

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, January 19, 2018  
Portland State Office Building, 800 NE Oregon Street  
Conference Room 1-D

**APPROVED MINUTES**

Board attendance: Kelly Karraker, chair; Brad Betz, Vice Chair; Allison Bohlke; Dr. Ron Boucher; Dr. Nick Branting; Robyn Cole; Melissa Downer-Valdez; Dr. Steven Edelman; Dr. Katharine Hopkins; Rick Hoylman; Jeff Kopecky; Ellen Voss. Also: David Howe (RPS; Advisory Member); Rick Wendt, RPS Operations Manager.

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

Chair Karraker called the Board meeting to order at 8:40 a.m. and immediately called the Board into executive session. Chair Karraker recessed executive session at 11:17 a.m. and resumed public session at 11:18 a.m.

Chair Karraker recessed public session at 11:18 a.m. and called the Board into executive session at 11:19 a.m. Chair Karraker adjourned executive session at 11:26 a.m. and went into public session.

**Public session:**

Chair Karraker resumed public session at 11:26 a.m.

Approval of meeting minutes from prior Board meeting

- Executive session minutes: Hopkins made the motion to approve the executive session minutes from the October 20, 2017 Board meeting; seconded by Hoylman. Approved unanimously.
- Public meeting minutes: Hopkins made the motion to approve the public meeting minutes for the October 20, 2017 Board meeting; Hopkins seconded. Approved unanimously.

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

1. Radiographer licenses: From 174146 to 174250.
2. Nuclear medicine licenses: 500355 to 500362.
3. MRI licenses: From 401028-401033.
4. Sonography licenses: From 601601 to 601632.
5. Limited x-ray machine operator permits: From 4310-4318.
6. Radiation therapy licenses: 270196 to 270201.
7. All temporary initial medical imaging modality licenses and permits: R52497-L52518.

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: Case 17-10-04; 17-11-01; 17-12-02; and 18-01-02.

Motion to ratify stipulated orders by Hopkins; seconded by Betz. Approved unanimously.

Board votes on disciplinary cases:

17-11-03: Motion to offer a settlement agreement for \$500 civil penalty for knowingly making a false statement to the board in violation of ORS 688.415(1)(f). Motion by Betz; seconded by Hopkins. Approved unanimously.

17-12-03: Motion to issue a notice for \$500 civil penalty for violation of ORS 688.415(1)(f), with the concurrent offer of a settlement agreement including a payment plan of \$50 per month over five months, for a \$250 total. If licensee misses a payment, then the payment plan would be revoked and the full \$500 is required. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-11-04: Motion to offer a settlement agreement for \$500 civil penalty in accordance with ORS 688.415(1)(f) for knowingly making a false statement on the application. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-08-03: Motion to close the case with no action. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-07-07A: Motion to close the case with no action. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-03-01: Motion to not reopen the investigation in this case. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-02-03: Motion to approve final order by default. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-09-04: Motion to offer a settlement for knowingly making a false statement on the application, in violation of ORS 688.415(1)(f), with civil penalty of \$250 penalty if licensee pays within 60 days of the Board's action. But if licensee fails to pay within 60 days, then the civil penalty will rise to \$500. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-06-04: Motion to issue a default final order. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-07-04: Motion to issue a notice of \$500 civil penalty. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-11-02: Motion to ratify the stipulated agreement for \$1,000 civil penalty, for practicing on an expired license, with penalty in accordance with OAR 337-030-0010(3)(a)(D). Motion by Betz; seconded by Hopkins. Approved unanimously.

17-12-01: Motion to issue settlement agreement for \$10,000 civil penalty for violation of OAR 337-010-0011(1). Motion by Betz; seconded by Hopkins. Approved unanimously.

18-01-01: Motion to close the case with no action. Motion by Betz; seconded by Hopkins. Approved unanimously.

16-10-04: Motion to close the case with no action. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-05-07: Motion to issue interim order under ORS 688.600(1)(f). Motion by Betz; seconded by Hopkins. Approved unanimously.

18-01-09: Motion to delegate authority to the executive director to review competencies. Motion by Betz; seconded by Hopkins. Approved unanimously.

18-01-04: Motion to close case with no action. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-07-05: Motion to close case with no action. Motion by Betz; seconded by Edelman. Ayes: Betz; Boucher; Branting; Cole; Downer-Valdez; Edelman; Hoylman; Karraker; Kopecky; Voss. Nays: None. Recused: Hopkins; Bohlke.

17-09-02: Motion to issue notice of intent for \$500 civil penalty in accordance with ORS 688.415(1)(f). Motion by Betz; seconded by Hopkins. Approved unanimously.

Policy subcommittee: Dr. Edelman proposed that the Board should establish a subcommittee to review OBMI's administrative rules and suggest amendments to update and improve the rules. Board members discussed that this subcommittee could also consider amendments to OBMI's statutes. Motion by Edelman; seconded by Hopkins. Ed Conlow said he would send out an email to identify Board members interested in participating on this subcommittee. Joanna Tucker Davis noted that the membership of the subcommittee can include non-Board members, if the Board so chooses. Approved unanimously.

Update on legislation to allow CRNAs to supervise fluoroscopy during interventional pain management procedures: Ed Conlow said that legislative language that the OBMI approved at the Oct. 20, 2017 Board meeting has been forwarded to Ruby Jason, executive director of the Oregon State Board of Nursing, who said that she submitted the language to Sen. Monnes Anderson, chair of the Senate Health Committee. Ed Conlow said that he expects the language to be introduced during the short legislative session in Salem that begins February 2, 2018. He noted that the submitted language did not include any differentiation regarding services provided in rural v. non-rural areas. There was discussion that, if the legislation introduced in February 2018 is substantially different from what the OBMI approved in October 2017, then the Board could consider scheduling a special meeting to express an official position, similar to what the Board did in 2017 regarding SB 801.

Investigative subcommittee: Board members discussed terms of service on the subcommittee. It was discussed that it would be beneficial to have some members commit to different (staggered) lengths of service, so that all members' terms don't expire at the same time, to maintain some continuity on the subcommittee. Chair Karraker and Vice-chair Betz both stated that they consider it to be beneficial to have at least one public board member serving on the subcommittee. Chair Karraker suggested addressing subcommittee membership at each July meeting, when the Board typically selects a chair and vice-chair.

Rulemaking to clarify licensee address of record: Ed Conlow said that Joanna Tucker Davis, responding to a request, had drafted some language to clarify that the address that a licensee provides to the Board is the licensee's actual address, for purposes of serving legal documents to the licensee. Some Board members suggested that this proposed rule should not be applicable to persons with expired licensure, and that the obligation to notify the Board should be within 30 days of the licensee's change of contact information (rather than ten days). Those two changes were added to the draft.

