

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, January 22, 2016  
Portland State Office Building, 800 NE Oregon Street  
Conference Room 445

**APPROVED MINUTES**

Board attendance: Kelly Karraker, chair; Brad Betz (left after executive session); Rick Hoylman; Robyn Cole; Dr. Katharine Hopkins; Dr. Steven Edelman; Wayne Lemler; Dr. Ron Boucher. Also Rick Wendt (RPS; advisory member).

Staff in attendance: Ed Conlow, OBMI Executive Director; Joanna Tucker Davis, Senior Assistant Attorney General; Sarah Anderson, OBMI Administrative Licensing Specialist; Vincent Mandina, OBMI Administrative LEADS Specialist; Anthony Medina, Assistant Budget and Policy Analyst, DAS Chief Financial Office.

Call to order: Board Chair Karraker called the meeting to order at 8:35 a.m. Ed Conlow introduced Anthony Medina, analyst with the Chief Financial Office, sitting in on the Board meeting.

Executive session: Chair Karraker convened the board in executive session pursuant to ORS 192.660(2)(k) at 8:39 a.m. Chair Karraker noted that there are no representatives of the news media present in the room.

Executive Session Adjourned: Chair Karraker adjourned executive session at 11:45 a.m. and directed Board members to get lunch and bring it back to the meeting.

Public session: Chair Karraker called public session to order at 12:20 p.m.

Approval of public minutes from previous board meetings: January 22, 2016 minutes: Lemler made the motion to approve the minutes as submitted; Hopkins seconded. Approved unanimously.

Approval of executive session minutes from Oct. 23, 2015 board meeting: Hopkins made the motion to approve the executive session minutes as submitted; Lemler seconded. Approved unanimously.

Ratification of licenses: Motion to ratify by Lemler; seconded by Boucher. Approved unanimously.

1. Radiographer licenses: From 173076 to 173141
2. Nuclear medicine licenses: 500318 to 500319
3. MRI licenses: From 400624 to 400644
4. Sonography licenses: From 601387 to 601422
5. Limited x-ray machine operator permits: From 4232 to 4244
6. Radiation therapy licenses: 270145 to 270149
7. All temporary initial medical imaging modality licenses and permits: L52192 to R52216

Request to add the “Advanced Cardiac Sonographer” (ACS) credential to the list of credentials recognized by OBMI. The ACS credential is earned through Cardiovascular Credentialing International (CCI). Todd Belcik from OHSU made the request and asked to address the Board on this issue, but he was unable to get off work to attend the meeting. Rob McDonald, an ARDMS- and

CCI-credentialed sonographer, spoke in favor of adding the credential, and answered questions from Board members. He said that a person needs to pass an examination to earn this credential. He said that there are currently only two people in Oregon who have earned the ACS credential from CCI, as far as he knows, himself and Todd Belcik, but that he expects more to qualify in the future. He said the ACS credential is more intended to recognize persons with extensive experience and advanced knowledge, and does not confer additional scope of sonographic practice. He said that sonographers would first need to attain RCCS or RCS credentials before qualifying for an ACS credential. Following discussion, Dr. Edelman requested to hear from Todd Belcik at the April meeting. The Board took no action on this item.

SB 230 process to collect health workforce data: Stacy DeLong, with the Oregon Health Authority's Office of Health Analytics, explained the process by which SB 230 (enacted by the Oregon Legislature in 2015) requires persons who renew a license or permit with OBMI to answer an online health workforce survey as a condition of renewal. This program has been in place since 2010, initially involving seven health licensing boards; SB 230 expanded the program to encompass a total of 17 health licensing boards, including OBMI. She said that the survey asks general demographic and workforce questions to all boards, and that individual boards may add some survey questions of their own. She said the survey does not collect social security numbers or income information. Board members discussed some possible ways that the OBMI might be able to use the data. Ms. DeLong said that the OBMI could work with the OHA to include some customized questions that OBMI would like to ask. Wayne Lemler described the program as an unfunded mandate that seeks to collect information that is already available through other sources.

With this program, the OHA will charge the OBMI a four dollar fee for each renewal, with the funds used to pay for the health workforce data collection and analysis program. Ed Conlow explained that some boards have sufficient reserves to absorb the \$4 renewal fee, while other boards have had to collect the fee from renewal applicants, as part of the renewal process. He said that, with smaller financial reserves than many other boards, if OBMI doesn't pass the fee along to renewal applicants, it will hasten the day when the Board would need to consider a license fee increase. Board members noted that there is nothing that will force renewal applicants to complete the survey, but that OBMI will be charged for each renewal, whether or not every renewal applicant completes the survey. This program does not have a sunset date; it is ongoing. Ms. DeLong said that her goal would be to work with OBMI staff before the April OBMI board meeting, and to have some OBMI-customized survey questions ready to show the board in April. She said that OHA's contact information can be included on the survey instrument, steering questions and comments to OHA rather than OBMI.

Dr. Edelman made a motion to initiate rulemaking to allow OBMI to charge the fee (that OHA charges OBMI) to all renewal applicants; seconded by Hopkins. Ayes: Karraker, Boucher, Hopkins, Edelman, Cole, Hoylman. Abstain: Lemler. The motion failed due to a lack of sufficient votes to pass.

Discussion of possible legislation for OBMI to offer during the 2017 legislative session in Salem: Ed Conlow explained that state agencies need to submit initial legislative concepts to DAS and/or the Governor's office by April, as a first step toward the 2017 session. He asked the Board to consider the following concepts, for consideration:

- Allow credentialed mammographers to operate ABUS breast ultrasound: Following discussion, Board members expressed a position to not offer this legislation.

