



Tennessee Board of Radiologic Imaging and Radiation Therapy

Tuesday, October 15, 2019

MINUTES

The meeting of the **Tennessee Board of Radiologic Imaging and Radiation Therapy** was called to order at 9:14 a.m. in the Poplar Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243.

Board members present: Kae Fleming, RT(R)
Karen Munyon, BSRT(T) (CT)
Patrick Brazan, CNMT
Pamela Ward, RT(R) (M) (CT) (BD)
Gary Podgorski, MD

Board member(s) absent: Chester Ramsey, PhD, DABR
Spencer Madell, MD

Staff present: Angela Lawrence, Executive Director
Stacy Tarr, Administrative Director
Candyce Waszmer, Administrative Director
Peyton Smith, Office of General Counsel
Rene Saunders, M.D., Medical Consultant
Tammy Hulsey, Administrator

Karen Munyon called the meeting to order at 9:14 a.m.

Approval of Minutes

Minutes from July 16, 2019 were presented for approval. Ms. Kae Fleming made a motion to approve the minutes. Patrick Brazan seconded the motion. The motion passed.

Legislative Update 2019: Board of Radiologic Imaging and Radiation Therapy

Sara Warner, Office of Legislative Affairs, reviewed the 2019 legislative update:

[Public Chapter 61](#)

Public Chapter 61

This act states that an entity responsible for an AED program is immune from civil liability for personal injury caused by maintenance or use of an AED if such conduct does not rise to the level of willful or wanton misconduct or gross negligence. This act took effect on March 28, 2019.

Public Chapter 195

The majority of this act pertains to boards governed by the Department of Commerce and Insurance. One small section applies to the health related boards. Currently, the health related boards have an expedited licensure process for military members and their spouses. Previously, a spouse of an active military member had to leave active employment to be eligible for this expedited process. This act removes that requirement. This section applies to all health related boards. The Commissioner of Health is permitted to promulgate rules, but rules are not needed to implement the act. This act takes effect July 1, 2019.

Public Chapter 229

This act allows healthcare professionals to accept goods or services as payment in direct exchange of barter for healthcare services. Bartering is only permissible if the patient to whom services are provided is not covered by health insurance. All barter accepted by a healthcare professional must be submitted to the IRS annually. This act does not apply to healthcare services provided at a pain management clinic. This act took effect April 30, 2019.

Public Chapter 243

This act mandates that an agency that requires a person applying for a license to engage in an occupation, trade, or profession in this state to take an examination must provide appropriate accommodations in accordance with the Americans with Disabilities Act (ADA). Any state agency that administers a required examination for licensure (except for examinations required by federal law) shall promulgate rules in regard to eligibility criteria. This legislation was introduced to assist individuals with dyslexia.

This act took effect May 2, 2019 for the purpose of promulgating rules, and for all other purposes, takes effect July 1, 2020.

Public Chapter 305

This act sunsets the Tennessee Radiologic Imaging and Radiation Therapy Board of examiners on June 30, 2020. The Board was inadvertently left out of the sunset cycle upon its creation. This act was signed into law May 8, 2019.

Public Chapter 447

This act permits law enforcement agencies to subpoena materials and documents pertaining to an investigation conducted by the Department of Health prior to formal disciplinary charges being filed against the provider. This bill was brought by the Tennessee Bureau of Investigation. This act went into effect May 22, 2019.

Obtaining Peer Assistance Contract

Angela Lawrence, Executive Director, explained that, currently, those licensees that require evaluation or monitoring are covered by the Medical Examiners contract with Tennessee Medical Foundation. This Board does not have a contract with any service. Ms. Melissa Painter, Competitive Procurement Coordinator for State of Tennessee Department of Health, explained the process of obtaining a contract with such an organization. The opportunity to provide a service is posted to the funding opportunities website for persons to apply to provide peer assistance. The total processing time from start to finish is approximately nine months. Processing includes compiling the contract document, the RSPG (request for grant proposal), guiding the grant proposal through the approval processes and the legal process, posting to the website, and awarding the contract. No contract can be longer than sixty months. Because this Board is new, Ms. Painter suggested doing a three year contract with two one-year term extensions. Because they are competitive documents, once the process is started, it cannot be discussed at the Board meetings because it would compromise the competitive process. Once the bids are received, three state employees are chosen to evaluate and score the bids. The contract is awarded based on these evaluations/scores.