**337-010-0008**  
**Change of Contact Information**

**(1) Every licensee or permittee, whether active, inactive, suspended, or expired, shall maintain on file with the Board their correct current contact information including telephone number, email address, residence address, employer and name.**

**(2) The licensee or permittee must notify the Board within ~~10-30~~ days if there are any changes to the contact information.**

**(3) Agency notice by mail, whether registered, certified, or regular, to the licensee's or permittee's current mailing address on file with the Board constitutes service on the licensee. A Notice of Proposed Disciplinary Action sent to the licensee or permittee at the licensee's or permittee's address of record by certified mail or registered mail, is sufficient notice even if the licensee or permittee fails to or refuses to respond to the service or never receives the Notice. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for a hearing.**

Motion by Karraker to initiate rulemaking with the rule above, with amendments as discussed; seconded by Hopkins. Approved unanimously.

Recess public session at 12:23 pm, to get lunch, and resume public session at 12:40.

Request by CurveBeam regarding cone beam CT: Ed Conlow said that Simone Adams from CurveBeam was in attendance to discuss a proposed amendment to OBMI's rules to allow a radiographer to operate cone beam computed tomography (CBCT) without need to have a CT subspecialty credential. She discussed with Dr. Edelman that this request relates to the use of CBCT for imaging of extremities. Ed Conlow distributed a draft amendment that would allow a radiographer with an ARRT (R) credential – but without a CT subspecialty credential – to operate CBCT, but only for extremities. Board members expressed some hesitation based upon a concern that accepting CurveBeam's proposed amendment would create a slippery slope that would open the door for other exemptions down the road, eventually resulting in a lessening of the quality of patient care. Following a lengthy discussion, Chair Karraker asked the Board to conclude this conversation, unless there is consensus to amend OBMI's rule based upon the CurveBeam request. Dr. Edelman agreed that there is not a consensus, and he said that a fuller discussion would require information on cone beam products that the other two companies are promoting, including the radiation values of those other products. Melissa Downer-Valdez suggested having the Board's policy committee take on this subject.

Chair Karraker called the Board back into executive session at 1:17 p.m. Chair Karraker adjourned executive session at 1:56 p.m. and resumed public session at 1:56 p.m.

Chair Karraker asked if anyone wished to make a motion to change the requirements to obtain a computed tomography credential. No motion was offered.

Cases 18-01-05 and 18-01-06: Karraker moved to grant a third temporary CT license in OBMI cases 18-01-05 and 18-01-06, seconded by Hopkins. Approved unanimously.

LXMO rules: Ed Conlow said that the board had received one comment on the proposed LXMO rules dealing with the process for obtaining a permanent limited permit. He said that, after the public comment period closed on Jan. 5, it was discovered that an OBMI statute requires two six-month permits, and that this statute was not factored into the rules draft, and seems to conflict with how the rules were drafted. He suggested a rules redraft to comply with the statute, to add some deadlines for applying for a temporary limited permit. This redraft would still require a candidate for a limited x-ray permit to complete all requirements within two years from the time they complete their coursework. He said that the Board could choose to adopt the rules, since the redraft did not change the basics of the original rulemaking draft. Or the Board could extend the

public comment period to get some feedback on the redraft, to make sure there are no glitches, and then consider the draft rules again at the next Board meeting. Betz made a motion to extend the public comment period, seconded by Hopkins. Approved unanimously.

Ed Conlow said that he will file the corrective rules amendment (to OAR 337-030-0010[3][f]) with the amendment to clarify our change of address definition. He apologized that he forgot to initiate this rulemaking after the October 2017 Board meeting, when the Board approved the rulemaking.

Best Practices Self Assessment: Chair Karraker discussed the results of the Board Best Practices Self-Assessment. She reported that seven Board members responded, with all positive responses except for the director not having had an annual evaluation. She commented that this process (best practices self-assessment) involves feedback on the performance of the executive director.

List of Duties of the Executive Director: The Board discussed a list of duties of the executive director, which was distributed at the October 2017 Board meeting, for Board consideration and feedback. Board members discussed adding a duty to the list:

- For license applicants who wish to withdraw their license application, allow the executive director to make a determination, on a case by case basis, whether to allow withdrawal. This could be applied to various cases including cases in which an applicant failed to fully report criminal background. However, if an application caused concern that would warrant the Board's attention, such as a background offense with a nexus to imaging, then the executive director should bring the withdrawal request to the Board for Board consideration.

Karraker made a motion, seconded by Hopkins, to approve the list of duties as amended to include the duty to evaluate requests to withdraw an application. Approved unanimously.

Notes Should be Preserved: Senior Assistant Attorney General Joanna Tucker Davis stated that notes taken by Board members during official Board functions should be preserved as part of the Board record.

No members of the public requested to make a public comment.

Board meeting adjourned at 2:20 p.m.

Minutes submitted by Ed Conlow

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, April 20, 2018  
Portland State Office Building, 800 NE Oregon Street  
Conference Room 1-D

**APPROVED MINUTES**

Board attendance: Kelly Karraker, chair; Brad Betz, Vice Chair; Allison Bohlke; Robyn Cole; Melissa Downer-Valdez; Dr. Steven Edelman; Dr. Katharine Hopkins; Rick Hoylman; Jeff Kopecky; Ellen Voss. By telephone: Dr. Ron Boucher; Dr. Nick Branting. Also: David Howe (RPS; Advisory Member); Rick Wendt, RPS Operations Manager.

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

Chair Karraker called the Board meeting to order at 8:30 a.m. and immediately called the Board into executive session at 8:33 a.m. in accordance with ORS 192.660(2)(L) and ORS 192.660(2)(f). It was noted that there were no members of the media in attendance.

Chair Karraker adjourned executive session at 9:31 a.m. and went into public session

Public session: Public session convened at 9:45.

Approval of meeting minutes from prior Board meeting

- Board minutes from Jan. 19, 2018 executive session minutes as amended. Motion by Betz; seconded by Hoylman. Approved unanimously.
- Board minutes from public session on January 19, 2018. Motion by Betz; seconded by Hoylman. Approved unanimously.
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Ratification of licenses issued since previous Board meeting: Motion to ratify new licenses issued since the last Board meeting. Motion by Hopkins; seconded by Boehlke. Approved unanimously.

1. Radiographer licenses: From 174327-174406
2. Nuclear medicine licenses: 500363-500368.
3. MRI licenses: From 401034-401046.
4. Sonography licenses: From 601669-601701.
5. Limited x-ray machine operator permits: From 4319-4326
6. Radiation therapy licenses: 270203-270206.
7. All temporary initial medical imaging modality licenses and permits: R52519-L52586.

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: 18-01-03; 18-02-03; 18-03-02.
- Motion to ratify stipulated orders by Hopkins; seconded by Boehlke. Approved unanimously.

Ellen Voss asked about the civil penalty for practicing on an expired license, and whether those penalties are too low and should be reconsidered, since we are looking into other civil penalty schedules.

Board votes on disciplinary cases:

Motion by Hoylman to accept the recommendation of the Investigative subcommittee as follows:

17-07-03: Settlement agreement for \$500 civil penalty for failure to report criminal background, and 60-month probation including random drug testing, and successful completion of court-ordered probation related to the 2016 arrest. Motion by Voss; second by Hopkins. Approved unanimously.