- Allow for OBMI recognition of the International Society of Clinical Densitometry's (ISCD) bone densitometry credential: Following discussion, Board members expressed general support for submitting this idea as a legislative concept.
- Allow OBMI to levy Give the Board the flexibility to specify certain administrative or clerical license violations, with fines of up to \$100, as non-disciplinary actions (similar to HB 2475, from 2015, by the Veterinary Medicine Board): following discussion, Board members expressed general support for submitting this idea as a legislative concept.
- Specify that the statutory license exemption for sonography (ORS 688.435[3]) only applies to sonography related to *point-of-care*, not sonography done for *diagnostic* purposes: Following discussion, Board members expressed general support for submitting this idea as a legislative concept, fully striking ORS 688.435(3) from OBMI's statute.

Report to the Board regarding inspection of limited x-ray schools: Ed Conlow explained that Abdill and Pioneer Pacific (Springfield) had been inspected in 2015 and that the results were positive for both schools. He said that he has had conversations with most of the limited schools and that there is concern that persons with a temporary limited permit often may not be directly supervised when they complete their practical experience requirements, as required in OBMI rules. Wayne Lemler asked if the Board would consider allowing supervision to be provided by limited technologists who are approved in the same anatomic areas as the temporary permit holder, and who have substantial on-the-job experience as determined by the Board. Dr. Edelman asked if Pioneer Pacific could pick clinical sites and approve those sites for students to finish their clinical training. Katheryn Madison said that it would be a substantial change to their program. Following discussion, the Board requested that the directors of the limited schools be invited to the next Board meeting, to discuss possible solutions.

Board vote on disciplinary cases:

Case 15-11-03: Motion to issue a stipulated agreement to suspend the license until Licensee's national registry credential is reinstated. Following registry reinstatement and prior to license reinstatement, Licensee would need to demonstrate 12 months of sobriety through testing, as well as 12 months of probation once reinstated, with sobriety testing required during the probationary period, in accordance with ORS 688.525(1)(a), (1)(b), and (1)(e). Moved by Lemler; seconded by Hopkins. Approved unanimously.

Case 16-01-03: Motion to issue notice of license revocation, in accordance with ORS 688.525(1)(b) and (1)(d). Motion by Lemler; seconded by Hopkins.

Case 15-10-01: Motion to issue a stipulated agreement for obtaining a license by misrepresentation, with \$500 civil penalty in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Boucher; seconded by Cole. Approved unanimously.

Case 15-11-01: Motion to issue a stipulated agreement for obtaining a license by misrepresentation, with \$500 civil penalty in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler; seconded by Hopkins. Approved unanimously.

Case 15-11-02: Motion to issue a stipulated agreement for obtaining a license by misrepresentation, with \$500 civil penalty in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler; seconded by Hopkins. Approved unanimously.

Case 15-09-01: Motion to issue a stipulation that the Licensee surrender his license. If he reapplies for a license, Licensee will be required to pay a \$500 civil penalty in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler; seconded by Hopkins. Approved unanimously.

Case 16-01-01: Motion to issue a stipulated agreement for obtaining a license by misrepresentation, with \$500 civil penalty in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler; seconded by Hopkins. Approved unanimously.

Case 15-06-02: Motion to issue a stipulation not to issue a license until Licensee has reported the incident to the Licensee's national registry and the Board has received a copy of the national registry's ethics clearance of the incident which the Licensee reported to the Board. Motion by Lemler; seconded by Hopkins. Approved unanimously.

Case 15-06-06: Motion to issue a default final order to revoke Licensee's license, based upon Licensee's action to obtain a license by fraud or material misrepresentation pursuant to ORS 688.525(1)(g) and failing to respond to a Board inquiry pursuant to OAR 337-030-0002(7). Motion by Lemler; seconded by Hopkins. Approved unanimously.

Case 15-11-04: Motion to close case with no action. Motion by Lemler; second by Hopkins. Approved unanimously.

Case 15-07-08: Motion to close case with no action. Motion by Lemler; second by Hopkins. Approved unanimously.

Case 15-08-03: Motion to close case with no action. Motion by Lemler; second by Hopkins. Approved unanimously.

Case 15-08-08: Motion to issue a stipulated agreement for practicing prior to obtaining a license, with a \$500 civil penalty, pursuant to ORS 688.415(1)(a), ORS 688.915(1), and OAR 337-030-0010(3)(b). Motion by Lemler; seconded by Hopkins. Ayes: Karraker, Hoylman, Cole, Hopkins, Lemler, Boucher. Motion did not pass due to failure to gain seven affirmative votes.

Case 15-08-08: Motion to open an investigation of the employer of the Licensee in this case, regarding how the employer assures proper licensure. Motion by Lemler; seconded by Hopkins. Approved unanimously.

Case 15-04-08: Motion to issue a default final order. Motion by Lemler; seconded by Hopkins. Approved unanimously.

Further discussion of proposed survey of imaging facilities: Rick Hoylman discussed distributing a survey of diagnostic imaging departments in the state, to help determine if there is difficulty for certain facilities to find people who have (or can get) an MRI or CT credential. This idea was originally brought to the board by Gayle Wright, at the last OBMI meeting; she was working with a group of educators from OHSU, PCC, OIT and LBCC. Based upon survey results, OBMI could consider whether a limited type of license is needed for these specialty areas that imaging departments cannot fill. He said that OBMI could sponsor the survey, with surveymonkey, using

email lists from OBMI and also RPS. He suggested that the survey results be provided directly to the committee of educators, to consider the results and get back to the OBMI regarding any recommendations that the committee may have. Rick Hoylman suggested a maximum two-week response period. He said that there could be recommendations for the Board to consider at the next OBMI Board meeting on April 22.

