

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, January 17, 2014  
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, Dr. Akshay Gupta. Also Margaret Lut, (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; Michelle Van Kleeck, OBMI investigator; Sarah Anderson, Administrative Licensing Specialist; Vincent Mandina, Administrative LEDS Specialist.

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 1:10 p.m., Chair Thomas King adjourned executive session and directed Board members to get lunch and return for public session, which convened at 1:35 p.m.

Approval of the previous meeting minutes

Approval of minutes from Board meeting of October 11, 2013: Motion by Earp; second by McMillen. Approved unanimously, without amendment.

Investigative Case Vote:

Case 13-12-02: Motion by Solberg; second by Krause, to allow issuance of probationary licensure to the applicant for a five-year period, with conditions of probation to include:

- A chaperone must be present in the room during all imaging procedures conducted by the applicant, during the probation period;
- The applicant must provide a copy of the probation agreement with OBMI to each employer for whom the applicant works, for all employers now and into the future;
- The applicant must sign a blanket release to allow the OBMI to contact all employers of the applicant during the probationary period, to confirm that the employer has been appropriately advised of terms of the OBMI licensure probation;
- On an annual basis beginning one year following the date this agreement is signed by both parties and continuing throughout the probationary period, the applicant must provide the OBMI with a written statement from the applicant disclosing the name of each of the applicant's employers during the preceding one-year period, the address and telephone number of each employer, the name of the applicant's supervisor at each employer, and certifying that the applicant has complied with the terms of this agreement;
- Applicant's failure to comply timely with any of the terms of this agreement may result in license revocation.

Case 13-10-02: Motion by Solberg, second by McMillen, to charge the licensee with unprofessional conduct, a violation of ORS 688.525(1)(b) and OAR 337-030-0002(1). The Board will sign a stipulated agreement that will allow the licensee to practice under probation if the licensee submits to random drug testing, as specified by the Board, at the cost to the licensee, with test results reported to the Board.

Case 13-11-03: Motion by Solberg, second by Krause, to take no Board action and close the case.

Case 13-11-04: Motion by Solberg, second by Krause, to take no Board action and close the case.

Case 13-10-03: Motion by Solberg, second by Krause, to issue a \$500 civil penalty for unprofessional conduct in accordance with ORS 688.525(1)(c) as defined by OAR 337-030-0002(8), failure to cooperate with an investigation conducted by the Board. The civil penalty is in accordance with OAR 337-030-0010(3)(g), making a false statement to the Board.

Case 13-03-05: Motion by Solberg, second by Krause, to take no Board action and close the case.

Case 13-12-04: Motion by Solberg, second by Krause, to issue a \$500 fine for obtaining a license through misrepresentation, in violation of ORS 688.525(1)(g), with the fine in accordance with OAR 337-030-0010(3)(i).

Case 13-11-01: Motion by Solberg, second by Krause, to take no further action and close the case.

Case 14-01-01: Motion by Solberg, second by McMillen, to issue a \$500 civil penalty for practicing without a license in violation of ORS 688.415(1)(a), with penalty in accordance with ORS 688.915(1).

Case 13-12-05: Motion by Solberg, second by Krause, to close the case with no Board action.

Case 13-09-06: Motion by Solberg, second by McMillen, to issue a final order by default for revocation of license.

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

1. Radiographer licenses: From 171646 to 171709
2. Nuclear medicine licenses: 500266 to 500272
3. MRI licenses: From 400501 to 400512
4. Sonography licenses: From 601088 to 601118
5. Limited x-ray machine operator permits: From 4127 to 4129
6. Radiation therapy licenses: 270093 to 270098
7. All temporary initial medical imaging modality licenses and permits: L51125 to R51155.

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 to ratify \$100 civil penalty related to cases 13-03-13, 13-02-04, 13-10-04, 13-12,01 ad 13-12-03. Motion by Earp, second by Templeton. Approved unanimously.

- Motion to ratify \$200 civil penalty related to case 13-03-02. Motion by Earp; second by Krause. Approved unanimously.

### **Old Business:**

Physician Assistants practicing fluoroscopy: Judah Gold-Markel, PA-C, addressed the committee. He noted that he appeared before the committee about a year earlier. He noted a trend toward more minimally-invasive interventions in medicine and a growth in the use of fluoroscopy in the practice setting. He said PAs can use ionizing radiation, particularly fluoroscopy, in 39 states. He said he approaches the OBMI to see if there is a way for the OBMI to allow PAs to incorporate fluoroscopy or ionizing radiation into their practice, in a safe way. He noted that the AAPA and ASRT have developed a didactic framework. Barbara Smith (PCC, OSRT) said that the AAPA/ASRT 40-hour course is not comprehensive. Ms. Smith said that she wants to make sure that PAs would need to pass the AART fluoro exam and that 40 hours didactic training should be a minimum, and that supervision requirements should be clarified. Others who testified including Pat Williams, RPA, who indicated support for a work group and who volunteered to be a part of the work group. Julie McNamara, RPA, also testified with regard to the extensive training that RPAs receive. She said that the proper amount of training in fluoro cannot be obtained in a 40-hour course.

Following discussion, OBMI staff was directed to bring together a work group consisting of stakeholders. The work group could meet and see if there is a consensus position of the group that could be brought back to the Board for consideration in April. If agreement could be reached and a legislative concept is needed for 2015, then the Board may be able to approve a legislative concept to submit for the 2015 legislative session in Salem. McMillen moved the recommendation to form a work group to continue to work on this issue; Earp seconded. Approved unanimously.

Proposed 2014 legislation by hospital association to allow waivers to credentialing requirement: Ed Conlow explained the legislation that the hospital association was proposing for 2014. As background, Troy Juniper from Grande Ronde Hospital appeared before the Board in October, to seek an exception from the credentialing law, because two out of GRH's three nuclear medicine technologists do not have a nuclear medicine registry credential and did not anticipate qualifying to sit for a registry exam. The OAHHS became involved after being asked by the Governor's office to see if they could mediate a solution to GRH's problem. Accordingly, the OAHHS is working on legislation with Rep. Bob Jenson from Grande Ronde, to give the OBMI the discretion to waive the credentialing requirement in situations involving critical access hospitals, if an individual seeking a waiver could demonstrate to the OBMI that the registry credential requirement would result in substantial lack of availability of services. Also, the board would be able to set requirements for the waiver.