17-05-02A: Recommend that the Board make a counter-offer of a \$500 civil penalty. Motion by Voss; second by Hopkins. Approved unanimously.

17-05-07: Close case; no action. Motion by Voss; second by Hopkins. Approved unanimously.

17-03-03: Issue final order consistent with the administrative law judge's proposed order. Motion by Voss; second by Hopkins. Approved unanimously.

17-04-04: Accept the licensee's offer to surrender his license and not reapply for at least five years. Motion by Voss; second by Hopkins. Approved unanimously.

Consent Agenda: Motion to accept the investigative subcommittee's recommendation on the following cases:

17-12-01: Do not accept the licensee's counter-offer.

17-11-02A: No action; close case.

17-07-04: Issue final order by default.

17-09-02: Issue final order by default.

17-09-01: No action; close case.

17-12-04: Close case; no action.

18-03-01: Close case; no action.

18-04-01: Close case; no action.

18-04-02: Close case; no action, but flag the licensee's file, in case the licensee reapplies for a license. If that happens, then the Board could revisit the facts of this case.

Motion by Voss; second by Hopkins. Approved unanimously.

Katharine Hopkins made a motion relating to OBMI Case 17-08-01, to give the agency administrator authority to share information on this case with other agencies as deemed appropriate, and in conformance with ORS 676.177. Seconded by Voss. Approved unanimously.

Consideration of administrative rule amendments: The Board considered proposed rules that were released for public comment at the previous Board meeting. Ed Conlow noted that the Board received no comments on this rulemaking, during the comment period in March:

- a. Specify that a licensee's address on record as the address of legal service. The Board approved an amendment to the rule to say that licensees with "active, pending or sanctioned" licenses are subject to this rule. which is how they are categorized in OBMI's database. Motion to adopt this as permanent rule by Hopkins; seconded by Voss. Approved unanimously.
- b. Corrective amendment to OAR 337-030-0010 to the fines for employing an unlicensed person. Motion to adopt this as a permanent rule by Voss; seconded by Hopkins. Approved unanimously.

- c. LXMO rulemaking -- Consideration of public comments and discussion of adoption of rules governing temporary limited x-ray permits:
  - i. Amendment to OAR 337-010-0030—suggested implementation date of June 1, 2018;
  - ii. Amendment to OAR 337-010-0031 –suggested implementation date of August 1, 2018.Following discussion regarding supervision and oversight of the clinical portion of LXMO training, the Board deferred action on this rulemaking. The Board discussed having a subcommittee work on this issue. Jeff Kopecky, Dr. Steven Edelman, and Melissa Downer-Valdez agreed to serve on a subcommittee.

CurveBeam request to exempt certain extremity cone beam CT from the CT subspecialty credential: Ed Conlow noted that Simone Adams had submitted some proposed rules amendment language. Thomas King noted that he had suggested a revised version of Ms. Adams' rules draft. Ed Conlow said that copies of both versions were available. Dr. Edelman said that his recommendation is to set a radiation dose that cannot be exceeded (in order to be applicable under this proposed rule). Rick Wendt said that he will check on some dose estimates and will review some recommendations from some national organizations. Dr. Edelman asked about dosages for different parts of the body. He asked if there is a maximum dose that the machines will allow. He said we want to set an upper limit on dosage that certain machines can deliver, in order to qualify under this rule. Thomas King suggested he could work with RPS to get some data to settle on some final language, and bring that back to the Board at the next meeting, for consideration to initiate rulemaking.

Civil penalty for practicing without ever having had a license: The Board discussed asking the subcommittee formed to look at the LXMO rules to also consider possible rules language to rewrite the civil penalty provision relating to practicing medical imaging without ever having had a license.

Chair Karraker recessed public session at 12:15, to get lunch. Public session resumed at 12:37 p.m.

Key performance measures: The Board discussed changing the key performance measure for automation from 50 percent to 62 percent. Edelman moved to change the target from 50 percent to 62 percent. Hoylman seconded. Approved unanimously.

Supervision of fluoroscopy: Ed Conlow reviewed the history of this issue, including the Board's approval of legislative language at the October 2017 Board meeting to allow CRNAs to supervise fluoroscopy during pain management. Dr. Edelman asked for examples of where ARNPs would be involved in fluoroscopic procedures. He said that we need quantification. He said that he knows of ARNPs who were supervising fluoro to set PICC lines at certain facilities where he has worked in the past. Rick Hoylman said he was puzzled why the legislation that OBMI proposed was not even considered; he said that the legislative proposal should be resubmitted. Dr. Branting asked if there was any documentation of where the need is, if there is a rural need. Ed Conlow said that he has not received any data on where the need is. Dr. Boucher said that the issue is patient safety and training; he said he was speaking for the Oregon Radiology Association. He said that national groups are speaking against any legislation. Dr. Branting said that it's about patient safety. Dr. Edelman asked Jeff Kopecky how many CRNAs need to be able to do these procedures; Jeff Kopecky responded that he believes that it's probably only a handful of CRNAs who need to do this. Dr. Branting said he knows of one CRNA who is doing this in eastern Oregon, but he said these are non-emergency procedures and that his group has offered to go out there and do these.

David Howe said that, in California, anyone who works in fluoroscopy must sit for the ARRT fluoroscopy exam. He said that he thought that the nurses are looking for the OBMI to offer a path forward—such as passing the ASRT fluoro course and passing the ARRT fluoro exam -- and if substantial training is required, then maybe that could be acceptable to the Oregon Nurses Association.

There was discussion of the Board reaching out to the legislative chairs to explain the Board's position on this issue.



Responding to a question from David Howe, Jeff Kopecky said that, if some rancher in rural Oregon needs treatment for back pain and has to wait for a week for treatment, until the radiologist comes to town, then the only option is opiates while waiting for the physician -- and that we have an opiate crisis in this country. He asked: if you can have someone embedded in the community who can do that work, then why not use that person?

Dr. Edelman said that, if we do this, then we should be very specific to the procedures that would be allowed under any provision the board might support. David Howe noted that, during earlier discussions with RPS, during an earlier rules advisory committee, the nurses resisted a prescribed list of procedures.

Kelly Karraker asked if anyone objected to Ed Conlow going back to the legislative chairs and explaining the situation that the Board is in – that we have no data and no consensus at this point.

Legislative submissions: Ed Conlow explained that the initial deadline for submitting legislation has already passed. He said that he had submitted several “placeholders” within the deadline, and that the Board needs to provide final authorization for those placeholders. He asked for approval for two legislative proposals:

1. Definition of “knowingly”.
2. Strike the statute that says a temporary permit is for six months.

Board members signaled support for these two legislative proposals.

Public Comment: No members of the public requested to make a public comment.

Adjournment: Board meeting adjourned at 1:45 p.m.