Investigator contract: Ed Conlow asked the Board if there was any objection to the OBMI contracting with former Board chair Thomas King to help with investigative services on an as-needed basis, similar to OBMI's current investigative contract with Radiation Protection Services (RPS). Because RPS is currently so short-staffed, RPS had recently approached OBMI to see if OBMI would be able to utilize Mr. King's services rather than RPS. Following discussion, there were no objections expressed by Board members with regard to the suggestion to try to contract with Thomas King for investigative services.

Ophthalmic sonographers: Ed Conlow said that there are two ophthalmic sonographers currently working in Oregon, probably both at Casey Eye Institute. He said that the ophthalmic sonography registry is currently not in OBMI's rules. He said that, if the Board feels that OBMI should regulate ophthalmic sonographers, then we need to add them by rule. If the Board does not wish to regulate ophthalmic sonographers, then we need to exempt them in statute. Following discussion with Board members, Ed Conlow said that he would submit legislation to exempt ophthalmic sonography from OBMI regulation, and would bring this back to the Board for further discussion.

Requirement for health institutions to check licensure: Dr. Edelman asked if we could talk to the Legislature about requiring every health institution to check licenses of all imaging personnel that the institution employs. Following Board discussion, Dr. Edelman made the motion to submit a legislative concept; seconded by Cole. Approved unanimously.

Chair Karraker adjourned the meeting at 3:07 p.m.

Minutes submitted by Ed Conlow

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, April 22, 2016  
Portland State Office Building, 800 NE Oregon Street  
Conference Room 1-D

**APPROVED MINUTES**

Board attendance: Kelly Karraker, chair; Brad Betz; Rick Hoylman; Robyn Cole; Dr. Katharine Hopkins; Wayne Lemler; Dr. Cloe Shelton. Also David Howe (RPS; Advisory Member); Rick Wendt (RPS; advisory member).

Staff in attendance: Ed Conlow, OBMI Executive Director; Sarah Anderson, OBMI Administrative Licensing Specialist.

Call to order: Board Chair Karraker called the meeting to order at 8:35 a.m.

Executive session: Chair Karraker convened the board in executive session pursuant to ORS 192.660(2)(k) at 8:39 a.m.

Executive Session Adjourned: Chair Karraker adjourned executive session at 1:04 p.m. and directed Board members to get lunch and bring it back to the meeting.

Public session: Chair Karraker called public session to order at 1:30 p.m.

Approval of public minutes from previous board meetings: January 22, 2016 minutes: Lemler made the motion to approve the minutes as submitted; Hopkins seconded. Approved unanimously.

Approval of executive session minutes from January 22, 2016 board meeting: Lemler made the motion to approve the executive session minutes as submitted; Hoylman seconded. Approved unanimously.

Ratification of licenses: Motion to ratify by Hopkins; seconded by Lemler. Approved unanimously.

1. Radiographer licenses: From 173142 to 173211
2. Nuclear medicine licenses: 500320
3. MRI licenses: From 400645 to 400661
4. Sonography licenses: From 601423 to 601449
5. Limited x-ray machine operator permits: From 4245 to 4253
6. Radiation therapy licenses: 270150 to 270152
7. All temporary initial medical imaging modality licenses and permits: R52218 to S52290

Board votes on disciplinary cases:

Case 16-03-04: Motion to issue a stipulated agreement for unprofessional conduct based upon \$500 civil penalty for each of four reported instances of improperly accessing confidential patient records, in violation of ORS 688.525(1)(c) with penalty based upon OAR 337-030-0010(3)(c). Motion by Hoylman, seconded by Hopkins. Approved unanimously.

Case 16-03-06: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Hoylman, seconded by Hopkins. Approved unanimously.

Case 16-01-04: Motion to issue a stipulated agreement for \$500 civil penalty, based upon failure to report a 2015 DUII on license renewal, obtaining a license by misrepresentation, with \$500 civil penalty in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-03-07: Motion to issue notice of proposed revocation based upon unprofessional conduct in accordance with ORS 688.525(1)(c) and OAR 337-030-002(1). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-02-05: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 15-11-05: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-01-05: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-02-03: Motion to close case with no action. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-03-02: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-03-03: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-03-05: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-03-08: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-03-09: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-04-01: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-04-04: Motion to issue a notice of proposed license revocation in accordance with ORS 688.525(1)(d). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 15-06-06: Motion is to issue a final order of default for license revocation. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-02-04: Motion to close the case with no Board action. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 15-06-02: Motion to close case. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Board ratification of stipulated orders issued for civil penalties for practicing on an expired license:

- \$100 civil penalty for practicing on an expired license for less than six months, in accordance with OAR 337-030-0010(3)(a)(A), for the following cases: 15-10-02, 15-11-06, 15-11-08, 15-12-02, 15-12-03, 15-12-04, and 16-03-01.
- \$200 civil penalty for practicing on an expired license for more than six months but less than 12 months, in accordance with OAR 337-030-0010(3)(a)(B), for the following case: Case 15-12-01.

Motion by Hoylman, seconded by Lemler, to ratify stipulated orders for civil penalties for practicing on an expired license. Approved unanimously.

### **New Business:**

Request to exempt low-dosage units from the CT credential requirement: Deborah Brandt and Gail Wagenblast asked the Board to exempt certain low-dose computed tomography devices from the requirement to have a CT subspecialty credential. Their request would be to continue to require a person to have a radiography license, just not the newly-required CT subspecialty credential. (OBMI's CT credential requirement goes into effect on January 1, 2017.) Rick Wendt noted that Radiation Protection Services has rules related to the operation of CT equipment, which would need to be considered in any discussion regarding CT operator requirements. The Board took no action on this agenda item.