Andi Easton and Troy Soenen from the OAHHS addressed the Board. They indicated that LC 185 (HB 4074) was assigned to the House Health Care Committee. There was discussion about amending the legislation to allow the Board to require an applicant to pass an exam, such as a national registry exam under state sponsorship. Based upon the discussion, the OAHHS indicated that they would seek to amend the legislation to specifically allow the Board to require passage of an examination, as one requirement to qualify for a waiver. Several board members expressed general support for the narrow exception language provided by the OAHHS draft.

Update from Radiation Protection Service (RPS) on a proposed variance to Providence to allow CVT staff to operate fluoro: In April, 2011, Dan Sharbaugh and Jeff Robins from Providence Hospital in Portland asked the Board to establish the authority for cardiovascular techs to pan the table during a fluoro exam, when the physician is in the room with them. The Board subsequently declined to take action on Mr. Sharbaugh's request, but rather suggested a possible joint rulemaking between OBMI and RPS down the road. In 2013, Mr. Sharbaugh approached the Board again, to ask if the Board would revisit this issue and make a definitive decision. At that point, RPS suggested that RPS could offer a variance to Providence, to test the concept. (The fluoro operator rules are under RPS.) At the 1/17/14 meeting, Margaret Lut updated the Board to say that RPS is still in the process of working on Providence's variance request, and is waiting for Providence to submit information required for the variance.

Allow OBMI to regulate imaging subspecialties: Ed Conlow presented a legislative concept that was first approved by the Board in 2012, to give the Board statutory authority to regulate licensure subspecialties. In 2012, the immediate interest was, once the legislation was enacted, to adopt rules to require sonographers to have at least passed one exam in any of the three general sonography categories (general; vascular; cardiac) in which they practice.

The 2012 legislation drew opposition from some sonographers who were concerned that such a requirement would impact access-to-services in rural areas. Opponents approached the Governor's office, and the Governor's office asked the Board to withdraw this concept from consideration in 2013 and try to work with opponents to find middle ground.

Randy Jarigese RDMS(AB,OB) addressed the Board and presented a proposed amendment to the Board's proposed legislation: "In the ultrasound modality, practicing sonographers (RDMS, RVT, RDCS) registered before April 6, 2009, can practice in all modalities without additional certifications." He said that sonographers who became registered prior to that date were not required to pass the Sonography Principles and Instrumentation (SPI) physics exam of the American Registry of Diagnostic Medical Sonographers (ARDMS). Mr. Jarigese's amendment would exempt sonographers who became credentialed prior to the implementation of the SPI exam from needing to meet the requirements of the proposed legislation. Following Board discussion, it was decided that no motion is required at this time; the proposed legislation would be brought back before the Board at the next meeting on April 25, 2014, for final approval regarding submission as a legislative concept.

OBMI to take over RPS rules for CT operators: Ed Conlow presented a draft rule for OBMI to take over (from RPS) operators' rules for diagnostic CT and hybrid imaging. Kim Earp and Catherine Hess discussed some clarification of the CT rules that relate to radiation therapy; Ed Conlow said he would get their language and include it in the rulemaking. Based upon Board discussion, it was determined that a *total* of 16 hours of additional training should be the minimum requirement under "additional training requirements," rather than 16 hours didactic and 16 hours in cross-sectional anatomy. Ed Conlow said he would draft the rule to require a minimum of 8 hours didactic education in CT plus a minimum of 8 hours didactic training in cross-sectional anatomy (for a total of 16). Ed Conlow said that we could coordinate an effective date with RPS, so that the OMBI rule goes into effect on the same day that RPS repeals their CT operator rules. Catherine Hess said there might need to be some clarification in the rules regarding cone beam CT machines that are in ENT offices, to clarify who can operate cone beam CT. Ed Conlow asked if the rule could simply state that cone beam CT is a form of diagnostic CT – would that address the issue of who could operate cone beam

CT? Earp made a motion to make the changes discussed and begin a rulemaking; Krause second. Approved unanimously.

Legislative update: Ed Conlow indicated that he prepared and distributed a written summary of legislation of interest from the 2013 legislative session in Salem.

Background check: Ed Conlow asked the Board if the Board wished to require an FBI fingerprint criminal background check on new licensees only, not for renewals. The reason for the FBI check is that it covers the 50 states, whereas currently the OBMI uses state police criminal background checks through the LEDS system, which can only check Oregon criminal records. With increasing mobility and an increasing number of license applicants from out of state, the FBI check would give the OBMI an effective method to check the background of out-of-state applicants. Ed Conlow said that the downside of the FBI check is that it delay an application for several weeks, if the fingerprint is conveyed using the old-style ink card. During discussion, the Board determined that, if a new applicant needs to expedite the application process for a pending job, then it will be the choice and duty of the applicant to obtain a fingerprint record using the Livescan process which is processed more quickly than the ink card. Ed Conlow noted that the Oregon State Board of Nursing has an administrative rule that charges \$52 total for a fingerprint check, covering the fees charged by the state and federal agencies plus a small administrative amount to the Board. Earp moves to initiate rulemaking as follows: "Fingerprinting -- \$52." McMillen seconded. Approved unanimously.

Ed also asked the Board if the Board thought is would be a good idea to subscribe to the Accurant Lexis/Nexis program for comprehensive background search information, for financial and legal background information on applicants. This would be an aide to the licensing staff and a supplement to the criminal background checks. Subscription would be about \$130 per month. Following discussion, Board members spoke against subscribing to Accurant at this time, based in part on the fact that the Board is seeking to implement FBI fingerprint background checks for all new applicants.

## **New Business**

Emergency temporary rules for waive supervision for provisional licensees who get a post-primary license: Ed Conlow asked the Board if they wanted to create a temporary exception for licensees who had a provisional license, gained substantial experience in the modality, and now have a first-time post-primary license which requires direct supervision. The proposed temporary rule would enable these licenses to forego direct supervision, since they already have experience. He said that he'd heard complaints from imaging directors or licensees from three hospitals, who wondered why their experienced MRI technologists needed in-the-room supervision. Following discussion, the Board did not take action to create a temporary exception.