Minutes submitted by Ed Conlow

**OREGON BOARD OF MEDICAL IMAGING**  
**BOARD MEETING, JULY 20, 2018**  
Portland State Office Building, 800 NE Oregon Street  
Conference Room 1-D

**APPROVED MINUTES**

Board attendance: Brad Betz, Vice Chair; Vanessa Bennett; Allison Bohlke; Robyn Cole; Melissa Downer-Valdez; Jeff Kopecky; Ellen Voss; Dr. Ron Boucher; Dr. Nick Branting. Also: David Howe (RPS; Advisory Member); Rick Wendt, (RPS; Advisory Member).

Staff in attendance: Ed Conlow, OBMI Executive Director; Vincent Mandina, Administrative LEADS Specialist; Thomas King, Health Care Advisor/Investigator; Joanna Tucker Davis, Senior Assistant Attorney General.

Vice-Chair Betz called the Board meeting to order at 8:35 a.m. and immediately called the Board into executive session at 8:36 a.m. in accordance with ORS 192.660(2)(L) and ORS 192.660(2)(f). It was noted that there were no members of the media in attendance.

Vice-Chair Betz adjourned executive session at 9:41 a.m. and went into public session

Approval of meeting minutes from prior Board meeting

- Board minutes from April 20, 2018 executive session minutes as amended. Motion by Boucher; seconded by Kopecky. Approved unanimously.
- Board minutes from public session on January 19, 2018. Motion by Boucher; seconded by Voss. Approved unanimously.
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Ratification of licenses issued since previous Board meeting: Motion to ratify new licenses issued since the last Board meeting. Motion by Cole; seconded by Voss. Approved unanimously.

1. Radiographer licenses: From 174407-174501.
2. Nuclear medicine licenses: 500369-500376.
3. MRI licenses: From 401047-401063.
4. Sonography licenses: From 601702-601739.
5. Limited x-ray machine operator permits: From 4327-4336.
6. Radiation therapy licenses: 270207-270212.
7. All temporary initial medical imaging modality licenses and permits: L52518-CT52527.

Board votes on disciplinary cases:

18-04-09 – Offer an interim consent order. Motion by Boehlke; seconded by Voss. Approved unanimously.

17-12-01 – Motion for the Board to issue a notice of civil penalty for \$10,000 under OAR 337-010-0011(1). Motion by Boehlke; seconded by Voss. Approved unanimously.

18-04-06 – Motion to close the case with no action. Motion by Boehlke; seconded by Voss. Approved unanimously.

15-11-03 – Motion to issue a notice of license revocation under ORS 688.525(1)(a). Motion by Boehlke; seconded by Voss. Approved unanimously.

18-07-01 – Motion to close the case with no action. Motion by Boehlke; seconded by Voss. Approved unanimously.

18-06-04 – Motion to offer a settlement agreement with a civil penalty of \$500 under ORS 688.525(1)(g). Motion by Boehlke; seconded by Voss. Approved unanimously.

Boehlke moved to adopt the following recommendations of the Investigative Committee; seconded by Voss. Motion approved unanimously as follows:

18-04-05 -- Stipulated agreement for \$500 civil penalty for obtaining a license by fraud, in accordance with ORS 688.525(1)(g) and OAR 337-030-0010(3)(i), and for making a false statement, in accordance with OAR 337-010-0010(3)(g).

18-04-03 -- Stipulated agreement for \$500 civil penalty for knowingly making a false statement to the Board, in accordance with ORS 688.415(1)(f) and OAR 337-010-0030(3)(g).

18-04-07 -- Close case with no action.

18-06-01 – Close case with no action.

17-03-08 -- Close case with no action.

18-04-04 -- Close case with no action.

18-01-07 -- Close case with no action.

18-02-01 -- Close case with no action.

18-04-08 -- Close case with no action.

18-06-06 -- Close case with no action.

Temporary CT License Extension Requests: The Board discussed the request by Richard Wright and Jacob Dixon, who are both seeking a fourth temporary six-month computed tomography (CT) license, based upon documentation that their place of employment, Oregon Urology Institute, does not do enough computed tomography procedures for them to meet the registry’s prerequisites to sit for the CT registry exam. The Board discussed the meaning of the rule (OAR 337-010-0045[4][b]), and discussed that an extension applicant is not (but should be) required to submit, as part of an extension application, a written plan describing how the applicant expects to meet the prerequisites to sit for the registry exam. The Board discussed amending the rule to say that the Board could deny an extension request if the Board decides that the applicant’s plan to meet the prerequisites cannot be achieved. Also, it was discussed that the rule should give the Board the discretion to deny an extension request if the Board determines that the applicant has not been making a good faith effort to complete the prerequisites. The Board asked staff to draft some language to amend the rules, as discussed, and bring the language to the next Board meeting for consideration to initiate rulemaking. Following discussion, Cole made a motion to grant CT temporary license extensions to both Richard Wright and Jacob Dixon; seconded by Voss. Approved unanimously.

Agency Request Budget for 2019-21: Ed Conlow explained the proposed agency request budget for the next biennium, including policy packages for legal services, information technology, and reclassification of the three full-time staff positions in the agency. Following discussion, the Board approved the Agency Request Budget for 2019-21, including the policy packages. Motion was made by Boucher; seconded by Voss. Approved unanimously.

Revising board policies regarding criminal background: The Board discussed eliminating the current Board Policy #7, which dictates which applicants must appear before the Board to explain their criminal history.

Instead, the Board discussed adopting new polies #27 and #28, specifying the offenses that must be reported on a license application or renewal (Policy #28), and dictating that initial applicants with those offenses on their record cannot be issued a license until the application is reviewed by the Board (Policy #27). Those offenses are:

1. Any felony conviction, no matter how long ago.
2. Any arrest for a felony within the four years immediately prior to the date of submission of the application. This applies even if the charges were later reduced or dropped.
3. Any misdemeanor conviction that occurred after the applicant reached age 18 and that is within the four years immediately prior to the date of submission of the application, measured from the date of conviction to the date that the application is submitted, excluding first offense DUII which resulted in diversion.
4. Any misdemeanor arrest for a *crime against a person* that occurred after the applicant reached age 18 and that is less than four years old, measured from date of arrest to the date of application submission. This applies even if the charges were later reduced or dropped.
5. Any misdemeanor arrest involving intoxicants or illegal drugs that occurred after the applicant reached age 18 and that is less than four years old, measured from date of arrest to date of application submission. This applies even if the charges were later reduced or dropped. This requirement does not apply to a first offense DUII which resulted in diversion.

Regarding proposed Policy #27, the Board discussed delegating to the executive director the discretion to ask the Investigative Committee to allow an applicant to be issued a short-term license, prior to Board review, based upon a demonstration of urgent need. Only in relation to Policy #28 governing what must be reported with an application, the Board discussed deleting the proposed criminal background reporting exception for a first offense DUII with diversion, on the basis that a reporting exception could confuse applicants. For the next Board meeting on Oct. 19, 2018, the Board discussed reviewing the proposed revisions that were discussed at today's meeting. The Board discussed implementing these proposed new policies on Jan. 1, 2019, which would provide enough time for staff to update Board forms and for information to be provided to licensees and the public, before the new policies go into effect.