### **Old Business:**

Request to OBMI to recognize CCI's ACS credential: Todd Belcik RDCS(AE,PE), RCS (CCI) asked the Board to add the new "Advanced Cardiac Sonographer" (ACS) credential to the OBMI list of recognized credentials. The ACS credential is a new credential that is accredited by Cardiac Credentialing International (CCI). Robert McDonald RDCS(AE,FE,PE), RCCS RCIS RCS (CCI) mentioned to the Board that the ARDMS also has a new musculoskeletal subspecialty credential. Following discussion, Robyn Cole made a motion to initiate rulemaking to add CCI's ACS credential and also ARDMS' musculoskeletal (MSK) credential to OBMI's list of recognized subspecialty credentials. Dr. Hopkins seconded the motion. Approved unanimously.

Supervision of limited x-ray students while completing practical experience requirements: Several program directors from limited x-ray machine operator (LXMO) schools were invited to participate in a discussion regarding the best way to assure proper supervision for LXMO graduates who are completing practical experience requirements. Board members expressed concern that the required levels of supervision were not being provided in many cases. Representatives were in attendance from Pioneer Pacific College (Wilsonville and Springfield), Abdill Career College, and Portland School of Radiography. No decisions were made, though Board members expressed interest in pursuing this topic further.

Health workforce data fee: Ed Conlow noted that the OBMI will be required to participate in a health workforce survey beginning with renewals on September 1, 2016. He said that OBMI could add some data questions to the OHA survey instrument, and he suggested that OBMI might benefit from demographic data regarding individual respondents' licensure and subspecialties. He noted that the Oregon Health Authority will charge OBMI four dollars per renewal, to pay for OHA's costs related to this program. He noted that the OBMI had discussed this issue at the January 2016 Board meeting, and that a motion to pass this fee along to renewal applicants did not have sufficient votes to pass. He noted that the total fees are estimated to equal \$22,000 in a biennium and, if the fees are not passed along to renewal applicants, it will hasten the day when the Board needs to raise license fees. Motion by Cole, seconded by Hopkins, to initiate rulemaking to add a four dollar health workforce data surcharge to all renewal applications. Approved unanimously.

Discussion of legislative concepts: At the January Board meeting, the Board voted to submit a legislative concept to delete the sonography licensure exemption in ORS 688.435(3). Ed Conlow told the Board that he was still working on this draft, and asked for the Board to adjust the draft to maintain the licensure exemption for licensed nurse midwives. He also discussed language to clearly state that OBMI does not regulate ultrasound that is used for guidance purposes, and Board members discussed ways to clarify this provision. Ed Conlow said that he would continue to work on clarifying this language and submit it to the Governor's office by mid-May.

Update on hiring OBMI investigator: Ed Conlow noted that the Board has hired Thomas King to work as a part-time employee for the Board, to help with investigations.

Public Comment:

- Michael Robinson, a licensed sonographer, addressed the Board to say that he didn't think it is appropriate to ask initial and renewal license applicants to report prior arrests, since an arrest by itself does not indicate guilt.

Adjournment: Chair Karraker adjourned the meeting at 4:07 p.m.

Minutes submitted by Ed Conlow

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, July 22, 2016  
Portland State Office Building, 800 NE Oregon Street  
Conference Room 1-D

**APPROVED MINUTES**

Board attendance: Dr. Ron Boucher, acting chair; Brad Betz; Rick Hoylman; Robyn Cole; Dr. Katharine Hopkins; Wayne Lemler; Dr. Steven Edelman. Also David Howe (RPS; Advisory Member); Glenda Villamar (RPS; advisory member).

Staff in attendance: Ed Conlow, OBMI Executive Director; Sarah Anderson, OBMI Administrative Licensing Specialist; Vincent Mandina, Administrative LEDS Specialist; Thomas King, Investigator.

Call to order: Acting Chair Dr. Boucher called the meeting to order at 8:40 a.m.

Executive session: Acting Chair Dr. Boucher convened the board in executive session at 8:42 pursuant to ORS 192.660(2)(L) and ORS 190.660(2)(f).

Executive Session Adjourned: Acting Chair Dr. Boucher adjourned executive session at 1:04 p.m. and directed Board members to get lunch and bring it back to the meeting.

Public Session: Acting Chair Dr. Boucher called the Board into public session at 1:30 p.m.

Approval of public minutes from previous board meeting: April 22, 2016 minutes: Cole made the motion to approve the minutes as submitted; Hopkins seconded. Approved unanimously.

Approval of executive session minutes from April 22, 2016 board meeting: Motion by Lemler to approve the minutes as submitted; seconded by Hoylman. Approved unanimously.

Ratification of licenses: Motion to ratify new licenses issued since the last Board meeting. Motion by Lemler; seconded by Hoylman. Approved unanimously.

1. Radiographer licenses: From 173212 to 173363
2. Nuclear medicine licenses: 500321 to 500331
3. MRI licenses: From 400662 to 400679
4. Sonography licenses: From 601450 to 601483
5. Limited x-ray machine operator permits: From 4254 to 4260
6. Radiation therapy licenses: 270153 to 270158
7. All temporary initial medical imaging modality licenses and permits: R52291 – MR52324

Board votes on disciplinary cases:

Case 16-06-06: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Cole. Approved unanimously.

Case 16-04-03: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Cole. Approved unanimously.

Case 16-06-03: Motion to issue a letter of concern to the permit holder. Motion by Lemler, seconded by Cole. Approved unanimously.

Case 16-07-01: Motion to issue a notice of proposed revocation, in accordance with ORS 688.525(1)(b). Motion by Lemler, seconded by Cole. Approved unanimously.

Case 16-05-04: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Cole. Approved unanimously.

Case 16-06-01: Motion to issue a stipulated agreement for \$500 civil penalty for obtaining a license by misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Lemler, seconded by Cole. Approved unanimously.

Case 16-04-04: Motion to issue a final order of revocation in accordance with ORS 688.525(1)(d). Motion by Lemler; seconded by Cole. Approved unanimously.

Case 16-06-08: Motion to close the case with no action. Motion by Lemler; seconded by Cole. Approved unanimously.

