DATE: June 24, 2026

TO: Hearing Attendees and Commenters –
Oregon Administrative Rules chapter 333, divisions 102, 106, 116 and 119 – "Radiation Protection Services (RPS): Amended X-ray and tanning operations and training rules"

FROM: Brittany Hall, Hearing Officer and Administrative Rules Coordinator

cc: Todd Carpenter, Interim Program Director
Radiation Protection Services

SUBJECT: Presiding Hearing Officer's Report on Rulemaking Hearing, Public Comment Period, and Agency Response to Written Comments

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Hearing Officer Report

Date of Hearing: May 19, 2026, via Microsoft Teams

Purpose of Hearing: The purpose of this hearing was to receive testimony regarding the Oregon Health Authority, Public Health Division, Center for Health Protection, Radiation Protection Services' (RPS), proposed permanent amendments to Oregon Administrative Rules (OAR) to address rule compatibility with the Nuclear Regulatory Commission's federal regulations, provide better clarification regarding the definition and training requirements for a radiation supervisor, allow a veterinarian or a veterinary technician to operate specific X-ray imaging devices, outline the clinical hours required for a medical physicist consultant, and outline the training and service requirements regarding the tanning registrant's operations. Proposed rule language addresses the need to provide authority for the veterinarian and veterinary technician to operate a fluoroscopy and computed tomography imaging devices, to define that a X-ray supervisor must direct work being performed by therapy staff, allows a non-radiologist practitioner

to supervise fluoroscopic imaging upon completion of an Oregon Health Authority-approved training course, allows a dental practitioner who is using a rectangular collimator to be exempt from placing a thyroid collar on a pediatric patient, and reduce the amount of documented experience time required for a physicist to provide computed tomography consulting.

Hearing Officer: Brittany Hall

Testimony Received: No individuals provided testimony at the hearing.

Other Comments: One individual or organization submitted written comments during the rule advisory committee (RAC) process. Written comments received during the RAC process are attached to this report as **EXHIBIT 1.** Nineteen individuals or organizations submitted written comments to OHA within the period allotted for public comment, which closed at 5:00 PM on May 21, 2026. Written comments received during the public comment period are attached to this report as **EXHIBIT 2.**

In written comments received during the rule advisory committee (RAC) process and during the public comment period, OHA received a request for clarification that "supervised, non-discretionary physical assistance by support personnel is not the 'operation' of fluoroscopic equipment and does not constitute the regulated practice of medical imaging, so long as the individual does not independently activate fluoroscopy, determine exposure parameters, or make independent imaging decisions". Written comments stated that this is believed "to be the current practice and understanding of the Agency, and would appreciate this being clearly stated in the rule or in sub regulatory guidance." Written comments opine that "this slight clarification would enhance compliance, reduce ambiguity, and help ensure patient safety".

Written comments further requested that "OHA should adopt a narrow clarification that preserves the existing regulatory framework while preventing ordinary supervised assistance from being mischaracterized as unlicensed fluoroscopy operation". Proposed language regarding "ministerial assistance" and a conforming definition of "ministerial assistance" is provided in Exhibits 1 and 2.

Agency response:
The Oregon Health Authority appreciates the written comments received regarding the subject of Ministerial Assistance as described within the comments received during the RAC process and during the public comment period. Radiation Protection Services (RPS) does not possess the statutory authority to insert additional language within rules that pertain to patient positioning when operating medical imaging equipment by a licensed individual. The Oregon Board of Medical Imaging (OBMI) possesses the statutory authority (ORS 688.405 through 688.915) to regulate the positioning of a patient for X-ray imaging. RPS's Oregon Administrative Rules relating to patient positioning are inserted to align with OBMI's statutory authority.

RPS does have the authority to allow a non-licensed person to position patients for medical imaging by meeting the requirements within OAR 333-106-0055(7), General Requirements for X-ray Operator Training.

In written comments received during the public comment period, OHA heard that the proposed rule change that restricts the operation of Fluoroscopy X-ray Systems and Computed Tomography (CT) equipment exclusively to veterinarians (DVMs) or certified veterinarian technicians (CVTs) is a financial and logistical burden to veterinary hospitals, will increase costs to clients, and is a burden to trained professionals. Written comments opine that the training requirements for use of these machines are "extreme and burdensome" and that "paraprofessionals with safety and some measure of medical training (without licensure) can easily and safely operate these machines". Written comments note that in veterinary medicine (unlike human medicine) anesthesia is required to perform 100% of imaging techniques and therefore, if a CVT is mandated to operate the CT scanner (rather than an assistant), they are diverted from critical patient monitoring and could compromise patient safety. Written comments also note the limited access to and shortage of CVTs in Oregon, particularly in rural areas.

Written comments further opine that the proposed rules do not reflect current equipment or current safety concerns and do not distinguish cone beam CT or self-shielding machines. "The proposed rule sets broad standards based on old machines that produce higher levels of radiation. Current and recent machines with self-shielding, as well as using appropriate time 'outside of the room' and

reasonable safety precautions should be considered in this rulemaking. These suggested rules are taking old fashion rules from human medicine twenty or more years ago and applying them to Vet medicine without any thought or modernization with current realistic safety requirements".

Written comments request that the "updated rules and training [are] more specific to the machines and current safety concerns", and that "RPS finds or solicits a course that is more tailored to cone beam CT and the risks associated with these machines as well as related to the caseloads we are seeing". Comments also request that the rules "include unlicensed veterinary assistants as trainable/allowed to take the approved RPS training course so they may be allowed to operate the machines(s)" and that the rules "allow for the delegation of CT operation to trained support staff under professional supervision". Written comments opine that assistants "do not need to have the depth of medical knowledge or licensure acquired by CVTs and veterinarians prior to learning how to use these machines safely".

