



# **Tennessee Board of Radiologic Imaging and Radiation Therapy**

**Tuesday, January 28, 2020**

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## **MINUTES**

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The meeting of the **Tennessee Board of Radiologic Imaging and Radiation Therapy** was called to order at 9:07 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  
Jennifer Thompson, RT(R)  
Pamela Ward, RT(R) (M) (CT) (BD)  
Chester Ramsey, PhD, DABR

Board member(s) absent: Gary Podgorski, MD  
Spencer Madell, MD

Staff present: Stacy Tarr, Administrative Director  
Candyce Wilson, 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 9:07 a.m.

### **Introduction and Welcome of Newest Board Member, Jennifer Thompson**

Ms. Munyon introduced and welcomed the Board's newest member, Jennifer Thompson.

### **Approval of Minutes**

Minutes from October 15, 2019 were presented for approval. Ms. Fleming pointed out a correction to the name of a the public commenter. Ms. Fleming made a motion to approve the minutes. Mr. Brazan seconded the motion. The motion passed.

### **Promulgate Rules and Regulations in Accordance with Public Chapter 1029**

Mr. Smith stated that the proposed rules are currently in the internal review process. Some issues are still being worked out due to the fact that this is a new Board, with new rules and existing licensees. Consideration of how to transition current licensees to the new Board is ongoing and Mr. Smith feels that the current version is very close to final form. Mr. Smith would like to draw attention to the following items:

As discussed in the October, 2019 Board meeting, a rule regarding advertising and other public statements has been added in 0880-15-.15. This rule mimics the advertising rule that appear in many other Board's rules. It prohibits making false and/or deceptive statements.

Mr. Smith asked the Board for guidance on adopting a code of ethics. State law requires that a specific version be adopted along with any portion(s) specified. The Board previously discussed adopting the ARRT's code of ethics. Mr. Smith gave each Board member a copy of the ARRT Standards of Ethics which includes the preamble, statement of purpose, and the actual code of ethics. It goes on to elucidate what is considered a violation of the code of ethics in Rules of Ethics. After discussion, the Board decided to adopt the ARRT Standard of Ethics section *A. Code of Ethics*. The Preamble and Statement of Purpose will not be adopted. Mr. Smith will ensure that the rules indicate that the Code of Ethics applies to all licensees. Ms. Fleming made a motion to adopt the ARRT Standard of Ethics section *A. Code of Ethics*. Ms. Ward seconded the motion. The motion passed.

Ms. Smith commented that now that a code of ethics has been adopted, he foresees the rules moving pretty quickly toward a rulemaking hearing sometime this year. He stated that there are several people involved in the internal review process and it will take some time.

Mr. Smith updated the Board that a self-sufficiency hearing was held on January 27, 2020 and that the Board was not cancelled. The Board is currently operating in the red because there are no fees being collected. Ms. Tarr explained, once the rules are in place and the Board is functioning as the licensing entity, monies will be generated. Ms. Munyon reviewed the question raised at the self-sufficiency hearing regarding why a certification is not being granted verses a license. She asked how best the Board can respond to this question. Mr. Smith stated that our legislative liaison will handle educating our legislators about the need for a license. He added that this Board is scheduled to sunset in June 2020. However, there is current legislation to extend this Board for another two years.

Ms. Munyon inquired how long after the Board is up and running will take to get out of the red? Ms. Tarr explained that projections are available from the Bureau of Health

Licensing and Regulation. She will ask them to appear at the next meeting with more specific information. Ms. Munyon also asked how the new licensure requirement will be communicated to those individuals requiring licensure under this new Board. Ms. Tarr tasked the Board with the responsibility of letting administrative staff know who needs to receive notification. Ms. Fleming volunteered to look into the requirements for obtaining a mailing list from the ARRT. Ms. Tarr cautioned the Board that there is substantial cost involved with mailing out letters to that many potential licensees and that email addresses would be a more cost effective manner of notification.

Ms. Fleming expressed concern that the Board may have inadvertently added additional limited imaging procedures by adopting the ARRTs list of examinations. Ms. Ann Watson, of Radiological Imaging Services, dispelled that theory and said that was not the case.

Mr. Smith asked that the Board consider whether or not they will have a consultant. Currently, the consultant for the Board of Medical Examiners is Rene Saunders, MD. Dr. Saunders does application review for multiple professions under the purview of the Board of Medical Examiners. Should this Board determine that they want Dr. Saunders to serve as medical consultant, she would review incoming applications for accuracy and qualification for licensure. Bring those applicants who either do not qualify for licensure or applicants with applications that contain questionable information such as prior discipline from another state license or criminal content that warrants consideration by the full Board. In addition to application review, Dr. Saunders consults with the Board attorneys regarding consumer complaints/investigations to determine which complaints warrant investigation and/or what form of discipline is appropriate. Alternatively, Boards can have a Board Member who functions as the consultant with the Board attorney. After discussion, Ms. Fleming motioned that this Board retain Rene Saunders, MD as the Board consultant. Ms. Ward seconded the motion. The motion passed. Mr. Smith said that he will model the use of a consultant in this Board rules after the Board of Medical Examiners rules.

