

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, January 16, 2015  
Portland State Office Building, 800 NE Oregon Street  
Conference Room "1-D"

**APPROVED MINUTES**

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

Staff in attendance: Ed Conlow, Executive Director; Carol Parks, Senior Assistant Attorney General; Michelle Van Kleeck, OBMI investigator.

Call to order: 8:45 a.m. by board chair Frank Krause.

Executive session: Frank Krause convened the board in executive session pursuant to ORS 192.660(2)(k) at 8:47 a.m. End executive session at 12:10 p.m.

Authority delegated to executive director on disciplinary cases: Motion to delegate to the executive director the authority to do an initial investigation on cases in which license applicants fail to properly report criminal activity on their license or permit application. The executive director will complete an initial investigation and bring the findings to the board at the next board meeting, for possible board action. Motion by Krause; second by Gupta. Approved unanimously.

Recess to get lunch: Chair Frank Krause recessed public session at 12:15 and directed Board members to get lunch and return for public session, which reconvened at 12:35 p.m.

Approval of minutes from previous board meeting: Earp made the motion, Templeton seconded, to approve without amendment the draft minutes from the October 17, 2014 board meeting. Motion adopted unanimously.

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

1. Radiographer licenses: From 171940 through 1712003
2. Nuclear medicine licenses: 500292 through 500296
3. MRI licenses: From 400555 through 400569
4. Sonography licenses: From 601207 through 601257
5. Limited x-ray machine operator permits: From 4179 through 4189
6. Radiation therapy licenses: 270117 through 270124
7. All temporary initial medical imaging modality licenses and permits: S52208 – L52237

Investigative Case Vote:

Case 14-11-02: \$500 civil penalty for obtaining a license through misrepresentation, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i). Motion by Templeton; seconded by Earp. Approved unanimously.

Case 14-12-02: Motion to issue a letter of concern for practicing without a license for a period of several months, with no civil penalty based upon the fact that the licensee was a recent graduate at the time of the infraction. Motion by Templeton; seconded by Earp. Approved unanimously.

Case 14-12-03: Board motion is to issue a letter of concern regarding failure to report a prior arrest, with no civil penalty due to mitigating factor that there was no basis for the original arrest. Ayes: Krause, Templeton, McMillen, Karraker, Gupta, Earp. Nays: Lemler. Motion failed to pass.

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

- Motion to ratify \$100 civil penalty related to case 14-06-01, 14-10-03, and 14-11-05. Motion by Earp, second by McMillen. Approved unanimously.

Committee Updates: Ed Conlow mentioned that Kelly Karraker has agreed to help out on the continuing education committee. He also said that he would seek her assistance with the school inspections committee, to help out with inspections of the limited x-ray schools.

Board consideration to approve a permanent rule to create a CT waiver: Ed Conlow reminded the Board that the Board voted at the previous meeting to create a temporary rule to enable a person who does not qualify to perform computed tomography to request a waiver. Below is the waiver rule that the Board previously adopted as a temporary rule and also began rulemaking to adopt as a permanent rule. For the permanent rulemaking, Ed Conlow explained that two comments were submitted during the public comment period, and those comments were distributed to Board members in advance of this meeting. The permanent rule would read as follows:

OAR 337-010-0011(8) On a case-by-case basis, the board may waive a credential requirement of this rule for a licensed technologist, based upon the board's determination that the following two conditions are met:

1. The licensee seeking a waiver:
  - a. has substantial experience, as determined by the board, practicing computed tomography; and
  - b. seeks to perform computed tomography as an employee or contractor of a specified rural hospital, as defined in ORS 442.470; and
  - c. under state sponsorship, passes a computed tomography examination by a registry recognized by the board; and
  - d. must have completed and documented vendor-provided applications training specific to any CT machine the waiver applicant will work on; and
  - e. must have completed a minimum of 16 hours in structured CT education requirements within the 24 months prior to applying for the waiver.
  - f. meets clinical experience requirements as specified in the waiver.
  - g. must have completed five supervised diagnostic-quality repetitions of any anatomic area that the waiver recipient will image with computed tomography. The waiver will only cover images of anatomic areas for which the waiver recipient has met this requirement. Supervision must be provided by a licensed technologist with a CT registry credential recognized by the board.
2. Failure to grant the waiver would result in a substantial shortage in the rural hospital's ability to deliver necessary health services to the community.

The board may prescribe terms of the waiver, including but not limited to time duration of the waiver, supervisory requirements, and clinical experience requirements. The waiver may include deadlines for completing specified requirements included in the waiver. The board may grant a

preliminary waiver conditioned upon the waiver applicant's completion of all board-specified waiver requirements within no more than 60 days from the time the applicant submits an initial waiver request to the Board.

Earp moved to adopt the CT waiver as a permanent rule; Templeton seconded. Approved unanimously.