Agency response:
The OHA appreciates written comments received from the Oregon Veterinary Association and veterinary registrants with Radiation Protection Services (RPS) regarding rule language relating to fluoroscopic and computer tomography (CT) equipment operations. Current Oregon Administrative Rules do not allow for an Oregon licensed Veterinarian or Certified Veterinarian (CVT) to operate this class of imaging equipment. Proposed rule language is a remedy for this oversight.

RPS received 18 written comments outlining the need for Veterinary Assistants to operate fluoroscopic and CT machines and a needed remedy to meet the industry's staffing demands. RPS has identified a rule pathway to allow a Veterinary Assistant to operate fluoroscopic and CT imaging equipment by meeting the training requirements in OAR 333-106-0055 and 333-106-0205. Veterinary Assistants interested in meeting CT training requirements can attend a veterinary CT operator Authority-approved course to satisfy the requirements within OAR 333-106-0055.

EXHIBIT 1

OIMC
Oregon Independent Medical Coalition

To: Todd Carpenter
Oregon Health Authority, Radiation Protection Services; Rules Advisory Committee
TODD.S.CARPENTER@oha.oregon.gov

From: Sabrina Riggs
Oregon Independent Medical Coalition (OIMC)
[redacted]

Date: April 15, 2026

Re: Proposed Clarification to OAR 333-106-0205 Regarding Ministerial Assistance in Fluoroscopy Settings

Submitted electronically to TODD.S.CARPENTER@oha.oregon.gov on April 15, 2026

The Oregon Independent Medical Coalition (OIMC) is a membership organization of independent clinics located across Oregon. These clinics encompass many specialties, many of which rely on fluoroscopy imaging. We write to provide comments on the open rulemaking and proposed changes to OAR 333.

OIMC requests clarification that supervised, non-discretionary physical assistance by support personnel is not the "operation" of fluoroscopic equipment and does not constitute the regulated practice of medical imaging, so long as the individual does not independently activate fluoroscopy, determine exposure parameters, or make independent imaging-positioning decisions. We believe this to be the current practice and understanding of the Agency, and would appreciate this being clearly stated in the rule or in sub regulatory guidance that we can direct our membership to as questions arise.

This slight clarification would enhance compliance, reduce ambiguity, and help ensure patient safety.

The current and proposed versions of OAR 333-106-0205 focus on who can operate fluoroscopic equipment and under what supervision. The rule requires proper training for fluoroscopic equipment operators and defines categories of authorized practitioners, including radiologists, non-radiologist practitioners with approved training, radiologic technologists with OBMI licensure, and certain veterinary personnel under the proposed amendments.

At the same time, routine physical acts in a procedure room directed by a person subject to regulation— such as stabilizing a patient, moving a bolster or drape, or assisting at a physician's direction— should not be considered regulated imaging practice.

Proposed Rule Language

The following language is proposed for consideration:

> **Ministerial Assistance.** *Nothing in this rule prohibits a person under the direct supervision of an authorized fluoroscopy operator from providing supervised, non-discretionary physical assistance in the procedure room, provided that the person does not independently activate fluoroscopic exposure, independently determine exposure parameters or technique factors, independently*

select imaging position, or otherwise exercise independent imaging judgment or control of radiation-producing functions.

A conforming definition may also be added:

> **Ministerial assistance** *means routine, non-discretionary physical support performed at the immediate direction of a licensed or otherwise authorized practitioner and without independent clinical judgment concerning imaging position, exposure, or image acquisition.*

OIMC requests that OHA should adopt a narrow clarification that preserves the existing regulatory framework while preventing ordinary supervised assistance from being mischaracterized as unlicensed fluoroscopy operation. The proposed language would support patient safety, training consistency, and administrability. We believe that this clarification can be achieved through revised rule language, or through sub regulatory guidance like an FAQ.

OIMC appreciates the work of the Radiation Protection Services, and the opportunity to bring this request forward.

EXHIBIT 2

To: **Todd Carpenter**
Oregon Health Authority, Radiation Protection Services; Rules Advisory Committee
TODD.S.CARPENTER@oha.oregon.gov

From: **Oregon Independent Medical Coalition (OIMC)**
Oregon Medical Association
Oregon Association of Orthopaedic Surgeons
Oregon Podiatric Medical Association

Date: May 21, 2026

Re: Proposed Clarification to OAR 333-106-0205 Regarding Ministerial Assistance in Fluoroscopy Settings

Submitted electronically to TODD.S.CARPENTER@oha.oregon.gov on May 21, 2026 by [redacted]

The groups signatory to this request represent facilities, clinics and providers across Oregon that utilize fluoroscopy and strive to ensure stringent patient protection and compliance with all laws and regulation. We write to respectfully provide comments on the open rulemaking and proposed changes to OAR 333, and to seek clarification on what we believe to be current practice by Radiation Protection Services.

Specifically, we request clarification that supervised, non-discretionary physical assistance by support personnel is not the "operation" of fluoroscopic equipment and does not constitute the regulated practice of medical imaging, so long as the individual does not independently activate fluoroscopy, determine exposure parameters, or make independent imaging-positioning decisions. We believe this to be the current practice and understanding of the Agency, and would appreciate this being clearly stated in the rule or in sub regulatory guidance that we can direct our membership to as questions arise.

This slight clarification would enhance compliance, reduce ambiguity, and help ensure patient safety.

The current and proposed versions of OAR 333-106-0205 focus on who can operate fluoroscopic equipment and under what supervision. The rule requires proper training for fluoroscopic equipment operators and defines categories of authorized practitioners, including radiologists, non-radiologist practitioners with approved training, radiologic technologists with OBMI licensure, and certain veterinary personnel under the proposed amendments.

At the same time, routine physical acts in a procedure room directed by a person subject to regulation— such as stabilizing a patient, moving a bolster or drape, or assisting at a physician's direction— should not be considered regulated imaging practice.