Proposed rulemaking for cone beam computed tomography (CBCT): The Board discussed a proposed amendment to the Board's current CT rule. The draft amendment is included in the underlined language below:

**OAR 337-010-0006 (Definitions)**

**NEW SUBSECTION (8) Extremity Computed Tomography Machine: Extremity Computed Tomography (ECT) means a machine that is specifically designed, with a maximum setting of 120kVp at 60 mAs, to perform computed tomography (CT) exams on extremities only. For the purpose of Extremity Computed Tomography only, "extremity" includes the following body parts:**

(a) Lower Extremities including: toe, foot, calcaneus, ankle, tibia, fibula, knee, patella, distal femur; and

(b) Upper Extremities including: finger, hand, wrist, forearm, elbow, distal humerus.

**OAR 337-010-0011**

**Qualifications of Computed Tomography Equipment Operators and Merged Technology Equipment Operators' Licensing**

(1) (a) Diagnostic Computed Tomography: A licensee who operates computed tomography (CT) equipment, including cone beam CT, for diagnosis must be credentialed in Computed Tomography (CT) by either the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certification Board or have an active temporary CT license issued by OBMI.

(b) Notwithstanding Paragraph (1)(a), a licensee, with a radiography credential from the American Registry of Radiologic Technologists, may operate an Extremity Computed Tomography (ECT) machine; without having earned a computed tomography credential.

Following discussion, Downer-Valdez made a motion to initiate rulemaking based upon the underlined language above. Voss seconded. Approved unanimously to initiate rulemaking.

Proposed rulemaking to revise civil penalties for unlicensed practice: The Board discussed establishing a civil penalty of \$500 per day for employing an unlicensed person, \$500 per month for practicing without ever having had a license, and \$100 per month for practicing on an expired license. The Board discussed establishing a mitigating factor for a person who practices without ever having had a license: if the person has ever held a relevant license in another state or has ever held a relevant imaging registry credential. Motion by Voss, seconded by Kopecky, approved unanimously, to initiate rulemaking of the following changes:

EMPLOYING UNLICENSED PERSON		PRACTICING ON AN EXPIRED LICENSE		PRACTICING WITHOUT EVER HAVING HAD A LICENSE			
Current Rule (adopted 4/20/18)		Proposed Changes	Current:	Proposed Changes	Current	Proposed Changes	
1-4 patients	\$1,000 per patient	\$500/day	0-6 mo.	\$100	\$100/mo.	\$1,000, regardless of frequency or length of time	\$500/mo.  <i>Mitigating factor: If they have ever held a relevant license in another state or have ever held a relevant &amp; recognized imaging registry credential.</i>
5-50	\$5,000		6-12 mo.	\$200			
51-100	\$10,000		12-24 mo.	\$500			
101-150	\$20,000		24+ mo.	\$1,000			
151-200	\$30,000						
200+	\$50,000						

Supervision of OBMI licensees during fluoroscopy procedures: The Board discussed legislative language to allow an advanced practice registered nurse (APRN) to supervise fluoroscopy procedures if the APRN completed requirements very similar to what physician assistants must complete in order to operate fluoroscopy. Under this proposal, an APRN would need to do the following:

1. pass the 40-hour didactic fluoroscopy course developed jointly by the American Association of Physician Assistants (AAPA) and the American Society of Radiologic Technologists (ASRT);
2. complete a 40-hour clinical component to the coursework, customized for persons who supervise fluoroscopy, with specification of who would be authorized to supervise the APRNs during clinicals;
3. Operation checkoff (applications training) for each and every fluoro device being used by the APRN;
4. pass the fluoroscopy examination offered by the American Registry of Radiologic Technologists (ARRT); and
5. Apply for a limited fluoroscopy permit from the OBMI.
6. Continuing education requirements (by rule) for permit renewal.

Dr. Boucher stated that a new national directive has been issued by the Veterans Administration, outlining a similar process as described above.

David Howe noted that RPS already has rules governing various aspects of fluoroscopy, noting that all those rules will need to be complied with.

Ruby Jason, Executive Director of the Oregon State Board of Nursing (OSBN), noted that, while APRNs have a broad scope of practice, there are parameters to what procedures an APRN can perform.

Board members discussed the process going forward, and asked Ed Conlow to send out draft legislative language for the Board to review prior to the next Board meeting on Oct. 19, and for Board members to provide comments back to Ed Conlow, who will compile the comments for Board discussion at the October Board meeting.

Proposed permanent rulemaking governing temporary limited permits: Following deferral of the rulemaking at the April Board meeting, the Board extended the public comment period until 1:00 pm on July 20 (the day of the Board meeting). Ed Conlow described two proposed deletions (excerpted below) to the draft rules presented (and deferred) at the April 20, 2018 Board meeting.

OAR 337-010-0030(2)(h): The graduate must obtain a temporary permit to successfully complete a practical experience program approved by the Board specific to each category for which the applicant seeks a LXMO permit. The graduate's temporary limited permit can only include the anatomic areas that the applicant successfully completed in school, as reflected in the course completion certificate. The practical experience component must consist of experience with live patients with a **supervising practitioner who is a** licensed radiographer, radiologist, or license physician, licensed nurse practitioner or licensed physician assistant with adequate training in radiography in accordance with RPS rules ~~OAR 333-106-0055(5), (6) and(7)~~, or a person who has been actively taking x-rays under the authority of a permanent limited permit within the immediate previous twelve months in the same anatomic area that is being imaged, present in the room during radiographic exposures. Processed images made by the graduates are evaluated and critiqued by an ARRT-registered, Oregon-licensed radiographer Practical Experience Evaluator. The graduate shall be evaluated for imaging by using either the On-Site or Peer Positioning Practical Experience Evaluation Form developed by the Board. The Practical Experience Evaluator must provide the graduate with a certificate of completion in the categories in which the graduate has successfully completed practical experience.

No comments were received prior to the Board meeting. While the public comment period was in force at the Board meeting, Edith Dal Mas (Portland School of Radiography) commented that some of the rules that the Board is proposing are having the effect of making it harder for limited x-ray educational programs to function, raising the cost of the programs and effectively shutting down the programs. She noted that the students of Portland School of Radiography are already working in medical offices. She said that it's not her role to tell them what to do in their medical offices. She said that she hopes the new rule requiring oversight by the schools during the clinical experience component do not force small schools like PSR out of business, because that would leave only one limited x-ray program in the state.

Ed Conlow suggested implementing the amendments to OAR 337-010-0030 on September 1, 2018, and implementing amendments to OAR 337-010-0031 on January 1, 2019.

Vice-chair Betz recessed public session at 12:27 p.m. and reconvened public session at 1:05 p.m. Motion by Kopecky; seconded by Voss, to initiate permanent rulemaking for the limited permit rules, with an implantation date of Sept. 1, 2018 for OAR 337-010-0030 and Jan. 1, 2019 for OAR 337-010-0031. Approved unanimously.

Child support license sanction: Ed Conlow asked the board what to do when the Dept. of Justice notifies the Board that a licensee is no longer out of compliance with child support requirements. This licensee had previously been suspended by the Board for failure to pay child support. The Board did not take any action to change the status of the licensee, but directed staff to ask some other licensing boards how they deal with these types of situations.

