



# Oregon

Kate Brown, Governor

## Oregon Board of Medical Imaging

800 NE Oregon Street, Suite 1160A

Portland, OR 97232-2162

OBMI.info@state.or.us

Phone: 971-673-0215

Fax: 971-673-0218

### GOVERNOR'S RECOMMENDED BUDGET 2019-21

#### OREGON BOARD OF MEDICAL IMAGING (OBMI)

*Ed Conlow, Executive Director (o-971-673-0216; cell-515-537-4125)*

#### AGENCY MISSION

Created by the Legislature in 1977 (SB 679), the Board of Medical Imaging's mission is to protect the public health, safety and welfare of Oregonians undergoing medical imaging studies performed by agency licensees for the purpose of medical diagnosis and therapy.

#### PERFORMANCE AND OUTCOME MEASURES

- Timely licensure: All complete license applications and renewals are processed within five working days.
- Automation: While 90 percent of *license renewals* are submitted online, the *overall* online usage rate is lower (62%), because certain types of applications (initial applications and x-ray permits) require certain documents that currently cannot be submitted online. The overall online rate may increase through installation of an expected new database.
- Customer Service:
  - Initial response to telephone inquiries within one business day;
  - Instituted e-newsletter to keep licensees informed regarding Board news and actions;
  - Continuous review and update of website to simplify and provide user-friendly information.
- Discipline resolution: Of 100 disciplinary cases opened in the past year, two were appealed to an administrative law judge. Both cases were due to applicants from out-of-state applying in Oregon and failing to fully report criminal background.
- Best practices: The Board annually reviews and adheres to specific performance measures (as directed by the Joint Legislative Audit Committee in 2006) regarding governance practices.

#### PROGRAM SUMMARY

- Licensure: Total of 6,700 active licenses currently, including radiologic technologists; sonographers; nuclear medicine technologists; MRI technologists; radiation therapists; and limited x-ray machine operators.
- 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: The OBMI investigates violations of licensure statutes and rules, and is able to resolve infractions through negotiated agreements 98 percent of the time.
- License/permit fee: \$120 for a *two-year* license or permit.
- Continuous renewals: OBMI sets license and permits to renew on the birth month of the renewal applicant.

#### PROGRAM OBJECTIVES

1. Through licensure, assure that persons who practice medical imaging on humans are educationally prepared and clinically competent.
2. Increase awareness of medical imaging laws and practices among the public and medical provider community.
3. Investigate and resolve complaints regarding medical imaging in a fair and timely manner.
4. 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.

## **MAJOR BUDGET DRIVERS**

1. Increasing numbers and categories of licensed technologists and limited permits increase the workload for licensing staff and also for compliance and enforcement.
2. Increasing number of out-of-state license applicants – 18% increase in out-of-state licensees in past three years. This appears to be a growing trend of health facilities hiring licensed technologists who work for temporary/traveling agencies to fill staffing gaps.
3. Increasing legal services cost related to disciplinary and compliance issues:
  - o The average number of disciplinary cases doubled over the past ten years;
  - o Created a separate investigative committee to review all disciplinary cases prior to board meeting.

## **MAJOR CHANGES TO AGENCY IN PAST SIX YEARS**

1. Increasing numbers of licenses – from 4,200 in 2009 to 6,700 in 2019.
2. Added fingerprint background checks for initial license applicants (2014), contributing to a substantial increase in the number of disciplinary cases.
3. Established a separate permit for physician assistants to operate fluoroscopic equipment (2016).
4. Required licensees who operate computed tomography to earn a recognized national credential (2017).
5. Added separate investigative committee to review disciplinary cases prior to quarterly board meetings (2018).

## **SPECIFIC ACTIONS TO CONTAIN COSTS**

1. Avoid need for staffing increase by focusing efforts toward key performance measures of timely licensure and customer services.
2. Divide licensing staff duties into two distinct areas of focus: 1) licensing, and 2) compliance.
3. Improvements to website to enhance availability of information to prospective applicants, to speed up licensure process for applicants.

## **GOVERNOR'S RECOMMENDED BUDGET FOR OBMI**

1. \$1,070,884 recommended expenditure limitation – all other funds.
2. No change in fees requested. Current fee for all licenses and permits = \$5 per month (or \$120 for a two-year license)
3. Policy packages:
  - a) \$75,000 for information technology upgrade including new database (Pkg 101).
  - b) \$45,000 for legal services, to rebalance legal services limitation based upon DOJ flat rate (Pkg 101).
  - c) \$5,953 to reclassify administrative specialist 1 to compliance specialist 1 (Pkg 102), to reflect the increase in disciplinary cases and need to focus on compliance.
  - d) \$10,737 to reclassify office specialist 2 to administrative specialist 1 (Pkg 103), to reflect the dramatic increase in numbers of licenses and various categories of license, and to focus staff resources on accurate and timely licensure.

## **SUMMARY OF OBMI-SPONSORED LEGISLATION**

1. SB 62 – Specifies that an employer cannot employ an unlicensed person if the employer knows, or with the exercise of reasonable care, should know, that the employee is unlicensed. Referred to Senate Health Care Committee. No fiscal impact expected.
2. SB 63 – Removes a provision in the statute which specifies that a temporary limited x-ray permit must be for a six-month duration. SB 63 would leave it to agency rulemaking to determine duration. Referred to Senate Health Care Committee. No fiscal impact expected.