Update on audit of health boards being completed by the Secretary of State: Ed Conlow said that he was hoping to be able to update the Board on the contents of a draft program audit of health licensing boards, which is being conducted by the Oregon Secretary of State's office. He said that the draft has not been released yet, so he has nothing to report.

Budget outlook: Ed Conlow noted that the scanner package that was authorized by the Legislature for \$11,000 in the 2013-15 budget is only going to cost about \$2,000, with savings derived primarily by doing our document storage in-house, using our current IT contractor, Grant Moyle. Due to the

savings, the Board may need to have a budget package in the 2015-17 budget to de-authorize unobligated funds related to this program.

Other legislative issues: Randy Harp, representing the Oregon Society of Radiologic Technologists (OSRT) asked the Board to provide a letter of support for the federal CARE bill, to require minimum federal education standards for persons who use ionizing radiation on humans. He also discussed the markup bill related to Medicare reimbursement. Mr. Harp provided an update on federal legislation and noted that some members of the Oregon delegation had been added as co-sponsors. He said that the OBM could do one letter and have it cover both CARE and Mark-up. Earp moved to offer a letter of support; Krause second. Approved unanimously.

**Public Comment:**

No public comment.

**Meeting Adjourned:** at 3:42 p.m.

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, April 25, 2014  
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 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; Michelle Van Kleeck, OBMI investigator; Sarah Anderson, Administrative Licensing Specialist; Vincent Mandina, Administrative LEDS Specialist.

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 12:35 p.m., Chair Thomas King adjourned executive session and directed Board members to get lunch and return for public session, which convened at 1:01 p.m.

Approval of the previous meeting minutes

Approval of minutes from Board meeting of January 17, 2014: Motion by McMillen; second by Earp. Approved unanimously, without amendment.

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

1. Radiographer licenses: From 171710 to 171773
2. Nuclear medicine licenses: 500273 to 500276
3. MRI licenses: From 400513 to 400529
4. Sonography licenses: From 601119 to 601146
5. Limited x-ray machine operator permits: From 4130 to 4141
6. Radiation therapy licenses: 270098 to 270105
7. All temporary initial medical imaging modality licenses and permits: R51156 to S51231

Investigative Case Vote:

Case 14-03-04: Motion by Earp, Second by Templeton, to close the case with no board action. Approved unanimously.

Case 14-02-03: Board motion is to grant the applicant a temporary permit, based upon the application that was submitted. Motion by Earp; seconded by Templeton. Approved unanimously.

Case 14-02-04: Motion by Earp; seconded by McMillen, to close the case with no Board action. Unanimously approved.

Case 14-03-01: Motion by Earp; seconded by Templeton, to issue a stipulated order for a \$500 civil penalty for practicing without a license in violation of ORS 688.415(1)(a), with the civil penalty based upon OAR 337-030-0010(3)(b). Second part of the motion is to issue a stipulated order for a \$500 civil penalty for \$500, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(g), for making a false statement to the Board. The civil penalty for practicing without a license is waived due to mitigating circumstances, but the separate civil penalty for making a false statement to the Board is not waived. Approved unanimously.

Case 14-03-02: Motion by Earp; seconded by McMillen, to issue a stipulated order for a \$500 civil penalty for practicing without a license in violation of ORS 688.415(1)(a), with the civil penalty based upon OAR 337-030-0010(3)(b). The civil penalty is waived due to mitigating circumstances. Approved unanimously.

Case 14-02-05: Motion by Earp; seconded by Templeton, to grant the license contingent upon signing a stipulated agreement requiring the applicant's continued compliance with the ARRT Ethics Committee's Alternative Disposition Agreement dated April 30, 2013, as well as successful completion of all probationary requirements related to the applicant's consent agreement with the Arizona State Medical Radiologic Technology Board of Examiners, signed November 1, 2012. Approved unanimously.

Case 14-03-03: Motion by Earp; seconded by Templeton, to close the case with no Board action. Approved unanimously.

Case 14-04-02: Motion by Earp; seconded by Templeton, to close the case with no Board action. Approved unanimously.

Board ratification of civil penalties for practicing on expired license, with no Board appearance:  
Board ratification of civil penalties for violation of ORS 688.415(1) with civil penalties based upon OAR 337-030-0010:

- Motion to ratify \$100 civil penalty related to cases 13-11-02, 14-01-02, 14-01-03, 14-02-01, 14-02-02, 14-04-03, and 14-04-06. Motion by Earp, second by Templeton. Approved unanimously.

### **Old Business:**

Physician Assistants practicing fluoroscopy: Thomas King asked the Board if they wished to submit a legislative concept for 2015, in response to the Oregon Society of Physician Assistants' request for OBMI to create a pathway for PAs to practice fluoroscopy. Thomas King noted that there had been two meetings of a work group to discuss this issue, since the January 17 Board meeting. Mr. King said that there are tools already in place to help administer this type of program, including a curriculum developed jointly by the American Association of Physician Assistants and the American Society of Radiologic Technologists, and also including a fluoroscopy examination available through the American Registry of Radiologic Technologists. Mr. King said he would be more supportive of a legislative concept that also requires non-radiologist physicians to pass the ARRT fluoro exam, if they are supervising PAs who are performing fluoroscopy. Mr. King suggested that the legislative concept could be drafted in a general manner that would leave it up to the Board's rulemaking

process to determine the specific educational and examination pre-requisites to earn a fluoroscopy permit. During Board discussion, it was noted that the Oregon Medical Association had expressed opposition to including a provision to place requirements on non-radiologist physicians who supervise PAs doing fluoroscopy. Following Board discussion, Kimberly Earp made a motion to submit a legislative concept to create a pathway for PAs to practice fluoroscopy, with no specific requirements for physicians who supervise PAs. Shirlee Templeton seconded. Approved unanimously.