Proposed Rule Language

The following rule language is proposed for consideration, and we also recognize that this clarification could be provided in sub regulatory guidance such as an FAQ document:

Contacts: [redacted]

> **Ministerial Assistance.** *Nothing in this rule prohibits a person under the direct supervision of an authorized fluoroscopy operator from providing supervised, non-discretionary physical assistance in the procedure room, provided that the person does not independently activate fluoroscopic exposure, independently determine exposure parameters or technique factors, independently select imaging position, or otherwise exercise independent imaging judgment or control of radiation-producing functions.*

A conforming definition may also be added:

> **Ministerial assistance** *means routine, non-discretionary physical support performed at the immediate direction of a licensed or otherwise authorized practitioner and without independent clinical judgment concerning imaging position, exposure, or image acquisition.*

We request that OHA should provide this narrow clarification that preserves the existing regulatory framework while preventing ordinary supervised assistance from being mischaracterized as unlicensed fluoroscopy operation. The proposed language would support patient safety, training consistency, and administrability. We believe that this clarification can be achieved through revised rule language, or through sub regulatory guidance like an FAQ.

We appreciate the work of the Radiation Protection Services, and the opportunity to bring this request forward. Thank you for your consideration of these comments.

Contacts: [redacted]

OREGON VETERINARY
medical association

May 14, 2026

Proposed Rulemaking: Oregon Health Authority
Chapter 333

Todd Carpenter, Interim Program Director
Radiation Protection Services

Dear Mr. Carpenter and Radiation Protection Services:

We recognize the need for Radiation Protection Services (Oregon Health Authority) to promulgate rulemaking that provides allowance for – and, presumably, oversight of – the use and operation of Fluoroscopy X-ray Systems and Computed Tomography in veterinary medicine in Oregon.

CT, for example, is becoming more common in veterinary medicine, with approximately 15 veterinary facilities across the state providing this important imaging service for their animal patients. An increasing number of specialty/referral and/or emergency veterinary facilities have also added Fluoroscopy machines.

The proposed amended rule under OAR 333-106-0370 (Computed Tomography X-ray Systems: Operator Requirements) designates that only a licensed veterinarian or licensed veterinary technician may operate a CT unit, provided they have successfully completed an OHA approved CT course and have completed the manufacturer's application training as defined in OAR-333-106-0005.

What is missing in the proposed rulemaking is the consideration for and allowance of an unlicensed veterinary assistant to also operate a CT unit under the same specified conditions as with a licensed veterinarian and a licensed technician.

Why is this important? Licensed veterinary technicians are in significant short supply in Oregon (and across the country), and this trend is expected to continue for the foreseeable future. In some veterinary facilities, veterinary assistants have received training and are helping to operate the units – under veterinary supervision and guidance.

We shared this information with RPS during discussions last year on this topic and as a lead up to the formation of a working group that addressed proposed rulemaking. RPS acknowledged the shortage of credentialed technicians and that veterinary assistants have been running the machines at some clinics.

Limiting the operation of a CT unit to only licensed individuals by the Oregon Veterinary Medical Examining Board presents a practical challenge to those veterinary facilities that provide this imaging service to their clients and patients but rely on veterinary assistants under supervision, to operate the CT. A DVM or CVT would be taken away from other responsibilities they have with treating patients in the practice to operate the machine, and because of their higher salaries there likely will be an increase in cost to clients for the service.

To properly operate a CT unit (and Fluoroscopy machine) in veterinary medicine feasibly requires two individuals: one to induce and monitor anesthesia of the animal patient and another to operate the CT. As proposed, the amended rule would require veterinarians and CVTs to run the machines, taking them away from other patient care when a trained veterinary assistant could capably perform this service. This removes the option

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[redacted]
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for licensed veterinarians and technicians to guide the medical needs of the animal patient, while a veterinary assistant turns on the unit and adjusts it as needed to capture the necessary imaging.

RPS regulates general veterinary radiography requiring registration of X-ray machines, regular inspections, and a radiation safety training course for unlicensed veterinary assistants. Once a veterinary assistant takes such a course, they are allowed to assist with and/or perform an X-ray on the practice's patients. This is performed under supervision.

Are these same assistants, approved by RPS for general radiography, not capable of being trained to operate a CT machine? We do not believe that is the case. A veterinarian in the facility would be responsible for supervising the veterinary assistant – of directing and managing the process.

We encourage you to consider a pathway for unlicensed veterinary assistants to operate a CT unit and/or a Fluoroscopy machine, if they have received application training on the machines and have taken an RPS-approved course, both of which would be required of a DVM and CVT under the proposed rules. In fact, Tricia Elliott, MS, CVT, RVT in Klamath Falls conducts a virtual CT Safety Certificate Course that is approved by RPS (Oregon Health Authority) where registrants develop a strong foundation in CT-specific radiation protection, equipment operations and best practices for maintaining a safe clinical environment.

We believe taking such an important course specific to veterinary medicine would be a goal of RPS' – and we hope that it would include unlicensed veterinary assistants in addition to licensed veterinarians and veterinary technicians.

Thank you for your time and consideration.

Sincerely,

Glenn

Glenn M. Kolb, Executive Director
Oregon Veterinary Medical Association

From: Joshua M. Elliott, MA, DVM, DACVIM (SAIM)
Chief Medical Officer
Sunstone Veterinary Specialists
1230 NE 106th Ave
Portland, OR 97220
[redacted]

To Whom It May Concern,

Todd Carpenter, Interim Program Director
Radiation Protection Services

Regarding: *333-106-0370 and 333-106-0205*

These new requirements expect/require Veterinarians and Licensed Veterinarians to operate these machines. Licensed Veterinary Technician's CVTs are commanding upwards of $40 per hour actively. They are hard to recruit and there is a lack of these Technicians statewide and nationally. Veterinarians running these machines (CT's and fluoroscopy) is even more expensive and impractical. 100% of veterinary patients (unlike human medicine) require anesthesia to perform these imaging techniques. Therefore, requiring a veterinarian or CVT to run the CT/Fluoroscopy machines functionally requires TWO CVTs to perform one imaging technique; (one running anesthesia, one running the CT/Fluoro machine). Requiring CVT's and doctors to run the CT/Fluoro machines will increase costs to clients and is an unfair financial burden to veterinary hospitals that are small businesses.

