

OREGON BOARD OF MEDICAL IMAGING
BOARD MEETING, January 4, 2013
Room 1-D, Portland State Office Building

APPROVED MINUTES

Board attendance: Thomas King, Wayne Lemler, Shirlee Templeton (by telephone), William McMillen, Kimberly Earp, Pamela Warren, Akshay Gupta. Also Margaret Lut, (RPS; advisory member), 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; Catherine Hess, OBMI investigator.

Call to order: 8:33 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 8:33 a.m.

Executive session adjourned at 12:20 p.m.

Convene public session: Chair Thomas King convened the board in public session at 1:07 p.m.

Approval of the previous meeting minutes

- Approval of minutes from Board meeting of October 23, 2012: Moved by Earp; seconded by Warren. Approved unanimously, without amendment.
- Approval of minutes from emergency Board meeting of November 8, 2012. Moved by Earp; second by Warren. Approved unanimously, without amendment.

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

1. Radiographer licenses: From 171383 through 171413
2. Nuclear medicine licenses: From 500239 through 500244
3. MRI licenses: From 400447 through 400458
4. Sonography licenses: From 600979 through 601009
5. Limited x-ray machine operator permits: From 4066 through 4078
6. All temporary initial medical imaging modality licenses and permits: From 50051 through 50070.

Investigation Cases:

Case 12-11-01: Issue a stipulated agreement for practicing without a license in violation of 688.415(1)(a), with a penalty of \$500 in accordance with 337-030-0010(3)(b). If the licensee does not sign and comply with the stipulated agreement, staff is authorized to issue a notice of proposed disciplinary action. Motion by Earp; second by Warren. Approved unanimously.

Case 12-11-03: Board takes no action against the person's license. Board requests that the licensee provide access to the results of the drug/alcohol tests that the licensee is required to undertake as part of probation. Motion by Earp; second by Warren. Approved unanimously.

Case 12-11-07: Motion is to take no action against the licensee's license but request that licensee provide results of his drug/alcohol tests related to his current probation for DUII. Motion by Earp; second by Warren. Approved unanimously.

CASE 12-11-04: The Board took no action. The Board asked this person to see if she can get her employer to located the cancelled check that would provide confirmation that she paid for a permit in 2010.

Case 12-11-02: Issue a stipulated agreement for practicing without a license in violation of 688.415(1)(a), with a penalty of \$1,000 in accordance with 337-030-0010(3)(b); note aggravating factor that licensee knew about the licensure law and willfully ignored it for a substantial period of time. If the licensee does not sign and comply with the stipulated agreement, staff is authorized to issue a notice of proposed disciplinary action.

Case 12-11-08: Motion is to issue a letter of concern to the licensee regarding taking X-rays without an order from a physician, and to reiterate in the letter that an X-ray is to only be taken based under the supervision of a licensed practitioner operating within scope of practice. Motion by Earp; second by Warren. Approved unanimously.

Case 12-12-01: Issue stipulated agreement for \$500 civil penalty for violation of ORS 688.415(1)(a) subject to penalty in accordance with OAR 337-030-0010(3)(b). Cover letter should emphasize that the person is not qualified to perform medical imaging. If the person does not sign and comply with the stipulated agreement, staff is authorized to issue a notice of proposed disciplinary action. Motion by Earp; second by Warren. Approved unanimously.

Case 12-09-17: Motion is to issue a final order by default, based upon facts as stated in the notice of proposed suspension approved during an emergency Board meeting on November 8, 2012. Motion by Earp; second by Warren. Approved unanimously.

Case 12-02-04: Based upon discussion regarding Case 12-02-04, motion is that the Board should proceed with disciplinary actions regarding cases 12-02-02 and 12-02-03. Motion by Earp, second by Warren. Approved unanimously.

Case 12-06-09: Motion is to issue a notice of proposed disciplinary action based upon licensee's failure to respond timely to the stipulated agreement and final order for Case 12-06-09 that the Board issued at the July 13, 2012 meeting. Motion by Earp; second by Warren. Approved unanimously.

Committee Updates:

Continuing Education Committee: The Board decided that, if a CE course is proposed and is substantially the same as a course the CE Committee had approved within a reasonable time period in the past, then the OBMI staff is not required to obtain CE committee approval again. The Board agreed that, in these cases, the staff could enter the class based upon prior CE committee approval. Implementation details will be worked out by OBMI staff. Moved by Earp; second by McMillen. Approved unanimously.

Update on budget process: Ed Conlow noted that the Governor has included the OBMI Agency Budget Request for 2013-15, with only minor technical changes, as part of his budget recommendation for 2013-15. This includes policy packages to convert the investigator position to a contract (interagency agreement) position and to fund a scanner.

Update on legislative concept: HB 2104 is the number of the Board's legislative concept. As a House Bill, it will start on the House side. Ed Conlow mentioned that the legislation would give the Board jurisdiction over persons who work on cadavers. He said that he asked the medical examiner's office about this, and that the medical examiner's staff, during a telephone conversation, seemed to be unsupportive of giving the OBMI this jurisdiction, and suggested that it would likely have a fiscal impact on the medical examiner's office.

Thomas King recognized Peter Schork from Echovision in Tigard to address the committee. He indicated that Echovision and some other medical institutions (such as Providence Hospital) provide cardiovascular screening exams which are not ordered by physicians, a practice that HB 2104 would prohibit. He said that research shows that 80 percent of strokes and other cardiovascular incidents occur without any prior symptoms. He said that many will seek this type of screening from a third party, without asking their family doctor. He said these types of screenings are not just done for older persons but also young athletes. He said that research shows that this type of screening saves lives. He also suggested that fire departments sometimes use these types of screening exams to identify if there is an underlying health issue.

Update on efforts to recruit board members: Ed Conlow said that he approached the Governor's office about changing the OBMI statute to reduce the number of physician slots on the Board, because of the difficulty of finding physicians who can fit board membership into their schedules. (This direction was approved by the Board during the October 23, 2012 meeting.) He said that the Governor's office asked the OBMI to hold off on legislation and try to work through existing institutions in order to recruit board members. Ed said that he has been communicating with the Governor's board/commission staff and also with the Board of Medicine and Oregon Medical Association to help try to find some physician members.

Temporary license rule: Ed Conlow presented some issues for consideration regarding the current OBMI rule on temporary licensure (OAR 337-010-0045):

1. Does the Board wish to set a deadline in rule after which someone who has graduated from an approved school cannot qualify for a temporary license? A close reading of the current rule suggests that there is no deadline for graduates to come back and obtain a temporary license.
2. Does the Board wish to establish a process for current licensees to obtain a temporary permit in order to work toward a post-primary credential?