Allow OBMI to regulate imaging subspecialties: Ed Conlow explained that the legislative concept that is being proposed is to clarify in statute that the Board has the authority to regulate imaging licensure subspecialties. The intended purpose of the concept, based upon Board discussion, is to give the Board clear authority to write rules to require sonographers to have passed at least one registry exam in any general subspecialty area (general; vascular; cardiac) of sonography in which they practice. He explained that the legislative concept before the Board is identical to what the Board approved two years ago. After the Board submitted the legislative concept in 2012, for consideration by the Legislature in 2013, the Governor's office asked the Board to withdraw the concept, due to a number of letters of opposition that had been received by the Governor's office, expressing the opinion that the end result of the legislation would be to create very difficult conditions for a number of currently-licensed sonographers.

Chair Thomas King asked if anyone from the public wished to address the Board concerning this concept. Several persons from the audience addressed the Board. Lorraine Bevacqua, a former Board member, said that she was involved in writing the Board's 2010 legislation and that the Board already has the authority to regulate subspecialties by rule. Randy Jarigese RDMS(AB)(OB) spoke in opposition to the legislation. Pam Sprague spoke in opposition to the proposed legislative concept. Doug McRaney said that any regulation of sonography subspecialties should only regulate down to the three subspecialties of general, vascular and cardiac.

During Board discussion, Bill McMillen suggested that the Board sponsor symposia on this issue prior to the 2017 legislative session. Chair Thomas King suggested that the Board table the issue for now, and work with Bill McMillen's suggestion to conduct symposia on this subject, for the purpose of developing a plan to move forward, perhaps during the 2017 legislative cycle. No motion was offered to submit a legislative concept.

Request for HB 4074 waiver: Ed Conlow said that HB 4074, sponsored by Rep. Jenson who represents the La Grande area, was enacted during the 2014 short session in Salem, giving the Board the authority to issue waivers from the Board's national credentialing requirement in certain situations. Two technologists from Grande Ronde Hospital, Brian Buckingham and Pam Lathrop, submitted waiver requests to continue to be licensed to practice nuclear medicine at Grande Ronde Hospital. (Both had provisional nuclear medicine licenses that had recently expired.) The waiver requests, co-signed by Troy Juniper, imaging director at Grande Ronde Hospital, said that services to residents in the La Grande area would be severely impacted if waivers are not granted. Troy Juniper and Brian Buckingham attended the Board meeting by telephone. Shirlee Templeton proposed that the waivers be authorized to provide a waiver license for a one-year period, with renewal (after one year) contingent upon the waiver recipients passing the ARRT nuclear medicine examination under state sponsorship. Kimberly Earp made a motion that Brian Buckingham and Pam Lathrop be issued permanent licenses under the waiver, limited to one-year duration, with waiver conditions that each

must successfully pass the ARRT nuclear medicine exam (under state sponsorship) as a condition of renewing the waiver license. Seconded by McMillen. Approved unanimously.

Rulemaking to establish a \$52 fingerprint fee: The Board initiated the rulemaking at the January 17, 2015 Board meeting, with the intention of completing a fingerprint background check on first-time applicants for a license or permit, whether a temporary or permanent license or permit. Ed Conlow indicated that, of the \$52 total per fingerprint check, \$28 is paid to the Oregon State Police (OSP) and \$16.50 goes to the FBI; the Board keeps \$7.50 for administrative cost. Ed Conlow indicated that the Oregon Department of Administrative Services is completing a review and approval process for the fee, and that the OSP is also helping to complete preparations with the FBI necessary for the Board to initiate fingerprint checks on new applicants. Kimberly Earp made a motion, with Templeton seconding, to adopt the rule to authorize collection of the fingerprint fee on July 1, 2014, or later if the DAS review is not completed or if there are still details to be finalized with the FBI or the OSP. Approved unanimously.

Rulemaking to require a CT credential to do computed tomography: Chair Thomas King noted that there has been a number of public comments requesting delayed implementation. He said he would like to require a CT credential, as the rule states, but with flexibility for how it can be obtained, and with a transitional process that allows technologists enough time to earn the credential. Thomas King suggested tabling this item until the next meeting (July 18, 2014), so that those who worked on this rulemaking can review the public comment and settle on a transition plan toward implementation of this rule.

Audit of health licensing boards by the Secretary of State: Ed Conlow noted that the health licensing boards were the subject of a recent program audit by the Secretary of State's office, and that the results of the audit were generally complimentary toward the health licensing boards. He noted that he had recently attended a session with the Governor's staff, which had been organized in part due to an audit recommendation to provide more operational support to the health licensing boards, and also more board member training. Thomas King said that the audit recommended further consideration of background checks for licensed professionals who work with vulnerable populations, and that the OBMI's action to initiate fingerprint background checks is consistent with the audit recommendation. Thomas King said that he completed a dashboard on the different boards listed in the audit and, based upon dollar amounts and different criteria included in the audit, the OBMI compares very favorably.

**Public Comment:**

Several licensees approached the Board to express concern regarding the Board-approved legislative concept that would allow physician assistants to perform fluoroscopy after completing a curriculum with 40 hours didactic and 40 hours clinical training.

**Meeting Adjourned:** at 2:53 p.m.

Submitted by Ed Conlow

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, July 18, 2014  
Portland State Office Building, 800 NE Oregon Street  
Conference Room "1-D"

**APPROVED MINUTES**

Board attendance: Thomas King (Chair), Wayne Lemler, Shirlee Templeton, William McMillen, Kimberly Earp, Pamela Warren, Dr. Akshay Gupta. Frank Krause, vice-chair (by telephone until 9:44 a.m.). Also David Howe (RPS; advisory member), Molly Keller (RPS; advisory member).

Staff in attendance: Ed Conlow, Executive Director; Carol Parks, Senior Assistant Attorney General; Catherine Hess, OBMI Investigator; Michelle Van Kleeck, OBMI investigator; Sarah Anderson, Administrative Licensing Specialist.

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

Executive session: Thomas King convened the board in executive session pursuant to ORS 192.660(2)(k) at 8:36 a.m.

Convene public session: Upon completion of executive session at 12:05 p.m., Chair Thomas King adjourned executive session and directed Board members to get lunch and return for public session, which reconvened at 12:30 p.m.

