board of Radiologic Technology's concern about quality, the Oregon ACC opposed this bill for several reasons. Historically, the development, delivery and oversight of echocardiography has been the role of cardiologists and cardiology professional organizations. Organizations such as the ACC and The American Society of Echocardiography (ASE) and have developed training guidelines for both physicians

and technologists. These training guidelines have been incorporated into an accreditation process for echo labs through The Intersocietal Committee for Accreditation of Echocardiography Laboratories (ICAEL) to ensure in a comprehensive manner quality echocardiography studies. This accreditation process requires technicians to meet certain training requirements as well as ongoing education requirements. Similar criteria are required for cardiologists. These organizations have understood for a long time that quality in echocardiography is not based on technician training or skill alone. Rather quality assurance in echocardiography requires appropriate training, CME and continuous quality improvement involving both technician and cardiologist. The importance of accreditation is recognized by many third party payers and Medicare. It is anticipated that in the very near future Medicare will require lab accreditation as a requirement for reimbursement. This comprehensive approach to ensure quality through ICAEL accreditation makes a separate licensing process for echocardiography technicians redundant. The specialty of Radiology has also never been a part of this process in echocardiography and our radiology colleagues are not qualified to fulfill this oversight role. This alone makes licensing of echocardiography technicians under a radiology board inappropriate. Providing quality imaging studies is important to providing good patient care and to constraining the increasing costs of imaging studies. We are pleased that the Oregon Board of Radiologic Technology shares our concerns about quality. While we cannot support future attempts to license echocardiography technicians under a radiology board, the 150 members of the Oregon Chapter of the ACC and 32,000 members of the National ACC will continue to support quality echocardiography through existing accreditation methods and we invite our professional colleagues on the Board of Radiologic Technology to support us in our efforts. Signed – Michael C. Widmer, MD, FACC.”

ADJOURNMENT

Chair Wick adjourned the meeting at 10:15 AM. The Board will hold its next meeting on February 15, 2008. The OBRT will accept any written comment concerning future legislation until the end of February, 2008. If parties are unable to attend any of the upcoming meetings, please contact Linda Russell at linda.russell@state.or.us or you can access a link from the Board’s website at www.oregon.gov/RadTech, under “Contact Us” or e-mail us directly at OBRT.Info@state.or.us.