



Oregon

John A. Kitzhaber, M.D., Governor

Board of Medical Imaging
800 NE Oregon Street, Suite 1160A
Portland, OR 97232-2162
Phone: (971) 673-0215
FAX: (971) 673- 0218

GOVERNOR'S 2015-17 BUDGET **OREGON BOARD OF MEDICAL IMAGING (OBMI)**

Ed Conlow, Executive Director (office-971-673-0216)

Kimberly Earp, MBA, RT(R)(T)(ARRT) – Radiation Therapy Board Member

WHAT THE BOARD OF MEDICAL IMAGING DOES

The Oregon Board of Medical Imaging, with an overriding mission to protect the public health, oversees licensure and regulation of medical imaging technologists who practice radiography (x-ray), sonography, MRI, nuclear medicine, and radiation therapy. In addition, the OBMI issues permits to qualified limited x-ray permit holders.

PROGRAM OBJECTIVES

- Assure that persons who practice medical imaging are properly licensed.
- Increase awareness of medical imaging laws and practices among the public and medical provider community.
- Investigate and resolve complaints regarding medical imaging in a fair and timely manner.
- Determine that limited x-ray machine operator (LXMO) schools are operated in a manner to assure that LXMOs are properly trained to perform within the scope of practice.

PROGRAM SUMMARY

- Licensure: Total of 5,400 permanent active licenses, a 32 percent increase since 2010.
- Initial Education for Limited X-Ray: Inspect and oversee educational institutions that offer initial programs for limited x-ray permits. Also, coordinate licensure examinations for limited x-ray machine operators.
- Continuing Education: Review and approve continuing education course offerings. All licensees must maintain competency either by maintaining national registry credentialing or completing CE coursework.
- Enforcement: Investigate complaints and violations of licensure statutes and rules.
- License/permit fee: \$120 for a *two-year* license.

MEASURING PERFORMANCE THROUGH PUBLIC SAFETY AND CUSTOMER SERVICE

- Timely licensure: All properly-submitted license applications and renewals are processed within 5 days.
- Automation: The OBMI works to continually update the website to make it more useful to licensees, and promotes renewal through the online renewal process. In cooperation with other health licensing boards co-located at the Portland State Office Building, the OBMI is moving toward a new database which will enhance the agency's efforts to promote paperless transactions.
- Customer Service:
 - Same-day initial response to telephone inquiries;
 - Instituted e-newsletter to keep licensees informed regarding Board news and actions;
 - Established community outreach meetings to promote citizen & licensee involvement;
 - Continuous review and update of website to simplify and provide useful information.
- Disciplinary Issues Resolved Through Negotiated Settlements: The Board dealt with a total of 94 disciplinary cases during all of 2013 and 2014. Of the two-year total:
 - 45 resulted in disciplinary action, most of them for practicing on an expired license, which typically results in a negotiated agreement with a \$100 civil penalty.
 - Nineteen were initiated due to a complaints filed with the Board. The remainder was initiated as part of OBMI's audit and background check of each license application or renewal.
 - One Board disciplinary action was appealed during that time.

- Cases initiated during the license issuance or renewal process in 2013-14 were resolved by the next quarterly board meeting (120 days). Separately-filed complaints took one to six months to resolve, depending upon investigative duties and issues involved, with one complaint case taking 21 months due to appeal.

PROGRAM INITIATIVES

- Fingerprint criminal background checks completed on all *new* license applicants, started Jan. 2015. (Renewals continue to be checked through the State Police, not fingerprints.)
- Opportunities for licensees to expand their practice: OBMI established a new category of temporary “post-primary license,” which enables a licensee to temporarily work (under supervision) in a different license category, to prepare to sit for a registry examination and expand his/her license.
- Computed Tomography (CT) registry credential: OBMI will require technologists performing diagnostic computed tomography (CT) to demonstrate competency by passing an examination to become registry-certified in CT by 2017.
- Waivers for rural hospitals: By legislation and rulemaking, OBMI established pathways to waive credentialing requirements for rural hospitals with shortages of licensed technologists.

FOCUS ON CUSTOMER SERVICE & INTERAGENCY COOPERATION

- To meet expanded demand with no increase in licensure staff, OBMI focuses on immediate customer service, processing most license applications and renewals within two business days, following receipt of application and fingerprint background check, and promptly responding to inquiries from licensees and applicants.
- Entered into an interagency agreement with OHA Radiation Protection Services (RPS) to up to a quarter-time investigator for OBMI who also works as an inspector for RPS. The two agencies can combine resources to piggy-back OBMI investigations along with RPS inspections.
- Working cooperatively with OHA Radiation Protection Services to update administrative rules governing uses of radiation on humans. (Also RPS members serve as non-voting advisory members of the Board.)
- Work cooperatively with other health boards co-located in Portland on software and database programming, office resources, business continuity, safety plan, and other issues.

EXPANDED USE OF TECHNOLOGY TO STREAMLINE LICENSE PROCESS

- Expanded utility of agency web-based resources and improving the website, including online renewal.
- Recently instituted electronic storage of all new and renewal license records, for access, security and convenience.
- Instituted e-newsletter and community meetings to promote awareness of licensure requirements and other news regarding medical imaging professions;

2015 LEGISLATION IMPACTING THE BOARD OF MEDICAL IMAGING

- SB 280 – Restructure the Board to Fill Vacancies: SB 280, sponsored by OBMI, gives the Governor’s office flexibility to fill three vacant physician slots with imaging licensees or public members, if physicians do not apply to serve. No fiscal impact anticipated.
- HB 5031 – Ratify OBMI’s Fingerprint Background Fee: The OBMI initiated fingerprint background checks in January 2014, following adoption of administrative rules to establish a \$52 fee for *new* license applicants. Of the total fee, \$28 goes to the Oregon State Police, and \$16.50 goes to the FBI. \$7.50 of the total remains with the OBMI for administrative overhead. Total fee revenue that stays with the OBMI is estimated to be \$8,250 for the 2015-17 biennium.
- HB 2880 – Pathway for Physician Assistants to Perform Fluoroscopy: HB 2880 creates a process for OBMI to approve limited permits for physician assistants to qualify to perform fluoroscopy (a high-dosage continuous beam x-ray). If enacted, OBMI expects no more than 30 applicants during the 2015-17 biennium. Total revenue from exam fees and permit fees estimated at \$7,950 for 2015-17, with \$4,200 of that amount staying with OBMI and the remaining \$3,750 going to the national entity that administers the exams.
- SB 230 – Collect Health Workforce Data: SB 230 would require the OBMI to collect certain workforce demographic information at the time of license renewal. It is expected that OBMI would be charged (by OHA) \$5 per renewal and would likely need to implement a fee to pass this cost to the licensees.