Thomas King asked Barb Smith (OSRT; PCC) if she had any perspective on this issue. She noted that the ARRT registry test costs \$150 and she cautioned that some students coming out of school might delay taking the test if they don't have a job lined up, to avoid having to pay the test fee. She cautioned against a very strict deadline and suggested that three years after graduation might be a reasonable deadline.

She said that MRI is shorter coursework, not as extensive as radiography, and she cautioned against allowing too long of a deadline after school to allow an MRI graduate to sit for the MRI registry

examination (because it's not clear how much of the MRI didactic information can be retained for how long).

Wayne Lemler commented in favor of considering short timeframes/deadlines in order to encourage graduates to seek registry credentialing in as speedy a manner as possible, while they still have a reasonably high proficiency level. Barb Smith concurred, noting that the physics for MRI is very difficult.

Barb also commented that, in some fields, it may be difficult to get all the competencies, which also needs to be considered in setting deadlines.

Ed Conlow asked Board members if they wish to clarify the temporary licensure rule to allow for current licensees to obtain a temporary license in order to pursue a post-primary credential.

Shirlee Templeton commented that, what we've done for nuclear medicine technologists who want to earn a post-primary credential in MRI or CT, is that we can have additional requirements beyond what the ARRT requires, where they would need to have didactic in cross-sectional CT or whatever, and if they haven't had that didactic training within 2 or 3 years or whatever, then maybe they could be required to complete some sort of approved program to get that didactic training.

Thomas King directed staff to draft something for the Board to consider at the April 5, 2013 Board meeting, for a rulemaking process.

Limited permits: Ed Conlow noted that, under current rules, a limited permit holder whose permit has lapsed can come back after any length of time and renew their permit, with the only requirement being to complete CEs for each year since the last renewal. He asked if the Board would like to establish a deadline after which a person whose limited permit has lapsed would need to meet new or enhanced requirements in order to renew the permit.

In response to a question from Thomas King, Barb Smith said that ARRT requires a credential holder to re-test if their credential is lapsed for six months or more. If you don't pass the test, you can re-test a certain number of times to try to pass. If you can't pass within these parameters, then you would have to go back to school.

Thomas King directed staff to work on developing a draft rule to include with the draft rules on temporary licensure, to bring back to the Board to consider initiating rulemaking at the next Board meeting.

Also lump New Business item #6 into this proposed rulemaking – whether to cut off provisional licenses at some point prior to December 31, 2013.

Oregon Society of Physician Assistants (OSPA): Elizabeth Remley, a contract lobbyist representing the OSPA, and Judah Gold Markel, a physician assistant, addressed the committee. Ms. Remley indicated that the OSPA is not advocating a position at this point, but rather is beginning a conversation to explore some possible changes with regard to allowing PA's to utilize fluoroscopy. Mr. Markel said that only 19 states (including Oregon) do not permit PAs to utilize fluoroscopy. Ms. Remley said that the OSPA and the American Society of Radiologic Technologists (ASRT) combined to develop an "educational framework" for PAs to be trained in fluoroscopy. Ms. Remley

distributed a document entitled “Summary of Fluoroscopy Educational Framework for the PA” and “Summary of State Provisions Governing the Use of Fluoroscopy by Physician Assistants.” (Both documents are available from the OBMI office upon request.)

Overview of Guidelines for Limited School Instructors: Ed Conlow told Board members that he convened a work group including limited school directors and others to review the OBMI’s Overview of Guidelines document and update the document as needed. He reviewed proposed edits with the Board. He noted that updating the document will require an amendment to the administrative rules.

Monica Quintero-DeVlaeminck, PPS-Wilsonville and Katheryn Madison, PPS-Springfield, addressed the Board. Ms. Madison indicated that the proposed edit on page five, requiring limited schools to secure clinical sites for students to complete externships, would require PPS to be re-accredited. She said that PPS tries to get externship opportunities for students, but sometimes have trouble securing certain exams for students. Ms. Quintero-DeVlaeminck indicated that this requirement would create certain problems related to the fact that the students have to pass the state exam before they can start an externship. She said it would create problems with student financial aid requirements.

Barb Smith testified against the proposed change on page 7 that would designate doctors to be qualified to operate equipment. She indicated that she knows of few if any physicians who are qualified, and she asked that this new language be removed from the draft. She also suggested adding “using automatic exposure control (AEC)’ under equipment operation on page 13.

Thomas King proposed to initiate rulemaking to update the guidelines document. McMillen so moved; Warren seconded. Approved unanimously to initiate rulemaking to update the overview of guidelines.

Does the Board support the proposed federal CARE Bill? Thomas King recognized Randy Harp, legislative chairman for the Oregon Society of Radiologic Technologists (OSRT), and a contact person for the American Society of Radiologic Technologists. He discussed the history of the CARE Act in Washington, including lobbying efforts. He asked for the OBMI’s endorsement of the CARE Bill, with either a letter of support from the Board and/or by sending a Board member to Washington to help build support for passage. Thomas King asked that, related to any motion regarding this agenda item, that the OBMI follow the letter of the law regarding lobbying and any related issues. Motion by Earp for the Board to provide a letter of support as well as support (including travel expenses) for Thomas King to travel to Washington in March to support passage of the federal CARE Bill; second by McMillen. Approved unanimously.

Public Comment:

Pam Sprague, sonographer: She asked that, regarding lobbying efforts, that correspondence properly indicate the different modalities encompassed under the Board of Medical Imaging. She also addressed the Board’s legislative concept (HB 2104) and indicated that demand for keepsake ultrasound images (which HB 2104 would outlaw) is much more widespread than people understand. She said that the majority of patients who walk into her place of employment ask for keepsake scanning and often ask for a recommendation for a keepsake photo shop. She noted that a new keepsake photo business has opened in the Salem area, with a van that will go to people’s homes. She expressed support for the legislation to outlaw keepsake ultrasound photography.

She also asked that, if a violation is reported to the Board, can the name of the complainant remain confidential? Thomas King assured her that the name of the person filing the complaint can remain private.

Barb Smith, PCC: For CE numbering, she cautioned that the CE number might need to include the name of the presentation, to be sure that licensees do not get credit for attending the same presentation more than once within the year.