A discussion ensued regarding what circumstances would prompt the requirement for an evaluation. Dr. Rene Saunders, medical consultant, explained that it depends on what is written into the grant proposal. For example, the Board of Medical Examiners has a contract for practice monitoring and looks at the physician for whatever the Board order suggests such as prescribing history, documentation history, addiction/substance use disorder, etc. Ultimately, it depends on what this Board's disciplinary parameters are.

Bureau of Investigations Presentation

Lori Leonard, Disciplinary Coordinator, gave a presentation to the Board regarding the role of Investigations in monitoring x-ray operators who have contracts and those who have unpaid fines. Ms. Leonard is tasked with collecting civil penalties. She explained that there are also letters of reprimand and warning but these are not considered reportable, disciplinary action. When a letter of warning is issued, there is essentially no public record of it once it is sent. Dr. Saunders explained actions that can warrant civil penalties such as practicing on a lapsed license.

Promulgate Rules and Regulations in Accordance with Public Chapter 1029

A discussion ensued regarding questions that have arisen regarding the rules while in the internal review process. Mr. Smith inquired as to whether the Board wants to adopt a code of ethics for each of the professions governed by this Board. It was decided that

the licensees certifying body code of ethics will be used as this Board's code of ethics. For those who are not certified by a national body, the default code will be that of the ARRT.

Mr. Smith asked if the Board wants a rule regarding false advertising. After discussion, it was decided that a rule needs to be added regarding false advertising and misrepresentation.

Mr. Smith stated that Rule 0880-X-.03 (Scope of Practice) currently reads: To upgrade an existing license with an additional specialty area, licensees engaged in clinical training may practice in the specialty area of training for a period of no more than two (2) years provided that the Licensee be supervised by a Licensed Practitioner in conjunction and consultation with a Licensee with at least one (1) year of experience". He asked if the words "in the applicable discipline" should be added. After discussion, the Board agreed that this should be added.

Mr. Smith stated that Rule .05 and .06 regarding obtaining a full license contains duplicative requirements. Currently, certification by a national certifying body OR proof of successful completion of the National Certification Organizations (NCO) certification examination is acceptable for obtaining full licensure. In order to obtain national certification, successful completion of the exam is required. The Board agreed to remove the option of successful completion of the NCOs certification examination from the rule.

Mr. Smith stated that Rule .10(3)(b)1 states in order to reactivate an expired full license, the licensee must submit proof of certification by a NCO, which must be current and in good standing, along with documentation of successful completion of the continuing education requirement in the rules. He asked the Board to determine if these requirements are duplicative. Dr. Saunders explained that this requirement was added because of the possibility of a difference between the NCO requirement and the CE requirement of the State. For example, the NCO might be five years for the continuing education requirement, but the Board has a biennial requirement, the licensee might not have completed the required CE for reinstatement. After discussion, the Board decided that documentation of proof of required continuing education hours must be submitted when reinstating a license.

A discussion ensued regarding those individuals who have been issued a license by the Board of Medical Examiners or Board of Osteopathic Examination regarding how the transition will occur and how renewals will be handled. Rule.04 (1) states that these licensees must have their certification converted to a license issued by this Board. Rule .05(7) and .06(6) outlines the conversion process. Mr. Smith pointed out that current licensees will have a grace period of 60 days from the effective date of the rules to

upgrade their license at no charge. After that 60 day period, these licensees will need to pay the license upgrade fee and submit proof of current, unrestricted certification by an NCO in the applicable specialty area.