Approval of the previous meeting minutes

Approval of minutes from Board meeting of April 25, 2014: Earp made a motion to approve the minutes, without amendment; seconded by Warren. Approved by all present: King, Lemler, Templeton, McMillen, Earp, Warren, Gupta.

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

1. Radiographer licenses: From 171774 to 171834
2. Nuclear medicine licenses: 500277 to 500282
3. MRI licenses: From 400530 to 400542
4. Sonography licenses: From 601147 to 601168
5. Limited x-ray machine operator permits: From 4142 to 4158
6. Radiation therapy licenses: 270106 to 270108
7. All temporary initial medical imaging modality licenses and permits: R511232 to MR51287

Investigative Case Vote:

Case 14-04-08: Motion by Lemler, second by Warren, to issue a civil penalty for failure to report criminal background, with a civil penalty of \$500 in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Civil penalty is waived due to mitigating circumstance that the licensee had promptly reported the criminal incident to the licensee's registry. Approved by all present: King, Lemler, Templeton, McMillen, Earp, Warren, Gupta.

Case 14-04-10: Issue letter of concern regarding alcohol consumption and driving while intoxicated. Motion by Earp, second by Warren. Approved by all present: King, Lemler, Templeton, McMillen, Earp, Warren, Gupta.

Case 14-06-03: Motion: Under current policy, due to criminal history, the licensee is not eligible to be an instructor at a limited x-ray school in Oregon. Motion by Earp; second by Warren. Approved by all present: King, Lemler, Templeton, McMillen, Earp, Warren, Gupta..

Case 14-06-05: Motion by Earp; second by Warren, to issue a \$500 civil penalty for violation of ORS 525(1)(g), obtaining a license by misrepresentation, with civil penalty in accordance with OAR 337-030-0010(3)(i). Approved by all present: King, Lemler, Templeton, McMillen, Earp, Warren, Gupta.

Case 14-06-06: Motion by Earp; second by Warren, to take no action against the applicant's license application, and to close the case. Approved by all present: King, Lemler, Templeton, McMillen, Earp, Warren, Gupta.

Case 14-07-02: Motion by Earp; second by Warren, to close the case with no action. Approved by all present: King, Lemler, Templeton, McMillen, Earp, Warren, Gupta.

Case 14-07-04: Motion by Earp, second by Warren, to issue license and close case. Approved by all present: King, Lemler, Templeton, McMillen, Earp, Warren, Gupta.

Board ratification of civil penalties for practicing on expired license, with no Board appearance:  
Board ratification of civil penalties for violation of ORS 688.415(1) with civil penalties based upon OAR 337-030-0010:

- Motion to ratify \$100 civil penalty related to cases 14-04-09; 14-06-02; and 14-06-04. Motion by Earp, second by Warren. Approved by all present: King, Lemler, Templeton, McMillen, Earp, Warren, Gupta.

#### **Election of Board Officers for 2014-15:**

Election of Board Chair: Shirlee Templeton nominated Frank Krause to serve as chair. No other names were offered in nomination. Approved by all present: King, Lemler, Templeton, McMillen, Earp, Warren, Gupta.

Election of Board Vice-Chair: Kimberly Earp nominated Shirlee Templeton to serve as vice-chair. No other names were offered in nomination. Approved by all present: King, Lemler, Templeton, McMillen, Earp, Warren, Gupta.

Designation of Board subcommittees: General Board discussion was to keep the Board subcommittees the same as currently named, with possible adjustments at a later date.

#### **New Business:**

International Society for Clinical Densitometry: Dr. Christopher Shuhart addressed the Board on behalf of the International Society for Clinical Densitometry (ISCD). The ISCD is requesting that the OBMI recognize the ISCD for a limited permit in bone densitometry. Based upon Board discussion, the OBMI staff is directed to consult with ISCD and to endeavor to develop a draft rule for the Board to consider at the next Board meeting. The purpose of the rule would be for OBMI to issue a bone densitometry limited permit to a person who has a BD credential from ISCD. (This rule would provide a pathway for BD credential-holders who wish to practice in Oregon to apply for a limited BD permit. Because of ISCD's requirement to have substantial clinical experience prior to sitting for the ISCD examination, there is no pathway for a non-credentialed person to obtain the clinical prerequisite in Oregon. So it appears this rule would only provide a pathway for persons who obtain the ISCD credential outside of Oregon. There would be no temporary permit available, just a limited bone density permit for persons who already have the CBBDT credential. The Board directed staff to draft a rule to recognize the ISCD credential for bone densitometry, and to bring it back to the Board at the next meeting, to initiate rulemaking.

### **Old Business:**

Update on criminal fingerprint background check: Ed Conlow noted that the OBMI is waiting for paperwork to be processed by the Oregon State Police (OSP) regarding the OBMI's intention to require new license/permit applicants to undergo a fingerprint background check. He said that the OSP is waiting for the FBI to complete their part of the process. He clarified that, once implemented, the OBMI will require fingerprint checks on new applicants only, and will continue to do LEDS checks on renewal applicants. Thomas King noted that the Oregon Secretary of State, in a recent audit of health licensing boards, recommended that, according to the audit, "boards give further consideration to background check policies for professionals who handle drugs or interact with vulnerable populations."

Update on legislative concepts: Ed Conlow provided a progress report on legislative concepts that the Board previously submitted for consideration during the 2015 legislative session in Salem. He noted that the Board has two legislative concepts:

1. To provide a pathway for physician assistants to perform fluoroscopy. This is LC 644. The draft is in process and is in the Governor's possession at this point.
2. To restructure the Board to make it easier to fill vacancies: This is LC 643. The draft is in process and is in the Governor's possession at this point.

Should temporary licensees be able to perform fluoroscopy prior to graduation? Ed Conlow indicated that this is a question that was posed to the Board, and that there has been discussion between OBMI and Radiation Protection Services. The Board clarified and confirmed its position that students can operate fluoro with indirect supervision if they have a temporary license from OBMI, which they can obtain up to five months prior to graduation, according to OAR 337-010-0045(1)(c). Students who do not have a temporary license from OBMI are governed by the RPS rule which requires *direct* supervision while operating fluoroscopic equipment. RPS is working on a draft rulemaking to clarify the RPS rule (OAR 333-106-0045[16]) to assure consistency with OBMI's position. Below is a preliminary draft of RPS' proposed rule amendment:

333-106-0045(16)

(i) Students currently enrolled in an approved school of Radiologic Technology, who do not have a temporary license from OBMI, who as defined in ORS 688.405, may only operate fluoroscopic equipment under the direct supervision of a Radiologist or a R.T. while in the clinical phase of training.