Regarding fluoroscopy for PAs, Barb Smith said that she teaches fluoroscopy. She said she is “not real happy” having PAs doing fluoroscopy. She expressed concern that, in essence, it could lead the state toward situations in which radiographers – who understand radiation safety -- are not present during the procedure. She suggested approaching this subject with extreme caution. She said the Board might want to consider the ARRT’s fluoroscopy test for PAs, because the PA curriculum has no radiation safety.

Adjourn: 3:24 p.m.

OREGON BOARD OF MEDICAL IMAGING
BOARD MEETING, April 5, 2013
Room 1-C, Portland State Office Building

APPROVED MINUTES

Board attendance: Thomas King (Chair), Frank Krause (Vice-Chair), Wayne Lemler, Shirlee Templeton, William McMillen, Kimberly Earp, Pamela Warren, Akshay Gupta. Also Margaret Lut, (RPS; advisory member), 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; Catherine Hess, OBMI Investigator.

Call to order: 8:42 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 8:33 a.m. Executive session adjourned at 12:20 p.m.

Convene public session: Chair Thomas King convened the board in public session at 1:07 p.m.

Approval of the previous meeting minutes

Approval of minutes from Board meeting of January 4, 2013: Moved by Earp; seconded by Krause. Approved unanimously, without amendment.

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

1. Radiographer licenses: From 171414 through 171456
2. Nuclear medicine licenses: 500245
3. MRI licenses: From 400459 through 400471
4. Sonography licenses: From 601010 through 601024
5. Limited x-ray machine operator permits: From 4079 through 4084
6. All temporary initial medical imaging modality licenses and permits: From 50071 through 51023.

Committee updates: There was discussion among CE committee members expressing concern that courses are often recycled from year to year and not changed. Kim suggested that we might revise the CE course submission form to determine if a course is the same as previously offered and, if so, then have the form require an indication of what has changed from the previous course offering. Kim said she would look at the form again and try to revise it and send it back to the CE committee to consider.

Investigation Cases:

Case 12-09-15: Motion is to close the case with no action. Motion by Krause; second by Earp. Approved unanimously.

Case 13-02-01: No final action taken; this case will be held-over until the next Board meeting.

Case 13-02-02: Motion is to close the case with no action. Motion by Krause; second by McMillen. Approved unanimously.

Case 13-01-04: No final action taken; this case will be held-over until the next Board meeting.

Case 13-02-03: Motion is to issue a \$500 fine under ORS 688.525(1)g. Motion by Krause; second by McMillen. Adopted unanimously.

Case 13-03-03: Motion is to close the case with no action. Motion by Krause; second by Lemler. Approved unanimously.

Case 12-12-07: Motion is to send a letter of concern to the licensee. Motion by Krause; second by Earp. Approved unanimously.

Case 12-11-04: Motion is to close the case with no action. Motion by Krause; second by McMillen. Approved unanimously.

Case 13-02-02A: Motion is to close the case with no action. Motion by Krause; second by Earp. Approved unanimously.

Case 12-06-09: Motion is to amend the notice to clarify the authority of the board to discipline the licensee. Motion by Krause; second by McMillen.

Case 12-12-02: In the case of a violation of a board order under OAR 337-030-0002(12), the civil penalty is \$1,000 in accordance with OAR 337-030-0010(3)c, for unprofessional conduct (violation of a board order). Motion by Krause; second by McMillen.

Old Business:

Update on budget process: Ed Conlow reported no new action on the agency's proposed budget for the 2013-15 biennium, since the last report at the January 4 Board meeting. The Governor accepted the agency's proposed budget and we are waiting for the Legislature to complete their budget work later in the 2013 session.

Update on legislative concept: Ed Conlow noted that the OBMI's legislation for 2013, HB 2104, was amended and passed the House 59-0, and is currently referred to the Senate Health Care and Human Services Committee. An amendment to HB 2104 was developed in consultation with OHSU and RPS, to provide an exemption for research and educational purposes. He also noted that OBMI worked on corrective amendments that were adopted to SB 420 and HB 2037.

He also mentioned SB 604 requiring credentialing for health professionals. He said the OBMI is watching this bill closely, because it seems to create a parallel and duplicative data collection process to what the licensure boards are already doing. The process it creates would be useless for medical imaging licensees, because practice privileges are not applicable to medical imaging. He said he is not sure if this bill is going to pass or not; OBMI is just keeping an eye on it, at this time.

Frank Krause pointed out that New Mexico recently passed SB 342 with specific language to allow nurses to use ultrasound for point-of-care guidance and assessment procedures while prohibiting nurses from performing diagnostic medical sonography. He said this is something that we might be able to use later to refine Oregon law.

Rulemaking to Update the Limited X-Ray Instructor Guidelines Document: Ed Conlow explained the comments that were received:

- Pioneer Pacific College (PPC) expressed concern that schools would be required to arrange clinical extern sites for students, and they proposed alternative language to require the schools to evaluate clinical competency during externships. The Board approved PPC's alternative language in place of the requirement that schools arrange clinical sites.
- Tim Sellers of Portland School of Radiography commented that the last page of the document, which is not really a part of the instructor guide but rather an instruction sheet on how to obtain a permanent limited permit. Ed Conlow said that he could make some corrective edits to this page to try to address Tim Sellers' concerns.
- Barbara Smith of Portland Community College indicated that she opposes new language in the proposed guideline document specifying that doctors are qualified to provide instruction regarding operation of the equipment. Board discussion suggested that chiropractors already obtain specific training in the operation of the equipment, and that authorizing chiropractors to provide instruction is consistent with Radiation Protection Services rules relating to training of chiropractors. Consequently, the Board approved amending this part of the guidelines document to allow chiropractors to provide instruction in the operation of the equipment.

The motion to approve the final changes to the guidelines document (as discussed above) was offered by Earp; second by Warren; approved unanimously.

New business:

- a) Provision for reinstatement of limited permit holders who have allowed their permits to expire for a substantial period of time:
Motion by Earp, second by Lemler, to initiate rulemaking to say that, if a limited permit holder allows the permit to be expired for a period in excess of 24 consecutive months, then they have to go back to school, complete the education program, pass the ARRT limited exam, complete practicals, the same as a first-time limited permit applicant.
- b) Provision for approved school graduates to apply for a temporary license:
Motion by Krause; second by Earp, to begin rulemaking related to candidates for full licensure -- specify that a person who graduates from an imaging school must apply for a temporary license within 24 months following completion of school requirements.
Approved unanimously.