Dr. Saunders brought the reapproval of Ms. Watson's program, Radiological Education Services to the attention of the Board. It was reapproved by the Board of Medical Examiners. When it is time to for this Board to approve the program, the reapproval packet will be brought before this Board for approval rather than moving forward with the approval by the Board of Medical Examiners.

### **Discussion of Application Forms**

Ms. Tarr asked the Board to review the proposed application so that it can be forwarded to the Forms Committee. The approval of the Board is needed prior to the application being forwarded. She cautioned the Board that they review for content vs. formatting

and asked that anything the Board feels is lacking in the application be discussed and added prior to forwarding the application to the Forms Committee.

Mr. Brazan raised a question regarding the listing of modalities on the application. On the proposed application, nuclear medicine imaging and PET imaging are listed separately. He asked whether these two modalities are being licensed differently? Dr. Saunders reminded the Board that in prior discussions, the Board eluded to these modalities being separate.

Concern was expressed that if there is a state license modality of PET, hospitals will require PET certification effectively excluding nuclear imaging professionals from performing PET imaging even though NMTCB (Nuclear Medicine Technology Certification Board) does not require a separate certification for performance of PET imaging. Ms. Fleming added that there is a PET exam, but it is not currently required for the performance of the procedure. She stated that if an individual has obtained this additional modality, it should be reflected on their license. Dr. Saunders stated that adding this modality to state licensure removes hospital liability. Dr. Saunders posed the question of patient safety. Mr. Brazan advocated for this decision to be left in the hands of the hospital. Ms. Fleming gave examples of similar previous certifications that were required by CMS for reimbursement and subsequently required by hospitals for performance of the procedure such as CT and mammography.

Ms. Tarr reminded the Board that there was discussion previously regarding listing the certifications (endorsements) of those full licensees who are currently licensed during their transition from the Board of Medical Examiners to this Board. It was decided that some type of grandfathering will occur. Those individuals will need to complete a form in order to add their endorsements to their licensure and provide documented proof of certification at which time the endorsements will be added to their licensure at no cost. After one year, endorsements will be added at a cost to the licensee.

Ms. Munyon stated that the list of endorsements was copied from both the ARRT and CNMT. Ms. Fleming added that the proposed rules defer to the national certification board's scope of practice.

Ms. Tarr asked the Board to consider this from the consumer's perspective. She added that the public wants to know that the person performing a procedure is qualified to do so. If the state license doesn't indicate that the person is qualified to perform the procedure, the educated consumer will question it.

Ms. Munyon reminded the Board that the charge of this Board is to protect the public, even though it may have impact on other entities.

The discussion regarding the application continued with a request for clarification of the fees by Ms. Thompson. The application fee is \$100.00 (+\$10 state regulatory fee). Upon initial application, all recognized modalities can be added. Any modalities added after the initial application require payment of an upgrade fee of \$25.00 (+\$10 state regulatory fee). Further clarification will be added to the application for initial application.

Ms. Thompson informed the Board that the ARRT has announced that cards will no longer be provided. The wording on the application will be changed to reflect that proof of current credentials from a nationally recognized certification organization is required instead of their card.

Ms. Tarr proposed separating the initial application and the upgrade attachment to eliminate applicant confusion. It can be a standalone document similar to other licensing documents such as the Declaration of Citizenship which makes it easily accessible on the website. Any application attachments not required for initial application can be standalone documents. After discussion, the Board agreed that separating full, limited, and upgrade applications should be separated for clarity. Language regarding proof of current credentials from a nationally recognized certification will be added. "Other" will be removed as a modality. The requirement for a national certification card will be removed. Clarification of "Full License Upgrade" will be added.

At the conclusion of the application discussion, Mr. Brazan made a motion to remove PET from the list of modalities on the application. No second was offered. The motion failed. PET will remain on the application.

### **Public Comment**

Ms. Ann Watson addressed the Board regarding the time frame limited scope graduates have to obtain licensure. Both the current and proposed rules state that a limited scope graduate has six months from graduation to complete clinicals and take the exam(s). That six month period is reduced to seventy-five days once they have taken an exam. She recommended that these individuals be given the full six months before the licensure requirement or changing the wording to "seventy-five days after the last exam" or removing the seventy-five day portion of the rule. Mr. Smith stated that this requirement is statutory and that the Board does not have authority to change it.

There being no further business, Ms. Fleming made a motion to adjourn the meeting. Karen Munyon seconded the motion. The motion passed. The meeting adjourned at 12:15pm.