Expecting/requiring Veterinarians and CVTs to run these machines is asking heavily trained medical professionals to turn on machines, plug them in, adjust them. Rather than the direction of these simple tasks. In human medicine there are several levels of nurses and paraprofessionals. Asking veterinarians and CVTs will pull trained professionals away from patient care to turn on and adjust machines. This is an inappropriate burden to these professionals.

Many/most of these CT machines do not run (the time they emit radiation) when the operator is in the room. The proposed rules suggest that training is required to turn the machines on, adjust them, basically touch them. This all seems extreme and burdensome. Paraprofessionals with safety and some measure of medical training (without licensure) can easily and safely operate these machines.

My proposal/request is to include unlicensed veterinary assistants as trainable/allowed to take the approved RPS training course so they may be allowed to operate the machine(s). Assistants would also need training and safety training. Assistants do not need to have the depth of medical knowledge or licensure acquired by CVTs and veterinarians prior to learning how to use these machines safely. These machines are easier and easier to use safely. In depth medical knowledge is not needed to collect good images. Veterinarians and CVTs are needed to guide and determine what is being done (medically) but this is NOT the same as operating the machine.

Rule 0370 does not distinguish cone beam CT or self-shielding machines. The proposed rule sets broad standards based on old machines that produce higher levels of radiation. Current and recent machines with self-shielding, as well as using appropriate time "outside of the room" and reasonable safety precautions should be considered in this rule making. These suggested rules are taking old fashion rules from human medicine twenty or more years ago and applying them to Vet medicine without any thought or modernization with current realistic safety requirements. There need to be updated rules and training more specific to the machines and current safety concerns.

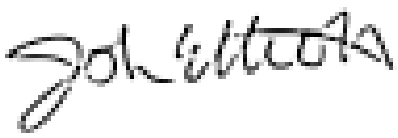
Current RPS safety training courses only considers cone beam machines as a brief mention on their syllabi and are probably not relevant to many of the machines currently being used in veterinary medicine.

Lastly, these rules and standards are based in human medicine where CT machines are running 8-24 hours days constantly. Human patients can be told to not move, hold their breath, wait, adjust and then move on. Staff working around these machines are at risk of exposure potentially a dozen times per day. In veterinary medicine we typically run our CT machine 3 times per week. Some large practices may be busier than this, but we are probably moderate in veterinary medicine. Our case load simply does not approximate the human nurse exposures. The risks are simply not the same. Requiring veterinarians and CVTs to run these machines makes it expensive and difficult to run these cases in a practical way.

My proposal/request is that unlicensed veterinary assistants be allowed to take an appropriate radiation safety course related to veterinary medicine. Additionally that RPS

finds or solicits a course perhaps by Tricia Elliott, MS, CVT, RVT (she has a general CT veterinary course) that is more tailored to cone beam CT and the risks associated with these machines as well as related to the caseloads we are seeing.

Thank you for you consideration,



Joshua Elliott

From: Matt Vaughan
To: Public Health Rules
Subject: Comments on Proposed Rulemaking for Amended X-ray training rules
Date: Tuesday, May 12, 2026 11:05:57 AM

To Whom It May Concern,

I am providing written comments in response to the proposed rulemaking for OAR chapter 333, divisions 102, 106, 116 and 119.

In speciality veterinary practice, the use of CT is becoming more and more common. Requiring the CT to only be operated by a DVM or a CVT that has undergone required training will place an undue hardship on our staff and lead to inability to provide adequate care to our patients and pet parents. CVTs are in severely limited supply and are already required to be the ones performing anesthesia. Veterinary patients almost always require aneshtesia for a CT, so one CVT is already busy taking care of anesthesia and having another CVT or DVM operating the CT is typically not feasible. It would also put the patiet at risk to have a CVT try and manage anesthesia as well as running the CT at the same time. In our practice we have dedicated assistants that have gone through training and are the most capable in the hospital at running the CT. I would ask that we add veterinary assistants that have undergone the similar CT specific training required of CVTs and DVMs to also be allowed to run the CT without having to go therough additional steps of requesting an exemption.

Thank you for your consideration.

Matt Vaughan

–

Matt Vaughan, DVM, DACVIM
VP of External Relations, Small Animal Internist
[redacted].
[redacted]
www.vrcvet.com
62889 NE Oxford Ct., Bend, OR 97701

From: Christie Greiner-Shelton
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Thursday, May 14, 2026 3:05:18 PM

I am submitting these written comments in response to the proposed rulemaking for OAR chapter 333, divisions 102, 106, 116, and 119.

I am writing as a licensed veterinarian in Oregon to formally express my opposition to the proposed rule change that would restrict the operation of CT equipment exclusively to DVMs and CVTs.

We are currently navigating a historic workforce crisis for both DVMs and CVTs. Restricting technical tasks that can be safely delegated further strains an already exhausted profession. My primary focus must remain on the interpretation of scans, surgical intervention, and client communication—tasks that require my specific license.

Most concerning is that this change will actually **compromise patient safety**. If a CVT is mandated to run the CT, they are often pulled away from critical patient monitoring. In many clinical scenarios, this would result in an assistant monitoring anesthesia while the CVT operates the scanner. This is a direct inversion of logical patient care; a CVT's advanced skills are far more critical for anesthesia management than for the technical execution of a CT scan.

Trained veterinary assistants, operating under the direct supervision of a DVM, are fully capable of the technical execution of a CT scan. They act as an extension of the doctor's hands, not as autonomous operators. We currently have a trained assistant who has been operating CT's for almost a decade, whom I would trust more than a doctor or another CVT.