Provisional licensure: The Board discussed the possibility of establishing a provisional license for current licensees who seek an additional license and need to obtain clinical experience that the national registries require as a prerequisite to sit for a credentialing examination. After Board discussion, Carol Parks indicated that she wants to check to make sure that provisional licensure can be accommodated within the Board's statute. Consequently, the Board deferred this item until the July Board meeting.

Public Comment:

Randy Harp, Oregon Society of Radiologic Technologists, Allied Medical X-Ray Institute: Mr. Harp made a statement in conjunction with Barbara Smith of PCC regarding the qualifications of equipment instructors. He said it is not in the best interest of the public to have teachers who have not been trained themselves in the operation of the equipment.

Also, Randy Harp indicated that he is the Oregon representative for the national coalition to pass the national CARE bill in Congress, to establish federal minimum standards for people that take x-rays. He gave the Board an update on current efforts to lobby the CARE bill through Congress, and he thanked the Board for the letter of support that was signed by the Board Chair.

Monica Quintero-DeVlaeminck, Pioneer Pacific College, Wilsonville: She expressed appreciation to the Board for accepting PPC's amendment to the limited instructor guidelines document.

Meeting Adjourned: at 2:24 pm.

OREGON BOARD OF MEDICAL IMAGING
BOARD MEETING, July 22, 2013
Good Samaritan Regional Medical Center, Corvallis, Oregon
Conference Room "B"

APPROVED MINUTES

Board attendance: Thomas King (Chair), Wayne Lemler, Kelly Solberg, Shirlee Templeton, William McMillen, Kimberly Earp, Pamela Warren. Frank Krause (Vice-Chair) attended by telephone. Also Margaret Lut, (RPS; advisory member), Rick Wendt (RPS; advisory member), David Howe (RPS; advisory member).

Others in attendance: Ed Conlow, Executive Director; Carol Parks, Senior Assistant Attorney General; Catherine Hess, OBMI Investigator.

Call to order: 8:45 a.m. by board chair Thomas King.

Election of Board Officers:

Nominations for Board Chair: McMillen nominates Thomas King; seconded by Lemler. No other nominations were offered. Thomas King approved unanimously.

Nomination for Board Vice-Chair: Earp nominates Frank Krause; seconded by Warren. No other nominations were offered. Frank Krause approved unanimously.

Executive session: Thomas King convened the board in executive session pursuant to ORS 192.660(2)(k) at 8:52 a.m.

Convene public session: Upon completion of executive session, Chair Thomas King adjourned executive session and directed Board members to get lunch and return for public session, which convened at 12:54 p.m.

Approval of the previous meeting minutes

Approval of minutes from Board meeting of April 5, 2013: Motion by Earp; second by Warren. Approved unanimously, without amendment.

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

1. Radiographer licenses: From 171456 through 171563
2. Nuclear medicine licenses: 500246 through 500258
3. MRI licenses: From 400472 through 400487
4. Sonography licenses: From 601025 through 601056
5. Limited x-ray machine operator permits: From 4085 through 4094
6. All temporary initial medical imaging modality licenses and permits: From 51024 through 51196.

Committee updates:

Case 13-02-01: Motion by Earp, Second by Templeton, to issue a notice of proposed discipline with the sanction being revocation of license in accordance with ORS 688.525(1)(c), based upon the Board's judgment that the licensee is guilty of unethical or unprofessional conduct in the practice of medical imaging. Approved unanimously.

Case 13-06-01: Motion by Earp, second by Warren, to close the case with no action by the Board. Approved unanimously.

13-03-01: Motion by Earp, second by Warren, to close the case with no action. Passed unanimously.

Case 13-01-04: Motion by Earp, second by Templeton, to issue a letter of concern to the licensee, copied to the file. Approved unanimously.

Case 13-06-07: Motion is to take no action and close the case. Earp motion; second by Warren. Approved unanimously.

Case 13-07-01: Carol noted that the issue is failure to report. David noted that this is not a brand new person. Carol didn't see any mitigating circumstances. Motion is \$500 civil penalty for obtaining a license by material misrepresentation, in violation of ORS 688.525(1)(g). Motion by Earp; second by Warren. Approved unanimously.

Case 12-06-09: Motion is to ratify the stipulation agreement. Motion by Earp; second by Templeton. Approved unanimously.

Case 13-03-04: Motion by Earp, second by King, to close the case with no Board action. Approved unanimously.

Committee Updates:

Continuing Education Committee: Kim Earp indicated that the CE committee is current. Some suggestions were submitted for improvements to the CE form and those changes have been accomplished.

School inspections Committee: Thomas King indicated that Pat Williams may be interested in continuing to assist the Board with completing inspections of limited schools.

Old Business:

Update on budget process: Ed Conlow reported that the agency's 2013-15 budget request went through the legislative process in the same form as the Governor submitted it, which is essentially the same way that the OBMI submitted it to the Governor. He noted that the budget includes funding for a scanner, to begin to reduce paper in the office and digitally store licensee records. He noted that the OBMI would proceed with caution to assure that the system works properly and that the OBMI would proceed in consultation with the DAS information security people as well as the Secretary of State's Archives people, to make sure we handle documents in a secure method that preserves them

as required by state laws and regulations. He noted that several other agencies already utilize this technology, and that the OBMI would use these other agencies as resources, as OBMI implements this system.

Thomas King commented that a discussion down the road, consistent with the Governor's transparency efforts, is to put public records, such as final orders by the Board, on the website, similar to what the Oregon Medical Board is already doing. Bill McMillen discussed the possibility of having licensee applications submissions solely through electronic format.

Update on 2013 legislative session: Ed Conlow noted that the legislation sponsored by the Board, HB 2104, has been signed into law and goes into effect on January 1, 2014. He distributed a document listing other legislation of possible interest to the Board.

Current rulemaking -- for expired limited permits and temporary licenses: At the previous Board meeting, the Board voted to initiate rulemaking as follows:

1. A Limited X-Ray Machine Operator (LXMO) permit holder whose permanent permit has been expired or inactive for a period in excess of 24 continuous months, in order to re-obtain a permanent limited permit, will need to follow the same process as a applicant who has not previously had a permit, including graduating from an approved school, passing the ARRT examination, obtaining a temporary permit, and completing clinical requirements.
2. Persons who have graduated from an approved school and who wish to apply for a temporary license must submit their initial temporary license applications to the Board office no later than 24 months following completion of the approved school's program.