Computed tomography licensure requirements: Jeff Kopecky said that persons who are granted CT extensions (third or fourth temporary CT licenses) should be required to file monthly or quarterly progress reports that must include itemized numbers of images per category, including the clinical sites where the images are being taken. There was also a suggestion to get a letter from sites that sponsor persons with CT temporary license extensions. Ed Conlow noted that a letter from sponsoring institutions is already required as part of the temporary license application process. Ed Conlow said that he will work on some language and bring it back to the Board at the next Board meeting.

Interim Consent Order: Melissa Downer-Valdez moved to provide the executive director with the authority to enter into interim consent orders. Seconded by Voss. Approved unanimously.

Policy Committee: Voss made a motion to give the executive director the authority to call together the policy committee for purposes of consideration of policy matters to take to the full Board. Cole seconded. Adopted unanimously.

Public Comment: Barbara Smith said that the ARRT fluoro test is only for advanced practice individuals, and could not be taken by an RN.

Adjournment: Board meeting adjourned at 1:30 p.m.

Minutes submitted by Ed Conlow

**OREGON BOARD OF MEDICAL IMAGING**  
BOARD MEETING, OCT. 19, 2018  
Portland State Office Building, 800 NE Oregon Street  
Conference Room 1-D

**APPROVED MINUTES**

Board attendance: Kelly Karraker, Chair; Brad Betz, Vice Chair; Vanessa Bennett; Allison Bohlke; Robyn Cole; Melissa Downer-Valdez; Jeff Kopecky; Ellen Voss; ; Dr. Nick Branting; Dr. Katharine Hopkins; . Also: David Howe (RPS; Advisory Member); Rick Wendt, (RPS; Advisory Member).

Staff in attendance: Ed Conlow, OBMI Executive Director; Vincent Mandina, Administrative LEADS Specialist; Joanna Tucker Davis, Senior Assistant Attorney General; Meg Reinhold, Legislative Fiscal Office.

Chair Karraker called the Board meeting to order at 8:32 a.m. and immediately called the Board into executive session at 8:32 a.m. in accordance with ORS 192.660(2)(L) and ORS 192.660(2)(f). It was noted that there were no members of the media in attendance.

Chair Karraker adjourned executive session at 9:07 a.m. and went into public session

Approval of meeting minutes from prior Board meeting

- Board minutes from July 20, 2018 executive session minutes. Motion by Hopkins; seconded by Cole. Approved unanimously.
- Board minutes from public session on July 20, 2018. Motion by Hopkins; seconded by Cole. Approved unanimously.
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Ratification of licenses issued since previous Board meeting: Motion to ratify new licenses issued since the last Board meeting. Motion by Cole; seconded by Hopkins. Approved unanimously.

1. Radiographer licenses: From 174502 - 174628
2. Nuclear medicine licenses: 500377 - 500381
3. MRI licenses: From 401064 - 401079
4. Sonography licenses: From 601740 - 601782
5. Limited x-ray machine operator permits: From 4337 - 4343
6. Radiation therapy licenses: 270213 - 270223
7. All temporary initial medical imaging modality licenses and permits: T52528 – R52552

Board votes on disciplinary cases:

18-07-05: Motion to close case with no action. Motion by Betz; seconded by Hopkins. Approved unanimously.

18-06-08: Motion to close case with no action. Motion by Betz; seconded by Hopkins. Approved unanimously.

18-07-03: Motion to offer a settlement agreement for \$500 civil penalty for making a false statement to the Board, in accordance with ORS 688.415(1)(f) and OAR 337-030-0010(3)(g). Motion by Betz; seconded by Hopkins. Approved unanimously.

18-06-07: Motion to close case without prejudice and reopen upon completion of application requirements. Motion by Betz; seconded by Hopkins. Approved unanimously.



18-07-02: Motion to close case without prejudice and reopen upon completion of application requirements. Motion by Betz; seconded by Hopkins. Approved unanimously.

18-06-05: Motion to close case without prejudice and reopen upon completion of application requirements. Motion by Betz; seconded by Hopkins. Approved unanimously.

18-02-02: Motion to close case without prejudice and reopen upon completion of application requirements. Motion by Betz; seconded by Hopkins. Approved unanimously.

18-06-02: Motion to close case with no Board action. Motion by Betz; seconded by Hopkins. Approved unanimously.

17-12-05: Motion to close case with no Board action. Motion by Betz; seconded by Hopkins. Approved unanimously.

18-08-01: Motion to offer a settlement agreement for \$500 civil penalty for practicing without a license, in accordance with ORS 688.415(1)(a), 688.915(1), and OAR 337-030-0010(3)(b). Motion by Betz; seconded by Hopkins. Approved unanimously.

18-08-01A: Motion to offer a settlement agreement for \$1,000 civil penalty for practicing without a license, in accordance with ORS 688.415(1)(a), 688.915(1), and OAR 337-030-0010(3)(b). Motion by Betz; seconded by Hopkins. Approved unanimously.

18-08-01B: Motion to offer a settlement agreement for \$10,000 for employing unlicensed persons to perform medical imaging, in violation of ORS 688.415(1)(d) and OAR 337-030-0010(3)(f)(C). Motion by Betz; seconded by Hopkins. Approved unanimously.

17-08-01A: Motion to offer a settlement agreement for \$750 civil penalty for practicing without a license, in accordance with ORS 688.415(1)(a), 688.915(1), and OAR 337-030-0010(3)(b). Motion by Betz; seconded by Hopkins. Approved unanimously.

17-08-01: Motion to offer a settlement agreement for employing unlicensed persons to perform medical imaging, in violation of ORS 688.415(1)(d) and OAR 337-030-0010(3)(f)(C). The motion is to increase the total penalty to \$40,000 based upon aggravating factor of prior disciplinary offense. Motion by Betz; seconded by Hopkins. Approved unanimously.

Update on OBMI legislative concepts for 2019: Ed Conlow indicated that OBMI's two legislative concepts (LC 528 and LC 529) have been drafted and are under review in the Governor's office.

Proposed permanent rulemaking and consideration of public comments regarding civil penalties: Ed Conlow noted that the Board initiated rulemaking in July to revise the civil penalties for employing an unlicensed person, practicing on an expired license, and practicing without ever having had a license. He said that the draft rules were released for public comment in September, and that no comments were received. Downer-Valdez made a motion, seconded by Cole, to adopt the rulemaking as permanent rules, effective November 1, 2018. Approved unanimously.