This change does not improve safety; it creates a logistical crisis and forces a decline in the standard of care. I urge you to allow for the delegation of CT operation to trained support staff under professional supervision.

Respectfully,

Christie Greiner-Shelton, DVM
Veterinary Referral Center of Central Oregon

From: Heather Kaese
To: Public Health Rules
Subject: Subject: Opposition to OHA/RPS CT Policy Change
Date: Thursday, May 14, 2026 11:26:16 AM

To Whom It May Concern,

I am submitting these written comments regarding the proposed rulemaking for OAR chapter 333, divisions 102, 106, 116, and 119.

As a licensed veterinarian in Oregon, I am formally expressing my opposition to the proposed rule change that would restrict the operation of CT equipment exclusively to DVMs and CVTs.

The veterinary profession is currently navigating a historic workforce crisis. Restricting technical tasks that can be safely delegated further strains our staff. My primary focus must remain on tasks that require my specific license, such as interpreting scans, performing surgical interventions, and communicating with clients.

Most concerningly, this change could compromise patient safety. If a CVT is mandated to operate the CT scanner, they are often diverted from critical patient monitoring. This shift frequently results in assistants monitoring anesthesia while the CVT operates equipment—a direct inversion of logical patient care. A CVT's advanced skills are far more critical for anesthesia management than for the technical execution of a CT scan.

Trained veterinary assistants, operating under the direct supervision of a DVM, are fully capable of executing CT scans. They act as an extension of the doctor's oversight rather than as autonomous operators. For example, my practice employs a trained assistant who has operated CT equipment for nearly a decade with a level of expertise I trust implicitly.

The proposed changes will limit our ability to provide timely diagnoses and evidence-based care. Forcing CVTs away from anesthetic duties creates a logistical crisis and a decline in the standard of care. I urge you to allow for the delegation of CT operation to trained support staff under professional supervision.

Respectfully,

Heather Kaese, DVM, MS, DACIVM-LA, DACVO, Veterinary Referral Center of Central Oregon
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Heather Kaese, DVM, MS, DACVIM-LA, DACVO
Veterinary Ophthalmologist
[redacted]

From: Jennifer Bentley
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Thursday, May 14, 2026 11:32:29 AM

I am writing as a licensed veterinarian in Oregon to formally express my opposition to the proposed rule change that would restrict the operation of CT equipment exclusively to DVMs and CVTs.

We provide advanced medical care in a rural setting. Access to CVT's is extremely limited. I need CVTs elsewhere in the hospital - we are currently short 8 CVT's in our clinic! And now I have to designate another to imaging. And every single hospital in our area is short CVT's. Further restricting technical tasks that can be safely delegated further strains an already exhausted profession.

I personally worry about the rising costs of veterinary care already, which is driven by labor costs. This ruling will increase costs, as just having a CVT needed to operate and ideally another CVT to run anesthesia will increase costs significantly for the patient.

Most concerning is that this change will actually **compromise patient safety**. If a CVT is mandated to run the CT, they are often pulled away from critical patient monitoring. In many clinical scenarios, this would result in an assistant monitoring anesthesia while the CVT operates the scanner. This is a direct inversion of logical patient care; a CVT's advanced skills are far more critical for anesthesia management than for the technical execution of a CT scan.

Trained veterinary assistants, operating under the direct supervision of a DVM, are fully capable of the technical execution of a CT scan. They act as an extension of the doctor's hands, not as autonomous operators. We currently have a trained assistant who has been operating CT's for almost a decade, whom I would trust more than a doctor or another CVT.

This change does not improve safety; it creates a logistical crisis and forces a decline in the standard of care. I urge you to allow for the delegation of CT operation to trained support staff under professional supervision.

Respectfully,

Jennifer Bentley, DVM, DACVD
Small Animal Dermatologist, Medical Director

[redacted]
[redacted]
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1820 NW Monterey Pines Drive, Suite 100, Bend, OR 97703

From: Mauricio Dujowich
To: Public Health Rules
Cc: [redacted]; Joshua Elliott
Subject: Opposition To Proposed Rule Changes Regarding CT Operation: OAR chapter 333, divisions 102, 106, 116, and 119 Comments
Date: Thursday, May 14, 2026 10:13:01 AM

I am submitting these written comments in response to the proposed rulemaking for OAR chapter 333, divisions 102, 106, 116, and 119.

In the field of specialty veterinary practice, the utilization of CT scans is increasingly prevalent. Mandating that only a DVM or a CVT with specific training operate the CT equipment poses significant challenges for our staff and could impair our ability to provide optimal care to our patients and their owners. CVTs are in short supply and are already essential for performing anesthesia. Since veterinary patients almost always require anesthesia for a CT scan, one CVT is fully engaged in anesthesia management, making it impractical to have another CVT or DVM operate the CT. Additionally, entrusting a CVT with both anesthesia and CT operation concurrently could compromise patient safety.

In our practice, we have trained veterinary assistants who are exceptionally skilled at operating the CT. Therefore, I recommend that veterinary assistants who have completed CT-specific training, equivalent to that required for CVTs and DVMs, be authorized to operate the CT. This change would eliminate the need for requesting exemptions and ensure that our patients receive the highest standard of care.

I can tell you from personal experience that our patients, pet parents, and staff are better served by individuals who are excited to learn and respect advanced imaging rather than forcing a doctor or certified veterinary technician to operate a piece of equipment that they perceive as a burden to operate.

Thank you for considering this request.

Mauricio Dujowich, DVM, DACVS-SA, CCRT
Chief Executive Officer, Small Animal Surgeon
[redacted]
[redacted]

From: SEAN ELLISON
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Thursday, May 14, 2026 3:05:20 PM

I am submitting these written comments in response to the proposed rulemaking for OAR chapter 333, divisions 102, 106, 116, and 119.