Ed Conlow noted that the Board received several comments on the rulemaking, and that the comments had been distributed in advance to the Board and that copies were printed and available for the public to review. There was discussion regarding the comments and the proposed rulemaking. Ed Conlow said that he had an amendment to the rulemaking to respond to one of the comments; the amendment would allow an expired LXMO the opportunity to re-pass the ARRT limited examination, before having to go back to school and start again. He distributed the draft to the Board, for their consideration. He asked if they would be willing to delay the effective date of the permanent rule for six months or a year, in light of the fact that the Board would be placing a new restriction on permits.

Bill McMillen moved to adopt the amendment as the permanent rule, including the requirement that persons subject to this rule would need to re-pass CORE in addition to specific anatomic areas, and that the implementation date of the rule be delayed until January 1, 2014. Earp seconded the motion. Approved unanimously. (The second part of the rulemaking, to require graduates to apply for a temporary license within 24 months of graduation, was not enacted because it was not included in the motion.)

Update on transition to credentialing requirement: Ed Conlow pointed out that, on January 1, 2014, when the OBMI's national credentialing mandate goes into effect and the OBMI's provisional licensure is discontinued, there will be no way for a licensed technologist working in Oregon to complete clinical requirements necessary to qualify under a post-primary pathway currently available nationally through the American Registry of Radiologic Technologists (ARRT). (ARRT currently offers post-primary pathways for credentialed technologists to earn an additional credential in either sonography or MRI. Several other registries also offer credentials through post-primary pathways.)

For Board review and consideration, Ed Conlow distributed a draft of a proposed administrative rule to amend OAR 337-010-0045, to create a new category of “post-primary temporary” license. During discussion of the prescribed duration of the proposed license, there was some concern expressed as to whether technologists in rural facilities would be able to get the necessary repetitions within a specified licensure timeframe. Another concern was expressed that a hard time limit might differ from what a national registry allows, possibly resulting in the state cutting off a person’s post-primary temporary license while the person may still be eligible under the registry’s guidelines.

Following Board discussion, Thomas King suggested that the Board could initiate rulemaking, take public comment, and bring the comments back before the Board in October to consider, and to decide whether or not to move forward with a post-primary temporary license rule. Earp moved, and McMillen seconded, to initiate rulemaking to establish a new category of post-primary temporary license. The new licensure category would be for current licensees who wish to complete clinical competencies to earn a post-primary national registry credential that would enable the licensee to qualify for a state license in the same modality for which the person earned the national registry credential. The duration of this license would be for 24 months maximum. The supervision level requirement would be the same as for current temporary licensees. As part of the application process, the approved draft specifies that the Board could require verification that the applicant can qualify for a post-primary registry credential, and may specify clinical supervision and a clinical practice site for the post-primary temporary licensee. Approved unanimously.

Update on recent request to the OMBI to revisit whether persons with RCES or RCIS credential could be permitted to move the table during fluoroscopic procedure. Rick Wendt, Operations Manager at RPS and an OMBI advisory board member, addressed the Board on this agenda item. He indicated that Dan Sharbaugh of Providence had recently approached the OMBI about revisiting this topic. Dan Sharbaugh had approached the Board in 2011, on this same request, but the Board did not adopt rules based upon the request. In preparing for this discussion, Rick said he reviewed educational requirements for RCES and RCIS credentials. He noted that the RCIS credential requires much more imaging background than the RCES. Rick said that persons wanting to discuss this topic are welcome to come and visit with RPS about this. It would require a variance from current RPS rules. Rick indicated that RPS recently made an offer to a facility to create a temporary variance and that the facility declined to accept RPS’ offer for a variance. Rick said that RPS is willing to continue negotiations with the facility to see if the facility would be willing to try the variance.

Dan Scharbaugh was in attendance and commented that the concept was originally discussed at the April 2011 OMBI quarterly meeting, and that the OMBI started a rulemaking process. He noted that, at a July meeting of the OMBI, it was pointed out that there is a likely conflict with OMBI and RPS rules on this topic. At that time, Dan said that OMBI and RPS were supposed to enter a conversation to align the rules, and then bring it back for consideration. Dan noted that there has been no action since that time.

Dan said that a temporary variance, which RPS is offering to Providence, does not necessarily help him. He said that the goal is to change the system on a permanent basis. But if we can only do that for a short period of time, and then potentially have to change back, it actually makes the situation even worse than where we are at now. Dan said that, speaking for Providence, we would not be interested in a variance for one or two facilities, but rather to pursue something that is a permanent change from which we can make changes within the Providence structure and know that the changes would be for the long term.

Rick said that Dan's request would require a full rules change. Rick offered for Dan to come in and visit with RPS to continue the discussion and try to reach a conclusion that works for both RPS and Providence. Rick said that one key concern is to make sure that whoever is authorized to perform these functions is properly trained in radiation safety. Dan said that he would meet with RPS.

Update from RPS on CT operator rules that RPS is proposing: Margaret Lut, RPS and OBMI advisory member, presented an update on RPS' project to update CT rules. She said she would discuss operator requirements, since that is what mainly impacts the OBMI. We have run into problems trying to identify the qualifications for CT operators. Trying to figure out training requirements for rural facilities. We would prefer that CT operators be ARRT (CT) credentialed; but in talking to some of the rural hospitals, they don't have the patient load to meet the clinical requirements. Some hospitals do 5-15 CTs per week; pretty low -- they don't do many complicated exams, but we want them to meet a certain level of training. In these situations, typical training for staff that will be doing CT is to send them to an original equipment manufacturer's training program. The staffer comes back to the facility with an applications person and there is some on-site training. There is also some clinical work done under supervision. With RPS not regulating operators as much as OBMI, RPS is having a hard time figuring out clinical requirements—what we should institute for that. RPS will be looking to the Board to help draft this rule. Ultimately RPS would like OBMI to take this part of the rules (dealing with operators) away from RPS.

Catherine Hess asked if the Board would be willing take on CT operator requirements. Thomas King indicated that this would be a question that could be pursued. Maybe we could have a task force look into it. Margaret noted that CT training requirements vary widely among different facilities. Thomas King indicated that we could have an interagency working group to work on some of the details between now and the next meeting, and see if we need to do a statute or rule. He said that he would like to involve some of the smaller hospitals in the discussion. Margaret said that RPS has a CT rules committee, including some small and large facilities; this could be a group that could be tapped to help with any sort of discussion relating to transitioning of operator rules to OBMI. Thomas King indicated that, if this change could be accomplished in rules, then the OBMI could look at a rules draft at the October Board meeting, to decide if we want to initiate rulemaking.