Update on OBMI legislation: Ed Conlow explained that the Board's legislation, SB 280, to restructure the board to facilitate the filling of board vacancies, is in the Senate Health Committee and he reported that the members of the Senate committee indicated that they will support SB 280. Conlow said that he told the committee members about a proposed amendment to strike the statutory requirement that a licensee board member must be "practicing." This amendment is due to a recent court case in which the board's current licensee membership was called into question since some of them are in supervisory positions and may not be actually performing imaging on a regular basis. Conlow said that the committee members indicated support for the amendment. Other legislation:

- SB 289 – To create a joint standing committee to periodically review all state boards and commissions, sunsetting all state boards. This would sunset the OBMI in 2020, unless the Legislature takes action to repeal the sunset.
- HB 5031 – to ratify the OBMI's \$52 fingerprint criminal background fee.
- LC 1101 – creates a board of advanced estheticians under the Oregon Health Licensing Agency. Earlier efforts would have placed advanced estheticians (who use ablative lasers) under the OBMI.
- At the last meeting, the board expressed support for an effort to allow mammographers to use the GE/ABUS ultrasound device. But it turns out that the board can't adopt a rule to allow mammographers to use the ABUS ultrasound device, because OBMI's statute won't allow crossover between radiography and ultrasound. It would require a statutory change. Conlow earlier notified GE/ABUS that they would need to sponsor legislation to address this issue, since the OBMI's deadline for sponsoring 2015 legislation had passed. Conlow is not aware that GE/ABUS followed-up with a legislative effort.

Update on fingerprints: Ed Conlow indicated that the OBMI started to require fingerprints of new license or permit applicants. He said that the system is working reasonably well so far.

Update on Pioneer Pacific College: Conlow reminded the Board that PPC's new radiography program is currently not listed as an "approved" school, so OBMI's interpretation of current law is that PPC's students will not qualify for the student license exemption and therefore cannot do clinicals without a license. He said that he had recently received a phone call from an attorney who said he represented PPC, who had some suggestions for how the current statute might accommodate PPC's students doing clinicals. Conlow told the attorney to send an email with his suggestions and that Conlow would need to get the board's attorney to consider the suggestions.

Budget update: Conlow said that the projected balance for the 2015-17 biennium is equal to 5-6 months spending, which is considered sufficient according to state practices.

Request from Grande Ronde Hospital for one-year extension of HB 4074 waiver: Grande Ronde Hospital addressed a letter to the Board, requesting a one-year extension of the waivers for two radiographers to continue to perform nuclear medicine. The Board approved the waivers at the April 25, 2014 Board meeting, and the waivers went into effect on April 30, 2014. The request letter was

signed jointly by two technologists who currently have a waiver, which expires on April 30, 2015. Following Board discussion, including comments to the Board from Randy Harp and Barbara Smith, the Board did not take action to extend the waivers.

Board rulemaking to add the NMTCB(CT) and the ARDMS(PS) credential: Frank Krause said that he wants to do some more research on ARDMS' pediatric sonography credential, and will do so by the next meeting. He agreed that the Board should proceed with the rulemaking to include the ARDMS-PS credential, and Frank said he will have research done by the next meeting, when the board will need to consider final adoption of the rule. Ed Conlow noted that the Board had previously adopted a permanent rule to require a CT credential from either the ARRT *or the NMTCB*, in order to perform diagnostic CT in 2017. Given that the board already adopted a rule to recognize NMTCB's CT credential, he said that, to him today's proposed rulemaking seems to be a housekeeping measure, just to allow the board to notate an NMTCB-CT subspecialty credential on the state license of a licensee who has earned that credential. Barbara Smith (PCC; OSRT) addressed the Board to say that the problem with the NMTCB-CT qualifications is that it doesn't require ever having to do a diagnostic CT. Following discussion, the Board voted to initiate rulemaking, and accept public comment, to add the ARDMS (PS) credential and the NMTCB (CT) credential. Motion by Krause; second by Lemler. Approved unanimously.

Ed Conlow asked the Board if they would agree to begin rulemaking to specify that a temporary license applicant must have completed the school program within the previous 24 months, and that the school program must be a medical imaging course of instruction in the same modality as the temporary license. Following discussion, the Board did not proceed with rulemaking on this item.

Ed Conlow asked the Board if they wished to consider requiring fewer hours of continuing education for a bone density limited permit holder to renew their permit. He said that they currently must complete 18 hours over two years, the same as a limited x-ray permit with up to three anatomic areas. He said that he sometimes hear concerns from BD permit holders that they have a difficult time finding CE courses related to their area of practice. Following discussion, the Board did not proceed with rulemaking on this item.

**Public Comment:**

Barbara Smith, PCC and OSRT: She said she is concerned that there is a hospital in which a cardiologist wants a technologist to inject contrast into a PICC line, under fluoroscopy, with the doctor not on-site. She said that she thought that it would be appropriate for a radiologic assistant to do, without supervision, but not a technologist. She believes it is outside a technologist's scope of practice. She asked the Board to express an opinion. Dr. Gupta said that the supervising physician must be at least be in the building.

**Adjourn at 2:19 p.m.**

Minutes submitted by Ed Conlow