I am writing as a licensed veterinarian in Oregon to formally express my opposition to the proposed rule change that would restrict the operation of CT equipment exclusively to DVMs and CVTs.

We are currently navigating a historic workforce crisis for both DVMs and CVTs. Restricting technical tasks that can be safely delegated further strains an already exhausted profession. My primary focus must remain on the interpretation of scans, surgical intervention, and client communication—tasks that require my specific license.

Most concerning is that this change will actually **compromise patient safety**. If a CVT is mandated to run the CT, they are often pulled away from critical patient monitoring. In many clinical scenarios, this would result in an assistant monitoring anesthesia while the CVT operates the scanner. This is a direct inversion of logical patient care; a CVT's advanced skills are far more critical for anesthesia management than for the technical execution of a CT scan.

Trained veterinary assistants, operating under the direct supervision of a DVM, are fully capable of the technical execution of a CT scan. They act as an extension of the doctor's hands, not as autonomous operators. We currently have a trained assistant who has been operating CT's for almost a decade, whom I would trust more than a doctor or another CVT.

This change does not improve safety; it creates a logistical crisis and forces a decline in the standard of care. I urge you to allow for the delegation of CT operation to trained support staff under professional supervision.

Sincerely,

Sean Ellison, DVM

Staff Veterinarian

Veterinary Referral Center of Central Oregon

From: Stephen Stockdale
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Thursday, May 14, 2026 11:21:40 AM

I am submitting these written comments in response to the proposed rulemaking for OAR chapter 333, divisions 102, 106, 116, and 119.

I am writing as a licensed veterinarian in Oregon to formally express my opposition to the proposed rule change that would restrict the operation of CT equipment exclusively to DVMs and CVTs.

We are currently navigating a national historic workforce crisis for both DVMs and CVTs. Restricting technical tasks that can be safely delegated further strains an already exhausted profession. My primary focus must remain on the interpretation of scans, surgical intervention, and client communication—tasks that require my specific license.

Most concerning is that this change will actually **compromise patient safety**. If a CVT is mandated to run the CT, they are often pulled away from critical patient monitoring. In many clinical scenarios, this would result in an assistant monitoring anesthesia while the CVT operates the scanner. This is a direct inversion of logical patient care; a CVT's advanced skills are far more critical for anesthesia management than for the technical execution of a CT scan.

Trained veterinary assistants, operating under the direct supervision of a DVM, are fully capable of the technical execution of a CT scan; as they are for radiographraphy. They act as an extension of the doctor's hands, not as autonomous operators. We currently have a trained assistant who has been operating CT's for almost a decade, whom I would trust more than a doctor or another CVT.

In our facility, doctors and CVT's are dedicated to patient medical and anesthesia safety.

This change does not improve safety; it creates a logistical crisis and forces a decline in the standard of care. I urge you to allow for the delegation of CT operation to trained support staff under professional supervision.

Respectfully,

Stephen Stockdale DVM, DACVS-SA

--

Stephen Stockdale, DVM, DACVS-SA
Chief of Surgery Department
Surgery Resident Director

[redacted]
[redacted]
www.vrcvet.com
62889 NE Oxford Ct., Bend, OR 97701

From: Kristen Couto
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Friday, May 15, 2026 3:46:31 PM

To whom it may concern,

I am writing as a licensed veterinarian in Oregon to formally express my opposition to the proposed rule change that would restrict the operation of CT equipment exclusively to DVMs and CVTs.

We are currently navigating a historic workforce crisis for both DVMs and CVTs. Restricting technical tasks that can be safely delegated further strains an already exhausted profession. My primary focus must remain on the interpretation of scans, what type of surgical intervention may be possible for difficult neoplasms, and client communication - tasks that require my specific license.

Most concerning is that this change will actually **compromise patient safety**. If a CVT is mandated to run the CT, they are often pulled away from critical patient monitoring. In some clinical scenarios, this would result in an assistant monitoring anesthesia while the CVT operates the scanner. This is a direct inversion of logical patient care; a CVT's advanced skills are far more critical for anesthesia management than for the technical execution of a CT scan.

Trained veterinary assistants, operating under the direct supervision of a DVM, are fully capable of the technical execution of a CT scan. They act as an extension of the doctor's hands, not as autonomous operators. We currently have a highly skilled imaging assistant who has been operating CT's for almost a decade, whom I would trust more than a doctor or another CVT - she is able to run the most complex, multi-site CT scans that are typically required for my Oncology workups, and without her, I would have to be pulled off the floor to run these personally, as we do not have another trained CVT that can. This would require me to see less cases in the clinic, and I am currently the only board certified Oncologist on the west side of the Cascades spanning hundreds of miles. It is not feasible for me to cut down on my caseload, as we will not be able to take care of our community here.

This change does not improve safety; it creates a logistical crisis and forces a decline in the standard of care. I urge you to allow for the delegation of CT operation to trained support

staff under professional supervision.

I hope you take this into high consideration when making these incredibly important decisions.

Best, kristen

--

Kristen Couto, DVM, DACVIM (Oncology)

Veterinary Oncologist

[redacted]

[redacted]

www.vrcvet.com

62889 NE Oxford Ct. Bend, OR 97701

From: Alice Morassi
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Saturday, May 16, 2026 12:16:43 PM

To Whom It May Concern,

I am submitting these written comments in response to the proposed rulemaking for OAR chapter 333, divisions 102, 106, 116, and 119.

I am writing as a licensed veterinarian in Oregon to formally express my opposition to the proposed rule change that would restrict the operation of CT equipment exclusively to DVMs and CVTs.

We are currently navigating a historic workforce crisis for both DVMs and CVTs. Restricting technical tasks that can be safely delegated further strains an already exhausted profession. My primary focus must remain on the interpretation of scans, surgical intervention, and client communication—tasks that require my specific license.