Case 16-07-04: Motion to open an investigation regarding the possible violation of ORS 688.415(1)(g). Motion by Lemler; seconded by Cole. Approved unanimously.

Case 16-02-02: Motion to issue a stipulated agreement for \$10,000 civil penalty for employing a person in violation of ORS 688.415(1)(d) and in accordance with OAR 337-030-0010(3)(f). Motion by Lemler; seconded by Cole. Approved unanimously.

Case 16-02-02A: Motion to issue a stipulated agreement for a \$500 civil penalty for practicing without first obtaining a license, a violation of ORS 688.415(1)(a), and in accordance with OAR 337-030-0010(3)(b). Motion by Lemler; seconded by Cole. Approved unanimously.

Case 15-08-08: Motion to issue a stipulated agreement for a \$500 civil penalty for practicing without first obtaining a license, a violation of ORS 688.415(1)(a), and in accordance with OAR 337-030-0010(3)(b). Also, motion incorporates Board direction to require the employer to appear before the Board at the next regular Board meeting. Motion by Lemler; seconded by Cole. Approved unanimously.

Case 15-11-07: Motion to issue a stipulated agreement for a \$500 civil penalty for practicing without first obtaining a license, a violation of ORS 688.415(1)(a), and in accordance with OAR 337-030-0010(3)(b). Motion by Lemler; seconded by Cole. Approved unanimously.

Case 16-06-05: Motion to close the case with no action. Motion by Lemler; seconded by Cole. Approved unanimously.

Case 16-01-03: Motion to issue a final order of revocation in accordance with ORS 688.515(1). Motion by Lemler; seconded by Cole. Approved unanimously.

Board ratification of stipulated orders issued for civil penalties for practicing on an expired license:

- \$100 civil penalty for practicing on an expired license for less than six months, in accordance with OAR 337-030-0010(3)(a)(A), for the following cases: 16-06-04.
- \$500 civil penalty for practicing on an expired license for more than one year but less than two years, in accordance with OAR 337-030-0010(3)(a)(C), for the following case: Case 16-06-07.

Motion by Lemler; seconded by Cole; to ratify stipulated orders for civil penalties for practicing on an expired license. Approved unanimously.

## Old Business

Proposed rulemaking to add \$4 surcharge for the health workforce survey, and also to add “ACS” and “MSKS” as OBMI-recognized credentials: The Board initiated a rulemaking at the previous Board meeting to add a surcharge of four dollars to each renewal applicant, because the Oregon Health Authority will charge that same amount to OBMI, for each renewal, to pay for the health workforce questionnaire that OHA administers. This rulemaking will also allow the OBMI to add two new sonography credentials to the license of qualified sonographers: 1) CCI’s Advanced Cardiac Sonographer (ACS); and 2) ARDMS’ musculoskeletal sonographer (MSKS) credential. Ed Conlow told the Board that no comments were received during the public comment period, but that one licensee had sent an email in January, 2016, objecting to the proposed surcharge, which was on the January 2016 Board meeting agenda for initial discussion. Motion was made by Dr. Edelman, seconded by Cole, to adopt the rule to add the four dollar surcharge and to recognize the two new sonography credentials. Approved unanimously.

Update on 2017 legislation: Ed Conlow indicated that the Board’s proposed legislation for 2017 is currently in the Governor’s possession, under consideration for submission to the Legislature. The five legislative concepts include:

- a. Allow for OBMI recognition of ISCD’s bone densitometry credential.
- b. Give the Board the flexibility to specify certain administrative or clerical license violations, with fines of up to \$100, as non-disciplinary actions.
- c. Exempt ophthalmic sonography from state licensure.
- d. Require institutions to check to make sure imaging technologist licenses are valid and up-to-date.
- e. Narrow the statutory license exemption for diagnostic sonography (ORS 688.435[3]).

He said that he asked the Governor’s office to combine four (items a, b, c, and d, above) of the five legislative concepts into one bill, including the four concepts that appear to be noncontroversial. The one controversial legislative concept would narrow the sonography exemption in current statute so that only licensed nurse midwives and emergency medical personnel could perform ultrasound without an OBMI license. He said that Ruby Jason, Executive Director of the Oregon State Board of Nursing, and Susan King of the Oregon Nurses Association, had requested to address the Board on the sonography exemption legislation.

Ruby Jason, Executive Director, Oregon State Board of Nursing (OSBN): She said that the OSBN does not endorse or oppose legislation that is proposed by other regulatory boards. She said that the scope of practice for nursing is very fluid and dynamic. A nurse starts out coming out of school and then later gains experience on the job and the scope starts to expand. It is up to the individual and the organization in which they work to determine what is required in terms of education, continuing education, competency validation and field application. She said that many nurses use sonography in the provision of care to patients. She said that, in some situations, ultrasound technologists are not always available and the nurse has the capacity, within a very broad scope of care, to actually use that modality as part of a care plan for a patient. She said that, if this legislation moves forward, the impact to the public may be significant in terms of the public’s access to care. She said that the OSBN has no record of any complaints from the public regarding the use of this modality by anyone licensed by the OSBN.

Susan King, Executive Director, Oregon Nurses Association: She said that use of sonography has been a part of nursing practice for quite a number of years. She said that, given the comments of Ruby Jason, she fails to see where the need for this legislation is coming from. She said that every licensed health provider adds to their practice via formal education, training, and competency over the life of their career. She said that the examples would be quite numerous about the cases in which patient care would be compromised if this legislative concept goes forward. She said the ONA strongly recommends that, if there is a nurse who is performing a procedure below the standard of care or for which the licensee is not qualified, there is ample opportunity for the OSBN to intervene to protect the public health. She requested that the OBMI retain the existing statutory exemption for sonography.