Board clarification regarding how many times a person can sit for a limited exam within a one-year time period: Ed Conlow asked the Board for clarification regarding OBMI rule 337-010-0030(5) which specifies that "students are allowed three attempts to pass an ARRT exam" within the one year time-frame. In interpreting and enforcing this rule, he asked if it is appropriate to allow a limited permit applicant to sit for the ARRT limited examination more than three times within a year, so long as the person didn't take any one particular section of the exam more than three times in one year. He noted that ARRT charges \$100 for each time a person sits for an exam, so there is a natural financial incentive to complete the exam in as few attempts as possible. Also, Randy Harp noted that ARRT won't let a person apply to re-take the ARRT until 90 days after the person's previous attempt, effectively creating a limitation on the number of times a person can sit for the exam within the one-year timeframe. Ed Conlow said that, until the Board indicates otherwise, Board staff will interpret the rule to mean that a person cannot sit for any one section of the exam more than three times within a 12-month period. Thomas King indicated that the Board may wish to continue discussion on this topic, at a later meeting, to determine if a clarifying rulemaking is required.

Can the Board approve an amendment to Board Policy 0008 to reflect recent Board-approved changes in LXMO instructor manual – limited permit instructor’s license must be current and in good standing for at least ~~one year~~ two years. Ed Conlow asked if it would be appropriate to update Board Policy 0008 to say that a limited permit instructor must be licensed for at least two years, reflecting the change made to the LXMO instructor’s manual at an earlier Board meeting. Carol Parks said that a policy change would need to be ratified by the Board at the next meeting.

Should we do FBI checks on new applicants? Ed asked the Board if the OBMI should require new applicants to undergo a national FBI criminal records check. He noted that the OBMI currently conducts a LEDS records check, but LEDS only covers Oregon, and the OBMI gets an increasing number of travelers and other applicants coming in from other states. Board discussion was to bring something back to the Board at the next meeting.

Fluoroscopy: Thomas King said that the OBMI has received inquiries by people wanting to operate fluoro equipment. He asked if it is time to look at establishing a fluoro permit similar to what California has done, to help assure uniform competency and to provide a mechanism for enforcement of competency requirements. Margaret noted that RPS was recently approached by the physician assistants’ association regarding an effort to authorize operation of fluoro. Thomas King asked for gathering of more information to bring back to the October meeting.

Public Comment:

Pam Sprague: She thanked the Board for passing HB 2104. She had a question – what will this legislation do for pregnancy resource centers? If this comes up, some board comments suggested that the Board should be contacted to see if there is a violation of statutes or rules. She also commented that some of the equipment manufacturers have done a lot of work to provide quality educational resources to technologists that will meet requirements of the national credentialing agencies. Also, she asked if LXMOs who had voluntarily put their permits on inactive status would be notified of the rule change that was approved earlier in the Board meeting.

Randy Harp: Randy serves as a lobbyist with OSRT and ASRT. He gave the Board an update on federal legislation, including the Medicare Access to Radiology Care Act (MARCA) to get Medicare reimbursement for RPAs and RAs who serve as physician extenders for radiologists. He commented that RTs that go through training to become RPAs are much more qualified to operate fluoro equipment than PAs. Margaret mentioned that RPS is forming a committee to see if PAs should be approved to operate fluoro, and she offered for Randy to serve on that committee.

Meeting Adjourned: at 3:18 p.m.

OREGON BOARD OF MEDICAL IMAGING
BOARD MEETING, October 11, 2013
Portland State Office Building, 800 NE Oregon Street
Conference Room "1-D"

APPROVED MINUTES

Board attendance: Thomas King (Chair), Frank Krause (Vice-Chair), Wayne Lemler, Kelly Solberg, Shirlee Templeton, William McMillen, Kimberly Earp, Pamela Warren, Dr. Akshay Gupta. Also Margaret Lut, (RPS; advisory member), Rick Wendt (RPS; advisory member), David Howe (RPS; advisory member).

Others in attendance: Ed Conlow, Executive Director; Carol Parks, Senior Assistant Attorney General; Catherine Hess, OBMI Investigator, Sarah Anderson, Vincent Mandina.

Call to order: 8:35 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 8:36 a.m.

Convene public session: Upon completion of executive session at 11:09 a.m., Chair Thomas King adjourned executive session and directed Board members to get lunch and return for public session, which convened at 12:54 p.m.

Approval of the previous meeting minutes

Approval of minutes from Board meeting of July 22, 2013: Motion by Earp; second by McMillen. Approved unanimously, without amendment.

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

1. Radiographer licenses: From 171564 to 171645
2. Nuclear medicine licenses: 500258 to 500265
3. MRI licenses: From 400487 to 400500
4. Sonography licenses: From 601057 to 601087
5. Limited x-ray machine operator permits: From 4095 to 4126
6. All temporary initial medical imaging modality licenses and permits: From S51097 to L51124.

Investigative Case Vote:

Case 13-09-04: Motion by Krause to take no action against the person's limited permit. Second by Earp. Approved unanimously.

Case 13-08-02: Motion by Krause to levy a \$500 civil penalty for falsification of information on the application, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Second by Earp. Approved Unanimously.

Case 13-09-07: Motion by Krause is to issue the license to the applicant with no adverse action by the Board.

Case 13-09-06: Motion by Krause is issue a notice of proposed disciplinary action to revoke license under the authority of ORS 688.525(1)(c) for unprofessional conduct, and OAR 337-030-0002(2) for falsifying records. Second by Earp. Approved unanimously.

Case 13-10-01: Motion by Krause to close the case. Second by Earp. Approved unanimously.

Case 13-06-02: Motion by Krause to issue a \$500 civil penalty for practicing without a license, in accordance with ORS 688.415(1)(a) and to issue a letter of concern to the employer. Earp second. Approved unanimously.

Case 13-09-05: Motion by Krause to close the case. Second by Earp. Approved unanimously.

Board ratification of civil penalties for practicing on expired license, with no Board appearance: Motion to ratify civil penalties for violation of ORS 688.415(1) with civil penalties based upon OAR 337-030-0010: Motion by Earp; second by Lemler. Approved unanimously.