Most concerning is that this change will actually **compromise patient safety**. If a CVT is mandated to run the CT, they are often pulled away from critical patient monitoring. In many clinical scenarios, this would result in an assistant monitoring anesthesia while the CVT operates the scanner. This is a direct inversion of logical patient care; a CVT's advanced skills are far more critical for anesthesia management than for the technical execution of a CT scan. I work in the Internal Medicine Department and I often perform CT scans on very sick and unstable patients that greatly benefit from direct anesthetic supervision and monitoring by a trained CVT that should be completely focused on the patient and not on running a CT scan.

Trained veterinary assistants, operating under the direct supervision of a DVM, are fully capable of the technical execution of a CT scan. They act as an extension of the doctor's hands, not as autonomous operators. We currently have a trained assistant who has been operating CT's for almost a decade, whom I would trust more than a doctor or another

CVT.

This change does not improve safety; it creates a logistical crisis and forces a decline in the standard of care. I urge you to allow for the delegation of CT operation to trained support staff under professional supervision.

Respectfully,

Alice Morassi DVM MS DACVIM (SAIM)

Veterinary Referral Center of Central Oregon

From: Colin Taylor
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Monday, May 18, 2026 12:51:20 PM

To whom it may concern,

My name is Colin Taylor and I am a small animal surgeon at the Veterinary Referral Center in Central Oregon.

I am submitting these written comments in response to the proposed rulemaking for OAR chapter 333, divisions 102, 106, 116, and 119.

I am writing as a licensed veterinarian in Oregon to formally express my opposition to the proposed rule change that would restrict the operation of CT equipment exclusively to DVMs and CVTs.

We are currently navigating a historic workforce crisis for both DVMs and CVTs. Restricting technical tasks that can be safely delegated further strains an already exhausted profession. My primary focus must remain on the interpretation of scans, surgical intervention, and client communication—tasks that require my specific license.

Most concerning is that this change will actually compromise patient safety. If a CVT is mandated to run the CT, they are often pulled away from critical patient monitoring. In many clinical scenarios, this would result in an assistant monitoring anesthesia while the CVT operates the scanner. This is a direct inversion of logical patient care; a CVT's advanced skills are far more critical for anesthesia management than for the technical execution of a CT scan.

Trained veterinary assistants, operating under the direct supervision of a DVM, are fully capable of the technical execution of a CT scan. They act as an extension of the doctor's hands, not as autonomous operators. We currently have a trained assistant who has been operating CT's for almost a decade, whom I would trust more than a doctor or another CVT to operate the machine.

As a busy surgery service we have a CVT assigned to run each anesthesia case and focus on the patient, while our highly qualified CT operator focuses on image acquisition. Losing the CT operator will be crushing for our patient care.

This change does not improve safety; it creates a logistical crisis and forces a decline in the standard of care. I urge you to allow for the delegation of CT operation to trained support staff under professional supervision.

Sincerely,
Dr. Colin Taylor, DVM, SACVS-SA

From: Lily Davis
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Monday, May 18, 2026 7:06:23 AM

To whom it may concern,

I am writing as a licensed veterinarian in Oregon to formally express my opposition to the proposed rule change that would restrict the operation of CT equipment exclusively to DVMs and CVTs.

We are currently navigating a historic workforce crisis for both DVMs and CVTs. Restricting technical tasks that can be safely delegated further strains an already exhausted profession. My primary focus must remain on the interpretation of scans, surgical intervention, and client communication—tasks that require my specific license.

Most concerning is that this change will actually **compromise patient safety**. If a CVT is mandated to run the CT, they are often pulled away from critical patient monitoring. In many clinical scenarios, this would result in an assistant monitoring anesthesia while the CVT operates the scanner. This is a direct inversion of logical patient care; a CVT's advanced skills are far more critical for anesthesia management than for the technical execution of a CT scan.

Trained veterinary assistants, operating under the direct supervision of a DVM, are fully capable of the technical execution of a CT scan. They act as an extension of the doctor's hands, not as autonomous operators. We currently have a trained assistant who has been operating CT's for almost a decade, whom I would trust more than a doctor or another CVT.

This change does not improve safety; it creates a logistical crisis and forces a decline in the standard of care. I urge you to allow for the delegation of CT operation to trained support staff under professional supervision.

Respectfully,

Lily Davis, DVM, DACVAA

Veterinary Referral Center of Central Oregon

From: Laura Vilhauer
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Tuesday, May 19, 2026 11:37:38 AM

To whom it may concern:

I am the specialty supervisor for the Veterinary Referral Center of Central Oregon. I work with our Internal Medicine, Dermatology, Oncology, and Ophthalmology teams. Each of these teams do several CT scans for our patients to help provide exceptional veterinary care in Central Oregon. We rely heavily on multiple team members to provide the imaging services. We need our CVTs to focus on anesthesia, as our patients cannot sit still for these as people can. To make sure our work flows are efficient and effective for the needs of our day, it is imperative that we can utilize assistants to run our CT machine. We have a detailed training protocol to help them learn this valuable skill safely. If we are only able to have CVTs and doctors run the machine, we will be significantly affected on how many patients we can see each day. This will affect our patients health and prognosis as they will be delayed in getting the proper treatments that they need. We hope you will take this into consideration and change the ruling.

Thank you for your time,

--
Laura Vilhauer, CVT
Specialty Supervisor
[redacted]
[redacted]
www.vrcvet.com
62889 NE Oxford Ct. Bend, OR 97701

From: David Gall
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Wednesday, May 20, 2026 9:53:11 AM
Attachments: Outlook-2qaqfyiu.png

Hello:

I am submitting these comments in response to the proposed rulemaking for OAR chapter 333, divisions 102, 106, 116, and 119.

I am a veterinary radiologist, board certified by the American College of Veterinary Radiology since 2010. I have acted as the radiation safety officer and chief radiologist for a specialty veterinary hospital in Oregon from 2010 to 2021 and was involved in making sure that, among other things, the CT and fluoroscopy machines were being operated safely by properly trained staff.