EMPLOYING UNLICENSED PERSON		PRACTICING ON AN EXPIRED LICENSE		PRACTICING WITHOUT EVER HAVING HAD A LICENSE			
<u>Previous Rule</u> (adopted 4/20/18)		<u>Approved Change</u>	<u>Previous Rule:</u>		<u>Approved Change</u>	<u>Previous Rule</u>	<u>Approved Change</u>
1-4 patients	\$1,000 per patient	\$500/day	0-6 mo.	\$100	\$100/mo.	\$1,000, regardless of frequency or length of time	<i>Mitigating factor: If they have ever held a relevant license in another state or have ever held a relevant &amp; recognized imaging registry credential.</i>
5-50	\$5,000		6-12 mo.	\$200			
51-100	\$10,000		12-24 mo.	\$500			
101-150	\$20,000		24+ mo.	\$1,000			
151-200	\$30,000						
200+	\$50,000						

Initiate rulemaking regarding extension of temporary Computed Tomography License: Ed Conlow noted that the Board discussed possible rulemaking at the July Board meeting to revise the current rule that allows a person with a temporary CT license to apply for a third or fourth 6-month temporary CT license. He noted that the purpose of the rulemaking would be to give the Board greater discretion when considering whether to grant an extension. Downer-Valdez moved, and Kopecky seconded, to initiate rulemaking as follows:

OAR 337-010-0045(4) Temporary Computed Tomography (CT) License: ~~On or after January 1, 2017, technologists~~ Technologists with active OBMI licensure in radiography, radiation therapy or nuclear medicine who are in the process of obtaining CT experience in order to sit for a CT credentialing examination shall first obtain a temporary license from the Board while they perform their CT competencies under this section. Competencies shall be performed under supervision of a licensed physician or credentialed CT technologist who is at least physically present in the building and available to assist the temporary licensee as needed. The Board may require documentation or confirmation of supervision and that a technologist who has a temporary license under this paragraph or who is applying for a temporary license under this paragraph is in the process of obtaining a CT credential under this paragraph, and may deny an application for a temporary license based upon the Board’s determination that an applicant is not working toward a CT credential, does not have a realistic possibility of earning the CT credential, or that the applicant does not have the required supervision. As a condition of holding a temporary CT license, the Board may require license holders to file periodic reports with the Board, including information the Board seeks to determine progress toward completing clinical requirements.

(a) Education prerequisite: As part of the application for a temporary CT license, the applicant must provide documentation of a minimum of eight (8) hours of Category “A” didactic education in CT and eight (8) hours of Category “A” didactic training in cross sectional anatomy. These hours must have been earned within the 24-month period directly preceding submission of the application.

(b) Duration of temporary CT license: A temporary CT license is valid for six months and may be renewed for a single six-month period upon Board approval. In addition, the license issued under this

subsection may be permitted to have extended license renewals for up to two additional six-month periods based upon a ~~showing of good cause, upon application for each six month extension renewal, demonstrating that the credentialing registry's clinical requirements cannot be completed within the prescribed timeframe due to limitations of the clinical practice site.~~ information the applicant provides to support the request for an extension. The Board may make a ruling on the application for extended temporary CT licensure based upon factors including but not limited to a review and evaluation of information submitted by the applicant, which must minimally include:

(A) Documentation that the credentialing registry's clinical requirements cannot be completed within the prescribed timeframe due to limitations of the applicant's clinical practice site; and

(B) The applicant's written plan regarding how the applicant expects to meet the prerequisites to sit for the registry exam, including information to confirm how many prerequisites have already been completed and will be eligible for inclusion as registry prerequisites.

Adopting new board policies regarding criminal background on applications: Following Board discussion, Vice-chair Betz make a motion to approve draft Policy 27 relating to criminal background documents that must be reviewed by the Board prior to issuance of a license, with a 1-1-19 effective date. Voss seconded. Approved unanimously.

#### POLICY 27 -- REVIEW OF INITIAL APPLICATION REQUIRED PRIOR TO ISSUANCE

For initial applicants for a license or permit who have any of the following categories of criminal background, any form of license or permit can only be issued if approved by the Board. Applicants subject to this requirement are those whose criminal record includes any of the following:

1. Any felony conviction, no matter how long ago.
2. Any arrest for a felony within the four years immediately prior to the date of submission of the application. This applies even if the charges were later reduced or dropped.
3. Any misdemeanor conviction that occurred after the applicant reached age 18 and that is within the four years immediately prior to the date of submission of the application, measured from the date of conviction to the date that the application is submitted, excluding first offense DUII which resulted in diversion.
4. Any misdemeanor arrest for a *crime against a person* that occurred after the applicant reached age 18 and that is less than four years old, measured from date of arrest to the date of application submission. This applies even if the charges were later reduced or dropped.
5. Any misdemeanor arrest involving intoxicants or illegal drugs that occurred after the applicant reached age 18 and that is less than four years old, measured from date of arrest to date of application submission. This applies even if the charges were later reduced or dropped. This requirement does not apply to a first offense DUII which resulted in diversion.

The Investigative Committee and the Board reserve the right to direct an initial applicant or renewal applicant to appear before the Investigative Committee or before the Board in executive session, to discuss criminal background. Upon showing of urgent need, the executive director may refer an application to the Investigative Committee to determine if a short-term license should be granted until the Board can review the case. "Urgent need" is to be determined based upon the health facility's inability to provide necessary services to patients without the immediate services of the license applicant.

Following Board discussion, Vice-chair Betz moved to approve draft Policy #28, effective 1-1-19; seconded by Voss. Approved unanimously.

## POLICY 28 -- CRIMINAL HISTORY THAT MUST BE DISCLOSED ON APPLICATION

Require all initial applicants and renewal applicants to disclose information related to the following, unless previously disclosed to the OBMI:

1. Any felony conviction, no matter how long ago.
2. Any arrest for a felony within the four years immediately prior to the date of submission of the application. This applies even if the charges were later reduced or dropped.
3. Any misdemeanor conviction that occurred after the applicant reached age 18 and that is within the four years immediately prior to the date of submission of the application, measured from the date of conviction to the date that the application is submitted, excluding first offense DUII which resulted in diversion.
4. Any misdemeanor arrest for a *crime against a person* that occurred after the applicant reached age 18 and that is less than four years old, measured from date of arrest to the date of application submission. This applies even if the charges were later reduced or dropped.
5. Any misdemeanor arrest involving intoxicants or illegal drugs that occurred after the applicant reached age 18 and that is less than four years old, measured from date of arrest to date of application submission. This applies even if the charges were later reduced or dropped.

The Investigative Committee and Board reserve the right to review additional incidents of criminal behavior and to require submission of additional information related to criminal arrests or convictions.

Budget Update: Ed Conlow provided an update on the process for completing OBMI's budget for the upcoming 2019-21 budget biennium. Meg Reinhold, fiscal analyst with the Legislative Fiscal Office, also made some comments regarding the budget process for the 2019-21 budget. She said that the Board may or may not need to look at raising license fees in a year or so, depending upon how the revenue comes in. She suggested that it's probably not an immediate concern but something that could become an issue in the not-too-distant future. In that regard, she noted some boards raise selective fees, based upon income levels of specific categories of licensees. She used the example of the dental board raising fees on dentists, but not on dental hygienists, since dentists have higher incomes than hygienists. Meg Reinhold said that she would be willing to come back to the Board at the January meeting to discuss the 2019-21 budget, because by that time we should have some more solid numbers to look at, in terms of revenue and also what it might cost for information technology in 2019-21. As the Board considers a fee increase in the future, she suggested that we aim for an ending balance that is the equivalent of about six months operating funds. She said that, if we have any more questions, send them to Ed and he can forward them to Meg and she will try to have answers in January.