Dr. Boucher said that this discussion is regarding diagnostic imaging, not point of care. He said that, if you are looking for a cyst, that's one thing. But if there is something else going on, such as cancer, the question is whether the image is of a level of quality that will allow the diagnostician to make an accurate diagnosis. In response, Susan King said that, in her experience, a nurse taking the image in such a situation would typically result in a referral to a specialist, the same as if the image were taken by a family practice physician. In this regard, she said that the public safety issue raised by Dr. Boucher is not a major concern from ONA's point of view.

In response to a question from Dr. Edelman, Susan King said that she is unclear as to why the OBMI would choose to exempt nurse midwives but not other categories of nurses, including other specialty areas of nurse practitioner. Ruby Jason noted that advanced practice nurses in Oregon enjoy a broad spectrum of independent practice. So it would be their responsibility, as with any other physician or independent practitioner, to get the necessary education and training.

Rick Hoylman asked about the training requirements, didactic and clinical, for anyone in the nursing profession, for sonography. Susan King said that any nurse would have to have the appropriate didactic and clinical training. She said that she brought an example of one specialty organization's sonography training outline, which she said is fairly extensive, including specific hours of didactic and clinical training. She said that the training requirement for a nurse is probably no different than the training for a physician. Rick Hoylman asked: why wouldn't you just have a sonographer do the imaging? Susan King said that it's not always feasible due to cost, particularly in rural areas.

Dr. Edelman asked if the nursing board would be willing to set standards for diagnostic ultrasound. Ruby Jason said that the OSBN has not set standards. She said the OSBN does not set specific standards for nurse scope of practice but rather allows nurses to grow within their scope of practice through training. She said the OSBN is very eager to work with any board to make sure that we are not overstepping each other and that the board's are working collaboratively toward the goal of public safety.

Robyn Cole mentioned that ARDMS is developing a sonography program for midwives.

Dr. Edelman said that the OBMI may need to look at nurse practitioners, because they use ultrasound extensively, and we certainly didn't want to limit the use of ultrasound to those who use it in proper practice. He said that we are looking for standards. He asked if anyone has any ideas on how to raise the standards. Susan King said that her recommendation is that the legislative process cannot support these kinds of issues. She said ONA supports the highest standards. She said the ONA would be happy to work with the OBMI around the issues of public safety and adequacy of training. She said that a legislative solution that forces the issue is unwise. She recommended a conversation away from the Legislature, and she said that ONA would participate. Dr. Edelman requested creation of a discussion format with the nurses as well as clinicians and ultrasound technologists.

Supervision of limited x-ray students while completing practical experience requirements: Ed Conlow said that he had set up a rules advisory committee meeting July 11 with limited school directors and several directors of the 2- and 4-year imaging schools in Oregon, to discuss possible ways to tighten the supervision requirements of persons with temporary limited permits. He distributed a draft rule that he drafted and then revised in response to some of the comments that were made at the July 11 meeting. After explaining the draft, there was some discussion among Board members plus some comments from several individuals who participated in the July 11 meeting, who were in attendance at the Board meeting. Rick Hoylman discussed whether physicians should be overseeing the quality of the imaging technique, because they are not trained in imaging technique. In response, it was noted that state law gives physicians wide latitude in this area, even though they are not trained, and that the rule basically reflects that reality. Dr. Edelman expressed the opinion that there should be a standard requirement for the school to check on the clinical site. This agenda item was tabled for further discussion.

Grant Mooney, CT Manager, OHSU: CT subspecialty credential requirement for low-dose CT machines: Grant Mooney from OHSU addressed the Board to say that OHSU has studied the issue and believes that only a person with a CT subspecialty credential should be operating low-dose CT machines. Also, he said that NRC will require this in 2018 (except for dental). Also, he said that CMS will require (for billing) that a CT technologist do the imaging. He said he supports the rule that OBMI has in place, which will require technologists to have a CT subspecialty credential (by either ARRT or NMTCB) after January 1, 2017, in order to perform CT.

**New Business:**

OBMI proposed budget for 2017-19 biennium: Ed Conlow explained that the Board's Agency Request Budget has an ending balance estimated at \$150,000. Motion to approve the OBMI Agency Request Budget by Lemler; seconded by Cole; approved unanimously.

Request from Dan Goldblatt: Ed Conlow said he received an inquiry from Blue Mountain Hospital, asking if a temporary post-primary licensee, during the second post-primary license when in-the-building supervision is required, could be supervised by a physician who is on the hospital campus but not in the same building. Board members expressed support for in-the-building supervision and there was no action to allow for "on-the-campus" supervision.

Presentation by Todd Belcik: Todd Belcik, a licensed sonographer who has registry credentials from both ARDMS and CCI, said that, in most EP labs, there is an assistant who is being directed by the physician to increase gain, increase depth, turn on the color, flip the image, etc. He said that this is not the same as performing a diagnostic exam, because they are being directed by the physician, who is performing the exam via catheter. Rather, it is the physician who is doing the imaging exam. The question is: trying to get credentialed staff is very difficult. So now you pull a sonographer out of the clinical setting, for 30-45 minutes, to basically push buttons (at the direction of the physician). Should OHSU have to hire sonographers to work in the lab, that's another financial burden. He posed the question: with the scope of practice of these individuals, do we need to have an OBMI license to do this work? Dr. Edelman asked if this is point of care ultrasound? Todd Belcik said he has a hard time calling it diagnostic. Dr. Boucher said that it is all really about guidance and directed therapies. Robyn Cole noted that the assistant is still making adjustments to the instruments. Todd said that turning up the gain of the transducer does not affect the patient; Robyn Cole disagreed. Dr. Boucher said this is directed guidance. Todd said this is a sterile procedure. Having the individual there, as an extension of the physician's arm, makes sense. These are CVTs.