I have read the proposed rule change and I would like to respond to the requirement for the operators of the CT and fluoroscopy equipment to be either a DVM or a CVT. While I strongly support the need for practices to take proper radiation safety steps, I would propose that that restriction be amended so that anyone that has been properly trained by the approved training and safety courses should be permitted to operate the equipment. One main reason for this is that there has been a long standing shortage of CVTs in the veterinary profession, and the DVMs are often too busy to be performing the CT scans. My concern is that if hospitals are going to rely on the DVMs and CVTs to run the equipment, those individuals will be required to multi-task in ways that could compromise patient safety in the CT and fluoroscopy equipment. It would be much more attainable, and therefore much safer, for veterinary hospitals to find someone who is adequately trained to run the equipment if they were not confined to the limits of DVMs or CVTs with the necessary training.

Thank you for considering. Please let me know if you have any questions or comments.

Dr. Dave Gall
Insight Veterinary Imaging
[redacted]

From: Emily Gale
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Wednesday, May 20, 2026 1:30:43 PM

I am submitting these written comments in response to the proposed rulemaking for OAR chapter 333, divisions 102, 106, 116, and 119.

I am writing as a licensed veterinarian in Oregon to formally express my opposition to the proposed rule change that would restrict the operation of CT equipment exclusively to DVMs and CVTs.

We are currently navigating a historic workforce crisis for both DVMs and CVTs. Restricting technical tasks that can be safely delegated further strains an already exhausted profession. My primary focus must remain on the interpretation of scans, surgical intervention, and client communication—tasks that require my specific license.

Most concerning is that this change will actually **compromise patient safety.** If a CVT is mandated to run the CT, they are often pulled away from critical patient monitoring. In many clinical scenarios, this would result in an assistant monitoring anesthesia while the CVT operates the scanner. This is a direct inversion of logical patient care; a CVT's advanced skills are far more critical for anesthesia management than for the technical execution of a CT scan.

Trained veterinary assistants, operating under the direct supervision of a DVM, are fully capable of the technical execution of a CT scan. They act as an extension of the doctor's hands, not as autonomous operators. We currently have a trained assistant who has been operating CT's for almost a decade, whom I would trust more than a doctor or another CVT.

This change does not improve safety; it creates a logistical crisis and forces a decline in the standard of care. I urge you to allow for the delegation of CT operation to trained support staff under professional supervision.

Respectfully,

Emily Gale, DVM, DACVD, Veterinary Referral Center of Central Oregon

To Whom It May Concern,

My name is Lindsay Hoeschen, and I work in advanced imaging at Veterinary Referral Center of Central Oregon (VRCCO), a specialty and emergency veterinary hospital in Bend, Oregon. I am writing in opposition to the proposed policy restricting operation of CT equipment to Certified Veterinary Technicians (CVTs) and veterinarians only.

I began working in advanced imaging in 2024 and since early 2025 have independently operated CT studies. During that time, I have become heavily involved in imaging workflow, including running CT studies for emergency and specialty patients, coordinating imaging scheduling between departments, troubleshooting imaging-related issues, and helping train staff on CT operation and safety procedures.

While I am not a CVT, advanced imaging has become a major part of my role. I have spent the last year building the skills necessary to perform these responsibilities safely and effectively under veterinary supervision.

I understand and fully embrace that with this role comes the responsibility to follow and enforce training requirements and radiation and patient safety standards. However, I do not believe a blanket restriction based strictly on licensure status is the best approach.

Removing me from CT operation at VRCCO would create significant workflow challenges, place additional strain on already busy teams, and likely delay diagnostics and treatment for patients. It would also pull CVTs away from responsibilities that more directly utilize their specialized technical and nursing skillsets in patient care.

I believe this proposal does not fully account for the competency that can develop through hands-on experience and structured training.

I respectfully ask that the proposed policy be reconsidered or revised to allow qualified, trained non-CVT individuals to continue operating CT equipment under veterinary supervision.

Thank you for your time and consideration.

Sincerely,

Lindsay Hoeschen
Veterinary Referral Center of Central Oregon
Bend, Oregon

From: Taylor Stockdale
To: Public Health Rules
Subject: Opposition to OHA/RPS CT Policy Change
Date: Wednesday, May 20, 2026 8:19:35 AM

I am submitting these written comments in response to the proposed rulemaking for OAR chapter 333, divisions 102, 106, 116, and 119.

I am writing as a licensed veterinarian in Oregon to formally express my opposition to the proposed rule change that would restrict the operation of CT equipment exclusively to DVMs and CVTs.

We are currently navigating a historic workforce crisis for both DVMs and CVTs. Restricting technical tasks that can be safely delegated further strains an already exhausted profession. My primary focus must remain on the interpretation of scans, surgical intervention, and client communication—tasks that require my specific license.

Most concerning is that this change will actually **compromise patient safety**. If a CVT is mandated to run the CT, they are often pulled away from critical patient monitoring. In many clinical scenarios, this would result in an assistant monitoring anesthesia while the CVT operates the scanner. This is a direct inversion of logical patient care; a CVT's advanced skills are far more critical for anesthesia management than for the technical execution of a CT scan.

Trained veterinary assistants, operating under the direct supervision of a DVM, are fully capable of the technical execution of a CT scan. They act as an extension of the doctor's hands, not as autonomous operators. We currently have a trained assistant who has been operating CT's for almost a decade, whom I would trust more than a doctor or another CVT.

This change does not improve safety; it creates a logistical crisis and forces a decline in the standard of care. I urge you to allow for the delegation of CT operation to trained support staff under professional supervision.

Respectfully,

Taylor Stockdale, DVM

--

Taylor Stockdale, DVM

Chief of Emergency, Internship Coordinator

[redacted]

[redacted]

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