Kerri Winters-Stone: She teaches the only course in Oregon that is approved for persons seeking a bone densitometry permit. She said that the course is difficult to offer because of a typically small number of students who sign-up. She also noted that she is not in a position to have the students take dexta images on actual patients; she has to use phantoms which is not an ideal situation. She suggested trying a hybrid course, possibly using a course from the ASRT website to cover the didactic portion of the BD curriculum, and then adding a hands-on clinical component. She suggested that a hybrid course might be easier and more cost-effective for her to offer. Rick Wendt from RPS said that he would like to visit with Kerri about the didactic course content, to make sure that necessary information is included in the didactic course.

She noted that some of the students are in the course because they want to be able to do body mass analysis (BMI). She opined that the information provided through BMI is not diagnostic. Melissa Downer-Valdez responded that, if the information is provided for analysis, then it must be diagnostic. Kerri said that the BMI information is not referred to a physician for diagnosis. Joanna Tucker Davis asked if the OBMI's bone densitometry course guidelines allow for online didactic training; Ed Conlow said that he will check the course

guidelines. Brad Betz suggested that the first step would be for Rick Wendt to consult with Kerri to make sure that the course is appropriate. Rick said they could also discuss the body composition piece.

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: 18-08-02.

Motion to ratify stipulated order by Betz; seconded by Voss. Approved unanimously.

Consideration of public comments and permanent rulemaking to provide specifications for certain cone beam computed tomography (CT) to be exempted from the CT subspecialty credential requirement: Ed Conlow said that, at the last Board meeting, the Board initiated rulemaking to allow certain cone beam CT to be operated without a CT credential. He said the rulemaking notice was published in the September 2018 Oregon Bulletin and that no comments were received during the comment period, which encompassed the month of September. Downer-Valdez moved to adopt the rule as a permanent rule, effective Nov. 1, 2018; Betz seconded. Approved unanimously. The permanent rule is copied below:

**OAR 337-010-0006 (Definitions)**

**NEW SUBSECTION (8) Extremity Computed Tomography Machine: Extremity Computed Tomography (ECT) means a machine that is specifically designed, with a maximum setting of 120kVp at 60 mAs, to perform computed tomography (CT) exams on extremities only. For the purpose of Extremity Computed Tomography only, “extremity” includes the following body parts:**

(a) Lower Extremities including: toe, foot, calcaneus, ankle, tibia, fibula, knee, patella, distal femur; and

(b) Upper Extremities including: finger, hand, wrist, forearm, elbow, distal humerus.

**OAR 337-010-0011**

**Qualifications of Computed Tomography Equipment Operators and Merged Technology Equipment Operators’ Licensing**

(1) (a) Diagnostic Computed Tomography: A licensee who operates computed tomography (CT) equipment, including cone beam CT, for diagnosis must be credentialed in Computed Tomography (CT) by either the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certification Board or have an active temporary CT license issued by OBMI.

(b) Notwithstanding Paragraph (1)(a), a licensee, with a radiography credential from the American Registry of Radiologic Technologists, may operate an Extremity Computed Tomography (ECT) machine; without having earned a computed tomography credential.

(2) Computed Tomography/Nuclear Medicine Hybrid Imaging: Positron Emission-Computed Tomography (PET/CT) or Single Photon Emission-Computed Tomography (SPECT/CT) systems must be operated by technologists with the active credentials R.T.(N) or CNMT(NMTCB) and licensed by the Oregon Board of Medical Imaging.

(a) A registered radiographer with the credential R.T. (R), or a registered radiation therapist with the credential R.T. (T) may only operate CT for attenuation, not for diagnostic purposes. They may operate the diagnostic portion of the CT hybrid imager if they hold a CT credential from ARRT, or have an active temporary CT license issued by OBMI.

(b) Registered certified nuclear medicine technologists with the active credentials R.T. (N) or CNMT (NMTCB) may operate SPECT and PET with non-diagnostic CT and the attenuation correction

portion of the hybrid imager. Certified Nuclear Medicine technologists may operate the diagnostic portion of the CT scanner if they hold a CT credential or have an active temporary CT license issued by OBMI.

(3) Computed Tomography for Radiation Therapy Treatment Planning Purposes: A licensee who operates CT equipment for radiation therapy treatment planning purposes must be credentialed in Radiation Therapy or CT by the ARRT or the Nuclear Medicine Technology Certification Board (NMTCB).

(4) 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:

(a) 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.

(b) 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.

(5) 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.

Review of legislative draft for APRNs to be authorized to supervise fluoroscopy procedures: Ed Conlow briefly explained the contents of the bill draft. He indicated that this language had already been distributed to interested parties who were involved in the discussions regarding this proposed legislation, and that a copy had been forwarded by the Oregon Nurses Association to Sen. Monnes Anderson, chair of the Senate Health Care Committee. David Howe indicated that this version ensures that safety measures are in place and that adequate training will be required of persons who act as supervisors under this legislation. Betz made a

motion to express the Board's support for this proposed legislation. Kopecky seconded. Ayes: Betz; Bohlke; Downer-Valdez; Hopkins; Karraker; Kopecky; Voss. Abstain: Bennett; Branting; Cole.

Proposed rulemaking to specify when an application for a license is incomplete: . A possible new rule was discussed to give the Board clear authority to withdraw an incomplete license application after a certain period of time. It was noted that a voluntarily withdrawn application (under this rule) would not restrict the Board's ability to open a disciplinary case based upon a violation that is associated with the application. Following discussion, Cole made a motion to initiate rulemaking; seconded by Bennett The language below was approved unanimously, to initiate rulemaking:

Under OAR 337-010-0006 (definitions), add: "Application" means documentation submitted to the board for a license or permit, including the board's application form and any required documentation that is specified in the application instructions. An application is considered incomplete if the form or any of the required documentation or fees are not provided. An incomplete application is deemed to be voluntarily withdrawn six months from the date of receipt in the board office.

Procedure for dealing with a DOJ order to suspend a license for failure to pay child support: Ed Conlow asked the Board to provide him with the authority to comply with a child support order from the Department of Justice. He noted that the Board has no discretion in these cases; licensing boards must comply with DOJ child support orders. Downer-Valdez made a motion to give the executive director the authority to comply with a DOJ child support order to sanction a license, based upon child support non-compliance, and also to remove the license sanction if the DOJ provides the Board with documentation indicating that the licensee has come into compliance with child support requirements. Seconded by Voss. Approved unanimously.

Federal Association of Regulatory Boards (FARB): Senior Assistant Attorney General Joanna Tucker Davis provided an overview of issues that were presented at the recent FARB conference, including information on FTC v. North Carolina Dental Board, and other cases of interest to regulatory boards.

Adjournment: Board meeting adjourned at 11:52 a.m.

Minutes submitted by Ed Conlow