Dr. Edelman asked Todd if there are standards for echo techs who perform these tasks. Todd said that the RT credentials and the RCIS credentials have standards and guidelines. Todd said that the tech is not working independently in this setting. Rick Holyman asked Todd if his purpose was to exempt these individuals from needing a license from OBMI. Dr. Edelman said this looks like a point of care procedure. Robyn said that there is a lot more involved than just pushing a button. Todd said that RCES has the training in their programs for cardiovascular ultrasound. Todd confirmed Rick Hoylman's observation that most people doing this work are RCES or RCIS registrants. Rick Hoylman said that, in the real world, eventually these individuals would take on progressively more and more responsibility for production of the images. David Howe noted that some of the scope-of-practice material handed out by Todd talks about practice of fluoroscopy in electrophysiology laboratories. David asked if these individuals could practice fluoroscopy and Todd didn't say they couldn't; he said they are trained. David said they would be bumping against RCS regulations. Dr. Boucher asked to summarize. Discussion was to try to determine if what Todd is talking about is diagnostic or point-of-care.

Letter from CAMRT Registrant: Ed Conlow explained that OBMI has been contacted by a Canadian resident who is registered with the Canadian Association of Medical Radiation Technologists (CAMRT), asking for the Board to recognize CAMRT as a qualified registry for purposes of licensure. Barbara Smith cautioned that she

has heard that CAMRT may be planning to make some changes in their credentialing or certification processes, so we need to watch what they do.

Ed Conlow explained that the Board has the discretionary authority to grant a license to a person from another country, if the licensure requirements in the other country are no less stringent than what OBMI requires. But this qualified waiver provision (ORS 688.495) is only available for *radiographers*; apparently the statute was not updated after the Board expanded the licensure categories in 2010. (Since Mr. Esmaili was seeking an MRI license, the exemption is not available to him.) Ed Conlow asked if the Board would like him to try to insert a corrective amendment into OBMI's 2017 legislation, to make this waiver provision available for all five medical imaging licensure modalities, not just radiography. But there was no consensus, and so this issue was tabled.

Public Comment: No one from the public stepped forward to comment.

Discussion on criminal background checks: Dr. Edelman asked why OBMI asks applicants to report all prior arrests and convictions, rather than just convictions. As an example, he provided a copy of the Washington practitioner attestation form, which only requires the reporting of convictions, in the criminal history section of that form. He asked if OBMI's standards for criminal history should be higher than the standards for physician applicants. Dr. Boucher asked how far back should we look...how relevant is a 20-year-old incident? The Board expressed interest in further discussion regarding what criminal background should license/permit applicants be required to report. The discussion seemed to center around whether to require reporting of arrests and convictions, or just convictions, and whether to not require reporting of criminal history that is older than a specified number of years. Also, whether it is appropriate to allow for a temporary license to applicants, while awaiting completion of the background check.

Adjournment: Acting Chair Dr. Boucher adjourned the meeting at 4:07 p.m.

Minutes submitted by Ed Conlow

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, October 21, 2016  
Portland State Office Building, 800 NE Oregon Street  
Conference Room 1-D

**APPROVED MINUTES**

Board attendance: Kelly Karraker, chair; Brad Betz; Rick Hoylman; Robyn Cole; Dr. Katharine Hopkins; Wayne Lemler; Dr. Steven Edelman; Ellen Voss. Also: David Howe (RPS; Advisory Member); Glenda Villamar (RPS; advisory member).

Staff in attendance: Ed Conlow, OBMI Executive Director; Sarah Anderson, OBMI Administrative Licensing Specialist; Vincent Mandina, Administrative LEDS Specialist; Thomas King, Investigator; Joanna Tucker Davis, Senior Assistant Attorney General.

Call to order: Chairperson Karraker called the meeting to order at 8:40 a.m.

Executive session: Chairperson Karraker convened the board in executive session at 8:37 pursuant to ORS 192.660(2)(L) and ORS 190.660(2)(f). Chairperson Karraker adjourned executive session at 1:38 p.m.

Public Session: Chairperson Karraker called the Board into public session at 1:50 p.m.

Approval of public minutes from previous board meeting: July 22, 2016 minutes: Lemler made the motion to approve the minutes as submitted; Hopkins seconded. Approved unanimously.

Approval of executive session minutes from July 22, 2016 board meeting: Motion by Lemler to approve the minutes as submitted; seconded by Hopkins. Approved unanimously.

Ratification of licenses: Motion to ratify new licenses issued since the last Board meeting. Motion by Lemler; seconded by Hopkins. Approved unanimously.

1. Radiographer licenses: From 173364 to 173538
2. Nuclear medicine licenses: 500331 to 500335
3. MRI licenses: From 400680 to 400694
4. Sonography licenses: From 601484 to 601522
5. Limited x-ray machine operator permits: From 4261 to 4276
6. Radiation therapy licenses: 270159 to 270164
7. All temporary initial medical imaging modality licenses and permits: R52291 to R52343

Board ratification of stipulated orders issued for civil penalties for practicing on an expired license in violation of ORS 688.415(1):

- \$100 civil penalty for practicing on an expired license for less than six months, in accordance with OAR 337-030-0010(3)(a)(A), for the following cases: 16-08-04; 16-09-03.
- \$200 civil penalty for practicing on an expired license for less than six months, in accordance with OAR 337-030-0010(3)(a)(B), for the following cases: 16-09-01.

Motion by Lemler; seconded by Hopkins; to ratify stipulated orders for civil penalties for practicing on an expired license. Approved unanimously.

Board votes on disciplinary cases:

Case 16-08-01: Motion to close the case with no Board action. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-08-02: Motion to close the case with no Board action. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-08-07: Motion to issue a stipulated agreement for a \$500 civil penalty for practicing without first obtaining a license, a violation of ORS 688.415(1)(a), and in accordance with OAR 337-030-0010(3)(b). Motion by Lemler; seconded by Hopkins. Approved unanimously.