Case Number	Civil Penalty
12-12-02	\$500
13-04-01	\$100
13-05-02	\$100
13-06-03	\$100
13-06-04	\$100

Case Number	Civil Penalty
13-06-05	\$100
13-06-06	\$100
13-07-02	\$100
13-07-03	\$100
13-08-01	\$100

Case Number	Civil Penalty
13-09-01	\$100
13-09-02	\$100
13-09-03	\$100

Committee Updates:

Continuing Education Committee: Following discussion, the Board agreed with the OBMI staff’s suggestion to establish a two-year cycle for course numbering and validation, to more closely align with the OBMI two-year license cycle. Accordingly, beginning January 1, 2014, CE courses approved by OBMI will be validated and numbered for a two calendar year duration – 2014 and 2015.

Also, the Board agreed with the OBMI staff’s suggestion to approve CE credit for the same course offered more than once within a two-year cycle, but that the course would retain the same number. An attendee could only claim CE credit for the same course once within a two-year cycle.

Old Business:

Temporary post-primary license (PPL) rulemaking: Following discussion and consideration of comments that were submitted during the public comment period, the Board approved permanent administrative rules to allow a current medical imaging licensee to obtain a temporary “post-primary license” (PPL) in a separate licensure modality, for the purpose of completing clinical requirements to sit for a post-primary registry examination. This new temporary license category will become available beginning on January 1, 2014. Under the PPL regulations, the Board will be able to require confirmation of an applicant’s clinical supervision while practicing under the post-primary license, as

well as the applicant's eligibility for a post-primary registry credential. An OBMI-issued PPL will be valid for six months, with one six-month renewal allowed, for a maximum of 12 months. There is a \$30 license fee for each six month PPL. Applicants will be required to show completion of 16 category "A" content-related credit hours prior to applying. During the initial six months of a PPL, direct (in-the-room) supervision will be required. A PPL may be extended beyond the 12-month maximum upon demonstrating that the credentialing registry's clinical requirements cannot be completed within 12 months, due to limitations of the clinical practice site. Motion to approve this permanent rule by Earp; second by McMillen. Approved unanimously.

Update: physician assistants doing fluoroscopy: Rick Wendt from RPS said that that PAs don't get much radiology in their normal PA educational program. He said that PAs do have a optional track available that is a good education program, that covers everything that we would be interested in. He is still waiting for the PAs to come back to RPS to continue the discussion. Margaret said that RPS was thinking that the OBMI might want to adopt a fluoro license, and that might be an effective way to approach this issue. Rick Wendt said that in California anybody who wants to do fluoro must pass a California fluoro exam, including physician or RT or anyone else. Ed said that California uses the ARRT fluoro exam, and that an Oregon statute could be modeled after the current statute authorizing limited permits. Tom asked if the Board would like staff to put together a rough draft of a separate fluoroscopy license for non-radiologist physicians and PAs. Thomas King asked if the Board would like to have staff develop a legislative concept to look at in January. Gupta moved; McMillen seconded. Ayes: King; Krause; Solberg; Templeton; McMillen; Earp; Warren; Gupta. Nay: Lemler.

Troy Juniper from Grande Ronde Hospital (GRH): He said that GRH has one fully licensed nuclear medical technician and two long-term employees who are RTs but will not have their nuclear medicine credentials by January 1, and will not be able to practice nuclear medicine. They cross trained into nuclear medicine. He said they cover a couple days per week and cover vacation and leave. These two individuals have been through radiation safety training but they don't have enough to sit for the exam either from ARRT or NMTCB. He said GRH does about 60 exams per month. He said his nuclear medicine staff have trained over the past ten years. He said the hospital does not have the resources to staff the program in any other way. He asked if the Board has any options available to help GRH. He said these employees will not have a way to comply with the prerequisites to sit for a registry exam.

Frank Krause suggested that GRH try to find an alternate pathway to meet the credentialing/licensure requirements, and approach the registries to see if they would do something to revise requirements for critical access hospitals.

Troy asked if his people would be able to qualify for the post primary license that the Board approved earlier in the meeting. Ed Conlow responded that the OBMI rules will only allow issuance of a PPL if a technologist can demonstrate that he/she is on a valid path to obtain a credential.

Thomas King suggested that GRH send a letter to the registries expressing their concerns and seeking some accommodation for rural access hospitals. Board members suggested that GRH try to partner with other hospitals to address some of their staffing issues or for their technologists to gain clinical experience necessary to sit for a registry exam. Board members suggested that GRH approach the registries to see if GRH could be granted some sort of exception to enable GRH's technologists to earn the registry credential. Shirlee Templeton reminded the Board that NMTCB's post primary

pathway is scheduled to be phased-out in 2016. (Currently ARRT does not offer a post-primary track for nuclear medicine.)

Troy Juniper asked for a formal response from the Board. Kim Earp suggested that OBMI staff address a letter to the credentialing registry, requesting registry assistance in resolving the concerns expressed by GRH; Thomas King concurred.

The Board took a brief break to go get lunch and come back into the room (at 12:17 p.m.).

OBMI sonography legislation – panel discussion with interested persons: Ed Conlow opened this part of the agenda by explaining that the Board had previously submitted, for consideration during the 2013 legislative session in Salem, a legislative concept to give the Board general authority to regulate subspecialties of licensure categories under the Board’s jurisdiction. Once the legislation is enacted, it would enable the Board to begin rulemaking to require sonographers to have passed at least one exam in whatever area of sub-specialization they practice in. Back in 2012, after the legislative concept was submitted to the Governor’s office for consideration, the Governor’s staff asked the Board to hold off on the legislation, due to some letters the Governor had received from sonographers who claimed that getting credentialed in subspecialties would be a burdensome requirement, particularly in rural communities where there may be only sonographer serving as a jack-of-all-trades. At that point in the Board discussion, members of the public who attended the Board meeting for this agenda item were asked to approach the table to participate in a discussion of the legislation.

Frank Krause, vice-chair and sonography member, noted that the Board’s intention regarding last year’s legislative concept was to require registry credentialing in broad categories of subspecialties, including general, cardiac and vascular. He said that currently the Board is not looking to regulate “microcategories” below those three categories, although regulation of microcategories could evolve at some point in the future.