Consideration of a physician assistant's request to RPS to issue a waiver to the PA to perform fluoroscopy: This waiver item was brought to the OBMI by the RPS, which received the waiver request from a physician assistant. Board members discussed the waiver request, and expressed opposition to issuing a waiver while the Board's legislation (LC 644) is under consideration in Salem.

Monica Quintero-Devlaeminck, Program Director, Pioneer Pacific College, Wilsonville: She asked the Board to allow her to have the individual test results of PPC-W students, identified by student, for any students who sign a confidentiality waiver. She said the information is needed for PPC's accrediting agency. She said that her administrators are asking for student-specific information. She said she knows there is a document with score results that are mailed to test-takers, following the test. She asked if those could be emailed to her, for her students. Thomas King said that emailing test scores would be a security issue, since email may not be secure. Wayne Lemler said that we could look into it, to see if we can supply the information that she is requesting. And if OBMI finds that it cannot supply the information, then the OBMI will inform PPC-W that it cannot supply the information.

Ms. Quintero-Devlaeminck also discussed the process for OBMI to approve instructors for limited x-ray schools. She noted that OBMI policy specifies that, to be approved as an instructor, a candidate needs to have been licensed in good standing by OBMI for at least two years. (This standard is in the LXMO instructor manual and also in OBMI Policy #008.) To change this standard would require a rule change, because the LXMO instructor manual is specifically referenced in the OARs. The Board did not make any decisions regarding this specific issue, but left the discussion to be continued.

LXMO practical experience evaluation requirements: Monica Quintero-Devlaeminck said that these documents have not been revised in a number of years. She said that some of these documents are outdated. Wayne Lemler asked Monica if she could email suggested revisions for the Board to consider.

#### **Public Comment:**

Randy Harp: He said that some rural hospitals may not be able to comply with the Board's proposed requirement to have a CT credential in order to practice CT. Thomas King noted that there is a waiver provision in the OBMI's statute that could be used to provide relief to rural hospitals that are not able to meet the CT requirement.

**Meeting Adjourned:** at 2:20 pm.

Submitted by Ed Conlow

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, October 17, 2014  
Portland State Office Building, 800 NE Oregon Street  
Conference Room "1-D"

**APPROVED MINUTES**

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

Staff in attendance: Ed Conlow, Executive Director; Carol Parks, Senior Assistant Attorney General; Catherine Hess, OBMI Investigator; Michelle Van Kleeck, OBMI investigator; Vincent Mandina, Administrative LEDS Specialist.

Call to order: 8:42 a.m. by board chair Frank Krause.

Executive session: Frank Krause convened the board in executive session pursuant to ORS 192.660(2)(k) at 8:44 a.m.

Convene public session: Upon completion of executive session at 12:50 p.m., Chair Frank Krause adjourned executive session and directed Board members to get lunch and return for public session, which reconvened at 1:15 p.m.

Approval of the previous meeting minutes

Approval of minutes from Board meeting of July 18, 2014: Earp made a motion to approve the minutes, as amended to indicate board votes by those board members who were present during the July 18 meeting. Seconded by McMillen. Approved unanimously.

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

1. Radiographer licenses: From 171835 through 171939
2. Nuclear medicine licenses: 500283 through 500291
3. MRI licenses: From 400543 through 400554
4. Sonography licenses: From 601169 through 601206
5. Limited x-ray machine operator permits: From 4159 through 4178
6. Radiation therapy licenses: 270109 through 270116
7. All temporary initial medical imaging modality licenses and permits: 51288 through 52207

Investigative Case Vote:

Case 14-08-02: Motion to issue a letter of concern to the licensee, recommending that the licensee inform the licensee's employer regarding the arrest, due to the nature of the statements made during the arrest, and also expressing concern regarding the licensee's ability to deal with stressful situations in a professional manner. Motion by Earp; second by McMillen. Approved unanimously.

Case 14-08-01: Motion to issue a letter of concern. Motion by Earp; second by McMillen. Approved unanimously.

Case 14-07-05: Motion: no action; close case. Motion by Earp; second by McMillen. Approved unanimously.

Case 14-09-02: Motion: Motion: no action; close case. Motion by Earp; second by McMillen. Approved unanimously.

Case 14-09-01: Motion: no action; close case. Motion by Earp; second by McMillen. Approved unanimously.

Case 14-09-03: Motion: no action; close case. Motion by Earp; second by McMillen. Approved unanimously.

Case 14-07-01A: Motion is to levy \$1,000 civil penalty for employing an unlicensed operator and to issue a letter of concern related to allowing the unlicensed practice of medical imaging.

Case 14-07-01: Issue a Letter of concern regarding practicing magnetic resonance imaging without obtaining a post-primary license.

Case 14-06-07A: Motion by Earp; second by McMillen, to levy a \$1,000 civil penalty in accordance with ORS 688.415(1)(d), ORS 688.915(1), and OAR 337-030-0010(3)(f). Motion is also to issue a letter of concern regarding violation of licensure laws relating to medical imaging. Approved unanimously.

Case 14-06-07: Motion by Earp; second by McMillen, to issue a letter of concern regarding the practice of medical imaging without proper licensure. Approved unanimously.

Case 14-09-04: Motion by Earp; second by McMillen, to take no action against the person's license and close the case. Approved unanimously.

Case 14-04-01: Motion by Earp; second by McMillen, to take no action and to close the case. Approved unaniomously.

Case 14-04-07: Motion by Earp; second by McMillen, to issue a stipulated order for the licensee to voluntarily surrender licensure, based upon the determination that the licensee engaged in unethical or unprofessional conduct in the practice of medical imaging, a violation of ORS 688.525(1)(c) and OAR 337-030-0002(6). Approved unanimously.