Case 16-05-01: Motion to close the case with no Board action. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-09-05: Motion to close the case with no Board action. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-07-03: Motion to issue a notice of intent to deny licensure in accordance with ORS 688.415(1)(e) and (f); OAR 688.525((1)(c) and (d); and OAR 337-030-0002(7). Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-05-02: Motion to close the case with no Board action. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-09-06: Motion to close the case with no Board action. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-07-01: Motion to issue a final order of revocation based upon the allegation alleged in the notice of proposed revocation. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-05-03: Motion to close the case with no Board action. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-09-04: Motion to close the case with no Board action. Motion by Lemler, seconded by Hopkins. Approved unanimously.

Case 16-10-03: Motion to close the case with no Board action. Motion by Lemler, seconded by Hopkins. Approved unanimously.

## **Old Business**

Proposed rules for limited permit practical experience supervision: Ed Conlow described proposed amendments to draft rules that are intended to tighten the supervision requirements for limited x-ray students while they are completing their practical experience requirements. He described suggested changes since the July meeting, and indicated that he had provided copies to the limited school directors in advance of the Board meeting. He said that he received a response e-mail from Ki, director of Abdill Career College, requesting an amendment to allow *program directors* or *authorized school personnel* to maintain certain records that are required to be kept. The Board discussed the draft and heard comments from representatives of several limited x-ray schools. The Board approved some revisions to the draft. Following discussion, Cole made a motion to initiate rulemaking; Lemler seconded. Approved unanimously.

Coquille Valley Hospital's request for waiver of the CT credential requirement that goes into effect 1-1-17: Board members considered a letter submitted by Timothy Gault, radiology manager at CVH. The request was for a waiver from the CT credential requirement for two technologists who work at CVH. Board members questioned Timothy Gault regarding the waiver request, who attended by telephone. Board members discussed whether to waive the registry exam requirement. It was discussed that, in a previous waiver request,

the Board insisted that the waiver recipients pass a registry exam (sponsored by the Board). Board members discussed that all facilities had two years' advance notice that this CT requirement would be implemented on 1-1-17, and additionally that the CT rule allows for temporary licensure, to give technologists time to prepare for the exam. Following discussion, Lemler made a motion, seconded by Betz, to refuse CVH's request for a waiver from the CT credential requirement. Approved unanimously.

Update on 2017 legislation: Ed Conlow indicated that the Board's proposed legislation for 2017 is currently in the Governor's possession, under consideration for submission to the Legislature. The two legislative concepts include:

- a. LC 631: Combines three separate OBMI concepts into one:
  - i. Allow for OBMI recognition of ISCD's bone densitometry credential.
  - ii. Give the Board the flexibility to specify certain administrative or clerical license violations, with fines of up to \$100, as non-disciplinary actions.
  - iii. Exempt ophthalmic sonography from state licensure.
- b. LC 636: Narrow the statutory license exemption for diagnostic sonography (ORS 688.435[3]).
- c. LC 634 (withdrawn): LC 634 would require the Oregon Health Authority (OHA) to make sure that medical imaging technologists in health institutions are properly licensed. This was withdrawn at the behest of the OHA, which argued that the OHA rules already require hospitals to check to make sure health care personnel are properly licensed.

2017-19 Budget update: Ed Conlow said that the Governor's staff is working on OBMI's Agency Request Budget. He said he expects that the numbers will likely be adjusted slightly, but that he expects the Governor's budget for OBMI to go to the Legislature in substantially similar form to the budget that the agency submitted.

Discussion of point-of-care versus diagnostic imaging:

- Dr. Edelman said that point-of-care is included in the medical record, but not as a separate report, very limited scope.
- Rick Hoylman said that the Board should figure out, whatever the type of sonography is performed, that there is some level of competency.
- Dr. Edelman said that emergency room physicians have certain documented criteria. They have to go to CE. There are well-defined scopes.
- Rick Hoylman asked: Should the statutory language be changed so that OBMI is involved in regulation of *point of care* applications?
- Ed Conlow asked if it is useful for us to be trying to better define what is diagnostic and non-diagnostic. Dr. Edelman responded that we should be trying to define what is "licenseable" and what is non-license-able.
- Wayne Lemler suggested that maybe what is needed is a joint committee between the nursing board and the OBMI, to develop standards that are acceptable to both boards.

Update from RPS on proposed rulemaking to enable advanced practice nurses to supervise fluoroscopy:

David Howe provided an update on the process by which Radiation Protection Services is working with nursing groups to develop proposed rules that would allow advanced practice nurses to *supervise* fluoroscopy. He noted that RPS has held two rules advisory committee meetings to discuss the issues. Ongoing discussions relate to which types of procedures advanced practice nurses could supervise. For whatever supervisory authority might be granted through this rulemaking, RPS would look to establish specific didactic, clinical and applications training standards.

Public Records Policy: Ed Conlow asked the Board to approve a public records management policy that had been previously distributed. The policy is based upon a model policy developed by the Archives Division of

the Secretary of State's office. Motion by Cole to adopt the policy; seconded by Hopkins. Approved unanimously.

Do cardiovascular technologists need a license: Dr. Edelman motioned that the practice that Todd Belcik described at the July 22, 2016 Board meeting be deemed to be point-of-care ultrasound (non-diagnostic). The motion died due to lack of a second.

Legislative history of "diagnostic": Joanna Tucker Davis asked the Board if they would like her to research the legislative history of the meaning of "diagnostic" for the next meeting. General response to her question was positive.

**Public Comment:** No members of the public offered comment.

**Adjournment:** Chairperson Karraker adjourned the meeting at 4:00 p.m.

Minutes submitted by Ed Conlow