Mr. Smith pointed out that for those who have been expired or retired for two years or more, that language has been added stating that they may have to complete remediation/re-entry requirements.

Discussion of Application Forms

The Board discussed editing changes that were noticed in their review of the proposed application.

These changes included but were not limited to making sure that the application reads throughout “Radiological Imaging **or** Radiation Therapy Professional” instead of “Radiological Imaging **and** Radiation Therapy Professional”, specifying forms that are intended for use by limited licensees only, and change remediation form to reflect number of procedures vs. number of hours.

Dr. Podgorski would like to wordsmith the application. Ms. Tarr told him that we will send him a copy of the application in a word document by email and he will email us any edits/suggestions.

There was discussion regarding using the remediation form or bringing each applicant who has not practiced in two or more years before the Board. Ms. Munyon stated that she is in favor of not having each applicant who falls into this category come before the Board. The remaining Board members agreed.

Discussion Regarding Board Approved Courses

Dr. Saunders explained that the standards for becoming a board approved course are outlined in the rules. Currently, there are two approved courses who offer limited education. These courses were approved by the Board of Medical Examiners. She asked the Board to consider how they want to move forward with course approval. The options are to carry forward the BME’s approval (grandfather), ask the programs to submit their documents now in anticipation of this Board becoming effective, or wait until this Board’s rules are promulgated and posted and ask for the currently approved courses to submit their documents.

After discussion, the Board agreed that the current Board-approved courses should be grandfathered and they will submit documents to this Board at the time they would normally submit them to BME, once the rules are promulgated/posted.

License Certificates

The sample licensure certificates that were sent with the Board materials were discussed. The Board agreed that these certificates are acceptable. Ms. Hulseley will obtain Board member signatures at the conclusion of this meeting.

Public Comment

The opportunity for public comment was offered. Ms. Ann Watson from Radiological Education Services posed a question regarding whether an ARRT certified licensee will be allowed to attend a limited course in bone densitometry. Ms. Watson also asked about grandfathering those who were practicing bone densitometry prior to 2006 as allowed in the current BME rules.

Multiple options for licensing those individuals who have never been licensed but have been practicing in a setting where no license is currently required (bone densitometry only) were discussed. Those options included a time-limited grandfathering and an experience pathway verified by a radiologist.

Lisa Ross, Program Director for the nuclear medicine program at Chattanooga State University approached the podium and shared that her program has a pathway for working technologists who can continue to work and get paid while attending the program and upon graduation, continue their employment with advanced standing. It is a one-year program and the cost is approximately \$3000/yr. This program is online with the students reporting to the campus once every six weeks. Upon completion of the program, the students are eligible to sit for both the NMTCB and ARRT exam. She shared that there is no experience pathway that will allow someone to sit for the NMTCB or ARRT exam.

Jared Bryce, medical physicist at Vanderbilt University Medical Center approached the podium. Mr. Bryce shared that fluoroscopy is a modality that is not only RTs who have moved into a fluoroscopy role. It could also be catheterization specialists or electrophysiology specialists who work in surgical areas that have been given some training and are operating fluoroscopy systems such as cardiovascular interventional radiography (these individuals are not ARRT certified). He stated that, in his opinion, anything not in the limited scope should not be grandfathered.

Ms. Watson approached the podium again and posed a question regarding scope of practice for limited licensees. She stated that the current rules have a very specific scope of practice for limited licensees. She stated that the new rules state that anything on the ARRT limited examination content. She was clarifying that this is indeed the intent.

Ms. Watson stated that, currently, the number of continuing education units for a limited scope licensee is 20. She asked if the intent of the Board is to change the number of required credits to 24. The Board responded that this was the intent.

After much discussion, the Board decided that they will do some research and continue this discussion at their next scheduled meeting on January 28, 2020.

Kae Fleming made a motion to adjourn the meeting. Karen Munyon seconded the motion. The motion passed. The meeting adjourned at 12:15pm.