Case 14-11-01: Motion by Earp; second by McMillen, to send a letter asking to review their new policy regarding the ordering of x-rays. Approved unanimously.

Case 13-02-01: Motion by Earp; second by McMillen, to issue a stipulated order to place licensee on probation for two years with terms as follows: 1) for the first six months, licensee may not practice obstetric ultrasound; 2) Licensee must complete a Board-approved boundary course; 3) following completion of the initial 6-month probation period and completion of the boundary course, and for the remainder of the probationary period, licensee may practice obstetric ultrasound only with a chaperone present; and 4) licensee must provide a copy of the Board's stipulated agreement to his current employer and to all employers during the probationary period. In addition to the conditions

during the probationary period, licensee is forever prohibited from performing an obstetric ultrasound procedure that involves placing the patient on hands and knees. Approved unanimously.

**Board ratification of civil penalties for practicing on expired license, with no Board appearance:**

Board ratification of civil penalties for violation of ORS 688.415(1) with civil penalties based upon OAR 337-030-0010:

- Motion to ratify \$100 civil penalty related to case 14-08-03. Motion by Earp, second by McMillen. Approved unanimously.

**Proposed waiver to perform computed tomography:**

Ed Conlow indicated to the Board that it had recently come to the attention of the OBMI that current rules require persons performing CT to have an ARRT credential. He said that he knows of two grandfathered radiographers (without an ARRT credential) who are currently performing CT in rural hospitals. He asked the Board if the Board wishes to adopt a waiver provision in rule, applicable to non-credentialed licensees who can document CT experience, who work in a state-designated rural hospital, and who can pass the ARRT examination for computed tomography. Under the proposed waiver, the OBMI would offer ARRT's CT exam through state sponsorship, and the hospital would need to demonstrate that it needs the grandfathered radiographer to be able to perform CT. He said that the Board could adopt the rule to apply only to grandfathered licensees or could make the rule more general to apply to any licensee (now and in the future) who does not have the proper credentials to perform CT. He asked the Board if the Board would be willing to adopt a temporary rule so that the waiver could be immediately available, because of two grandfathered radiographers working in rural hospitals who say they need to apply for the waiver immediately.

Lawrence Kuzmaul, a grandfathered licensed radiographer who works at Providence Seaside Hospital, was recognized to address the Board. He said that, the way the rule was presented to the Board, he would not be able to work, because the draft rule requires all waiver pre-requisites to be completed before the waiver could be granted, and he said he needs to work the following day, and would not be able to get the waiver in time. He said he needs 60 days to meet all the waiver requirements. (He said his Oregon license was first approved through state reciprocity with California.)

Peggy Keith, Board Chair of the Oregon Society of Radiologic Technologists (OSRT), was recognized by the Board to comment. She discussed a provision of the draft temporary rule that would require a waiver applicant to document a minimum of five CT exams in any area that the waiver will allow them to practice in. She said that the rule should require the supervisor of the exams to be CT-certified.

The Board discussed action to adopt the more expansive version of the CT waiver provision, to apply not just to grandfathered licenses (without a basic ARRT credential) but to apply to any licensee going forward (including—after 1-1-17—those *with* an ARRT credential but *without* a CT) who meets the Board's waiver requirements, with a 60-day preliminary waiver available, and with the proviso that supervised exams will need to be supervised by a CT-certified technologist. The vote is to adopt the waiver rule initially as a temporary rule, to go into effect immediately, and to jointly begin the rulemaking process to make this temporary rule a permanent rule. Earp moved; McMillen seconded. Approved unanimously.

### **Permanent Rulemaking to Require CT Credential in 2017:**

Earp moved, McMillen seconded, to adopt a permanent rule to require that, on or after January 1, 2017, a technologist would need to have a CT sub-specialty credential in order to perform CT. (The waiver provision, previously adopted as a temporary rule, will become part of this larger CT permanent rule, if the temporary waiver rule is adopted as a permanent rule.) Permanent rule to require a CT credential on or after January 1, 2017 was adopted unanimously.

### **GE's Automated Breast Ultrasound System (ABUS):**

Mary Savage, Statewide Director of Diagnostic Imaging, Providence Health and Services, addressed the Board and said that she does not work for GE. She brought some people from GE who brought an ABUS ultrasound machine. She said that she thinks that "licensed mammographers" should be authorized to operate this machine. She said that it would be helpful and beneficial with regard to exams where dense breast tissue is identified.

Some representatives from GE handed out some information on the ABUS machine and explained how the machine works. Angie Seal from GE said that the FDA has approved the ABUS as an adjunct to mammography, not to replace mammography, for purposes of non-diagnostic screening for breast cancer, and that it is reimbursable. She said it has one-button operation. She said that the training program that GE has developed for the ABUS meets American College of Radiography (ACR) requirements for mammographers to operate the device; she said that the ACR position is that an operator would need to have 1) a diagnostic medical sonography credential from ARDMS; or 2) a breast sonography sub-specialty credential from ARRT; or 3) have an ARRT credential or unrestricted state license and meet federal MQSA requirements for mammography and have at least five CE units specific to breast ultrasound. She said that GE provides six CE units for breast ultrasound.

Frank Krause said that his recommendation would be that training requirements and credentialing requirements (to operate this type of system) would be more properly developed and overseen by the credentialing registries, to avoid any perceived or real commercial biases. Following a presentation from the GE representatives, Frank Krause said that, under current state law and regulations, an operator of the ABUS system would need to have a sonography license, and the OBMI needs to research how to possibly adjust the statutes and/or rules so that a properly-licensed imaging breast-certified technologist can operate the ABUS system. Ed Conlow said that the staff can do some research and bring something back to the Board, for Board consideration at the next meeting.