- Peter Cheng, pediatric cardiologist: He said he works with several hospitals and clinics through telemedicine, reading pediatric echocardiograms. He said he is happy that the OBMI is not going to regulate microcategories, which would be a real hardship for ultrasound and limiting for physicians doing telemedicine and oversee how pediatric ultrasounds are done. He noted that he works with staff at Legacy and St. Vincent, and he does training in ultrasound. He said his organization has been able to do direct communication with telemedicine partners to dictate how the ultrasound is being done. He said he realizes that some sonographers do not have the training in pediatric sonography. He hopes that the board will recognize that in telemedicine the physician can dictate and oversee the exam. The AHA and AAT have come out with a strong recommendation for pediatric heart screenings of newborns. He said that, if sonographers are required to be credentialed in microcategories, then the outlying hospitals will have to transfer the patients. The screenings uncover a lot of false negatives, resulting in the transferral of a substantial numbers of well patients to facilities that have the properly-credentialed sonographers. He said that even though a technologist may not know how to produce the image that the physician wants, the physician knows and can direct the sonographer to get the correct image.
- Randy Jarigese, licensed sonographer: He said the testing requirements have changed, including a new general physics exam plus specialty exam, and the new requirements would create a hardship for many sonographers. He said that, to his knowledge, there have not been complaints about sonographers not being able to practice in certain areas. He said that some sonographers

would not object to a new law if they were grandfathered-in. Some say that if they are required to earn an RVT, then the Board needs to provide adequate time for preparation. Frank Krause indicated that, if the legislation is passed, then the Board would seek further input regarding how to implement any new regulatory requirements, through the rulemaking process.

- Peter Schork, with *Medical Testing Now*: Proposed a solution – allow the physician to mentor the sonographers who are cross training. Let’s not leave the physician out of this. He also noted that the growth of telemedicine is changing the dynamics of the delivery of health care, particularly in rural areas, and needs to be considered as we craft regulations.
- Spencer Hammond: Wants to reiterate what Dr. Cheng stated with regard to not regulating microspecialties.
- Dan Scharbach: If you add a quality component to the prerequisites, rather than just focus on volume of exams, it can provide a pathway that smaller sites might be better able to achieve compliance.

Can bone densitometry limited permit holders use CT dexa scanners: In the course of conducting inspections of health facilities, Radiation Protection Services (RPS) inspectors have recently come across computed tomography (CT) dexa scanners. Accordingly, RPS asked if the Board would rule on whether limited bone densitometry permit holders could operate these CT devices. Board discussion noted that, even though these devices emit a substantially lower dosage than conventional CT machines, the dosage is still significantly higher than conventional X-ray. In response to RPS’ inquiry, the Board expressed a position that is essentially consistent with current administrative rules (OAR 337-010-0011) which state that only fully-licensed technologists with appropriate CT training are authorized to operate CT equipment for diagnosis.

Should OBMI take over RPS’ rules relating to operators of CT? After discussion it was determined that CT falls within the OBMI’s statutory definition of “radiography” because it emits ionizing radiation. The consensus of the Board is for staff to start working on a draft of what the CT rules would look like, to take over the CT operator rules for radiographers and nuclear medicine technologists. RPS indicated that they would work with OBMI in this effort. Ed Conlow said that he would work to bring a rules draft to the Board at the January meeting, to look at and to determine next steps.

Policy on LXMO instructors: Ed Conlow noted that, at a previous meeting, the Board approved a revised version of the limited permit instructor’s manual, including a provision that specified that an instructor must have a state OBMI license in good standing for at least two years. Ed asked the Board to approve an amendment to Board Policy #8 to reflect the two-year licensure requirement in the instructors’ manual. Thomas King moved to amend Board policy #8 to specify that an instructor needs to have an OBMI license in good standing for at least two years. Frank Krause second; unanimously adopted.

Legislative update: Ed Conlow indicated that he is following several pieces of legislation that were enacted by the Oregon Legislature in 2013. He said he was monitoring the rulemaking of two pieces of legislation, watching for any problematic impacts that the legislation might have on medical imaging. He said that if any Board members wish to see the rules or monitor the process or express concerns, to let him know and he would keep them informed. Those two pieces of legislation he mentioned are:

- SB 420, dealing with mandatory notification of patients if a mammogram shows dense breast tissue. The notification must indicate concern regarding possible increase risk of cancer and

suggests that the patient may wish to consult with the patient’s physician and possibly do some follow-up tests.

- SB 683, dealing with disclosure of patient choice (regarding where to be referred for diagnostic testing) and disclosure of a referring practitioner’s financial interest in a facility where the referral is made.

Revisit 2012 effort to pursue legislation to restructure the Board: Ed Conlow asked the Board if they wanted to pursue legislation for the 2015 session to restructure the Board to address the problem of vacancies among the physician members. Current law requires four board members to be physicians, and currently three of those four slots are unfilled. Filling physician slots on the board has been a chronic problem. Following discussion, the Board directed that a legislative concept be drafted, to bring back to the Board at the next meeting, to revise the Board membership as follows:

	Current Members	Proposed Members
Physicians	4 -- with at least one being a radiologist	1 – must be radiologist
Licensees	5	5
Public members	3	3
Any combination of: <ul style="list-style-type: none"> • Physician licensed in <u>any</u> specialty area • OBMI licensee • public member • limited permit holder 	0	3
TOTAL	12	12

Office update: Ed Conlow provided an office update. He said that he was working with Vincent Mandina and Sarah Anderson to look at purchasing new workstations for them, including desks that can be adjusted to a standing or sitting position. He said they are getting quotes from SmithCFI and Harris Worksystems and that he is accompanying office staff (Vincent Mandina and Sarah Anderson) to go out to look at the furniture before we purchase.

Regarding the document scanner that was approved by the Legislature, as part of the 2013-15 budget, Ed Conlow noted that he has been in contact with the state archives staff regarding electronic document storage, and has also visited with the Department of Consumer and Business Services, which utilizes electronic document storage and management technology. Later in November he and Thomas King have a meeting scheduled with Michelle Gaines, executive director of the Mortuary Board, and Grant Moyle, the OBMI’s IT contractor, to discuss electronic document storage and management options.

Thomas King said that it’s time to start working on a business continuity plan for the OBMI. Ed Conlow said that the OBMI actually has a business continuity plan, developed in conjunction with other health boards in the Portland State Office Building, and that he needs to take the necessary steps to implement the plan.

Board members discussed the customer survey results that were provided to the Board. While overall ratings were mostly over 80 percent positive, availability of information was lowest at 68 percent positive; Ed Conlow said this measure might suggest that the OBMI can do more to improve its

website and other means of communication and outreach to the OBMI clientele and the public. Pam Warren asked if the questions could be changed. In response, Ed Conlow said that he thinks the questions could be revised, and that the current questions are there to comply with the data requirements of the state's key performance measures.

Public Comment:

No public comment.

Meeting Adjourned: at 2:25 p.m.