### **Pioneer Pacific College's new radiography program:**

Katheryn Madison, Program Director, and Fred Osborne, Vice-President of Academics, Pioneer Pacific College, appeared before the Board, at Ed Conlow's suggestion, to discuss an issue regarding PPC's new radiography program. Ed Conlow said that his opinion is that PPC students will not be able to do clinicals because PPC does not yet meet the definition of an "approved school," because PPC is not yet recognized by the national credentialing entity, as the OBMI statute requires. Mr. Osborne said that he disagrees with Mr. Conlow's analysis because, he said, the OBMI website lists approved schools, and he said that PPC is listed as an approved school. (Some Board members pointed out that the OBMI's approval is for limited x-ray schools.) Mr. Osborne said that our

website's list of approved school includes Clark College, which has clinical sites in Oregon that have never been approved by the OBMI. Kathryn Madison said that PPC has Oregon degree authorization approval and national accreditation with ACICS. She said that, "when starting this process, I brought it before several board members, in the past, making sure there were no requirements" and that "if we move forward doing an RT program in Springfield, was there any other requirements? As long as we were seeking the JRCERT certification, I was told that there was support." Ed Conlow asked her who told her that. She said she was talking to Thomas King. Ed Conlow asked Kathryn Madison if she asked Thomas King if students can do clinicals (without licensure) under the supervision of a school that does not yet have the JRCERT accreditation. Kathryn Madison responded that, "as students they said in the program, I was told that they would be." Ed Conlow expressed the opinion that her conversation with Thomas King does not constitute a Board decision or Board approval for PPC's students to do clinicals without licensure and without PPC's recognition as an approved school.

David Howe noted that the Board can levy sanctions for failure to comply with state licensure laws. Kathryn Madison said that they have talked to JRCERT and are complying with the JRCERT process so far. She said that PPC must enroll students and have them on clinical sites for JRCERT to observe, as part of JRCERT's process. David Howe said that it's a "catch-22" situation, and Katherine Madison agreed with his statement. Ms. Madison said that PPC needs to have students on clinical sites for JRCERT to observe, "so our students, when they graduate, are eligible to take the ARRT exam." Ed Conlow said that, the way our statute is written, the students cannot do clinicals until JRCERT finishes their review process. Katherine Madison said that PPC will never get through that process if the students are not doing clinicals for JRCERT's site visit.

Ed Conlow said that, in his discussions about PPC's situation with the ARRT (the credentialing registry), a person at ARRT suggested that some states might have statutory recognition of a school that is working in good faith toward accreditation. Conlow said that PPC could do something in the statute that allows for students to do clinicals if enrolled in a school that is working toward accreditation, as determined by the Board. Ed Conlow said that PPC would need to propose the legislation, because the deadline for state agencies to propose legislation for 2015 has passed. William McMillen said that PPC could approach some legislators to amend the statute to include some statutory language to address this situation. Mr. McMillen suggested that the OBMI could help PPC develop the necessary language, to give PPC the latitude to do their work.

David Howe said that right now, absent legislative action, PPC's students would be violating the law if they do clinicals without a license. Other Board members noted that a facility that is training the students would also be in violation of state law, and subject to civil penalties. Ed Conlow said that the OBMI can work with PPC on this, but that PPC needs to approach legislators, because OBMI's deadline for proposing legislation has passed. Ed Conlow asked Board members who are present if they have any objection if OBMI staff were to work with PPC; nobody expressed an objection. Board response seemed to be generally sympathetic to PPC's situation, while urging them to seek a way to correct the situation. Ed Conlow said that the OBMI would need a green light from the Governor's office to support legislation offered by PPC. But if asked by the Governor, the OBMI would probably support legislation to address this situation. William McMillen said that the OBMI could help develop language and that the OBMI would likely not stand in the way of passing the legislation. Neither Kathryn Madison nor Fred Osborne made any comment regarding possible legislation, and did not comment further, following the Board's discussion of the need for legislation.

**Updates on legislation and rules:** Ed Conlow provided updates:

- Implementation of fingerprint background checks for initial license and permit applicants: OBMI is aiming to require new licenses to submit to fingerprint background checks beginning January 1, 2015, using the state's contract with Fieldprint, which will require electronic fingerprint capture in most cases.
- Update on 2015 legislation:
  - Legislation to provide a pathway for physician assistants to practice fluoroscopy: This legislative concept (LC 644) is under review in the Governor's office.
  - Legislation to restructure the board membership to make it easier to fill physician vacancies on the board: This legislative concept (LC 643) is under review in the Governor's office. He said that he would also ask the Governor's office if we could clarify that imaging technologists who serve as board members do not have to be specifically "practicing" as the current statute requires, but only that each imaging technologist must be licensed.

**Proposed rule to recognize an ISCD credential:**

(Background: At the July 18, 2014 Board meeting, the Board directed OBMI staff to draft a rule to recognize the bone densitometry credential of the International Society for Clinical Densitometry--ISCD.) Ed Conlow told the Board that the ISCD would need to pursue legislation, because our current statute for bone densitometry is tied to a process using the American Registry of Radiologic Technologists (ARRT). He said that the OBMI cannot submit legislation for 2015, due to (expired) deadlines placed on state agencies, so ISCD will need to submit the legislation. He said that he had informed ISCD of this situation, as soon as he confirmed it with legal counsel, and that he would be willing to cooperate with ISCD to draft legislation, but that ISCD would need to initiate the action and identify a sponsor.

**Does OBMI wish to regulate advanced estheticians:**

Ed Conlow addressed the Board to say that he was contacted by House Majority Leader Val Hoyle, who asked if the Board would be willing to assume regulatory oversight of advanced estheticians who utilize laser technology for cosmetic purposes. Dr. Gupta commented that nobody on the board has knowledge of lasers. Conlow said that he was told that, under this proposal, the OBMI might be given one new board member who is an advanced esthetician. Conlow said that there are different ways it could be modeled, and he wasn't sure of all the details yet. Kimberly Earp commented that esthetics is not imaging. Conlow said that its possible the proposal would be to just have OBMI oversee the use of lasers, and leave other aspects of licensing and regulation to the board of cosmetology or some other board. Wayne Lemler asked RPS advisory members if RPS has any authority over lasers. David Howe commented that RPS has statutory authority to regulate the use of lasers, but that RPS has no budget to regulate lasers. Board members expressed non-support for this proposal, since esthetics is not imaging and board members don't know anything about lasers.

**Adjourn at 3:10 p.m.**

Minutes submitted by Ed Conlow