



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 2021-23 OREGON BOARD OF MEDICAL IMAGING (OBMI)

Stacy Katler, DVM, Executive Director (971-673-0216; cell-971-990-6514)

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.

OBMI has the responsibility, through licensure and enforcement, to ensure patient safety, licensee skill and ethics because patients themselves are not able to choose their provider for Medical Imaging procedures; this makes OBMI crucial in the continuance of protecting public health and safety.

ORGANIZATIONAL STRUCTURE

- 12-Member Board: Each Member, appointed by the Governor and confirmed by the Senate, serves two 3-year terms. Culturally and geographically diverse including 4 Physicians, 1 technologist from each of the Imaging Modalities, 3 public members and as an advisory member, the Section Manager from RPS (Radiation Protection Services).
- Staff: Staff is a diverse group with specialized knowledge of Medical Imaging with a history of experience and long time employment with the Board including three Full-Time staff and one Investigator at .5 FTE

PROGRAM SUMMARY

- Licensure: Total of 7094 active licensees including: radiologic technologists; sonographers; nuclear medicine technologists; MRI technologists; radiation therapists; and limited x-ray machine operators.
- Initial Education for Limited X-Ray: Inspect, approve and oversee educational institutions that offer initial programs for limited x-ray permits. Coordinate national licensure examinations for limited x-ray machine operators.
- Continuing Education: Review and approve continuing education course offerings including Cultural Competence. All licensees must maintain competency either by maintaining national registry credentialing or completing Board approved CE coursework.
- Enforcement: The OBMI investigates violations of licensure statutes and rules, and is able to resolve infractions through negotiated agreements nearly 100% percent of the time.
- Continuous renewals: OBMI sets license and permits to renew on the birth month of the applicant.
- License/permit fee: \$120 for a *two-year* license or permit. With the DAS approved fee increase, a *two-year* license or permit is \$216

PROGRAM OBJECTIVES

- Through licensure, ensure that persons who practice medical imaging on humans are educationally prepared and clinically competent.
- 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 ensure that LXMOs are properly trained to perform within the scope of practice.

MAJOR POLICY CHANGES

- Increasing numbers of licensees – from 4,200 in 2009 to 7,094 in 2020.
- With New Director, enforce rules that hold facilities and licensees accountable for practicing without a valid license, contributing to a substantial increase in the number of disciplinary cases. (2020)
- Increases in complexity and number of disciplinary cases involving unprofessional conduct, negligence and patient safety issues. (2020)

- Improved computer tracking and efficiency concerning Disciplinary Cases resulting in advanced Probation monitoring, simplified civil penalty payments accounting and better case load tracking. (2020)
- Moving toward Paperless business processes. Eliminated need for temporary data entry personnel. (2020)
- Created a Continuing Education Advisory Committee comprised of stakeholders and interested parties. (2020)
- New Database that allows for ALL license and permits to be completed online and user friendly access 24/7 that makes recommendations to the Board concerning CE and other Educational issues. (2020)
- Complete rule and policy revisions. (2020)
- Revision of OBMI documents for use of plain language. (2020)
- Increased Transparency: Posting Board Action on website. (2021)
- Established distance learning for LXMO schools which increases rural access to education programs. (2020)
- Established a separate permit for Advanced Practice Registered Nurses (APRN) to Supervise fluoroscopy (2019).

COVID-19 RESPONSE

- Ready and efficient Agency response to COVID-19 Pandemic.
- User friendly website with up to date COVID-19 information and links.
- Agency Prepared to work remotely with IT hardware and software in place prior to pandemic need.
- Offices situated to allow for the Three full-time employees to work safely, Investigator typically works remotely.
- Proactively filed Emergency Rules to Expedite licensure for technologists that were needed especially in remote communities.
- Existing Rules provide a process for Radiography School Graduates to practice on a Temporary License and enter the workforce. This was critical to provide staff during the initial stages of the pandemic with many chest radiographs needed.
- DAS Approved a Licensure Fee Increase for a July 1, 2020 effective date, Board postponed to January 1, 2021 to help alleviate added stress on licensees during the beginning of the pandemic.

PERFORMANCE AND OUTCOME MEASURES

- Timely licensure: All complete license applications and renewals are processed within five working days.
- Automation: 65% of renewals completed online prior to new database. Currently, approximately 90% of ALL applications (renewals, new applications and all LXMO can be done online)
- Customer Service: 89% Excellent Service
 - Initial response to telephone inquiries within one business day;
 - Informative 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: 100% of the 99 Disciplinary cases this Biennium so far resolved with Negotiated Settlements. 98% of 112 resolved with Negotiated Settlements for the Previous Biennium.
- 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. 100%

MAJOR BUDGET DRIVERS

- Increasing numbers and categories of licensed technologists and limited permits increase the workload for staff regarding licensing, compliance and enforcement. Licensure is inherently complex due to the specialties and sub-specialties in the Medical Imaging Field.
- Increasing number of out-of-state license applicants – 18% increase in out-of-state licensees in past three years and even during the COVID-19 pandemic. This appears to be a growing trend of health facilities hiring licensed technologists who work for temporary/traveling agencies to fill staffing gaps.
- Increasing Legal Services costs related to disciplinary and compliance issues:
 - The average number of disciplinary cases more than doubled over the past ten years. We have seen an 8% increase so far this Biennium as compared to last Biennium.
 - Committee comprised of 4-6 Board Members that reviews all disciplinary cases prior to Quarterly Board meetings. While this new process allows for an efficient and complete review of all cases, it doubles the number of meetings that our AAG needs to attend.



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

SPECIFIC ACTIONS TO CONTAIN COSTS

- Avoid the need for staffing increase by focusing efforts toward key performance measures of timely licensure and customer services. User friendly Website with easy to follow instructions and links for licensure, Q & A format information, dedicated staff with focus on licensing and compliance.
- Efficiency in office practices decreases costs enabling staff to focus on licensure and compliance. Streamlining office procedures, thoughtful work assignments that minimize duplicity.
- IT Improvements enhance availability of information to prospective applicants, speed up licensure process and free up staff to cover increased workload. New Database is already showing licensure efficiencies for staff and licensees.

POLICY PACKAGE – POP 106

- New Director signed contract with DAS Shared Financial Services (SFS) in 2019
- Director, SFS and CFO Analysts determined through accurate projections that a Fee Increase was needed to cover the costs of Board Expenditures and provide an adequate ending balance for the future.
- Rising Costs of Business include: Services and Supplies (DOJ); Personal Services (Collective Bargaining and step increases).
- OBMI imposed NO fee increases in over 10 years based upon the projections available to the Board and the Board's desire to keep licensure fees low. The result was increased costs over the years "eating away" the ending balance, despite the Board's frugal business practice efforts.
- It was determined that a larger increase now would provide a lasting effect on the ending balance for the next 3 biennia and provide revenue to sustain the Current Service Level.
- Extensive Stakeholder outreach and Transparent rulemaking processes were taken including multiple public hearings, public commentary periods, website postings and announcements.

GOVERNOR'S RECOMMENDED BUDGET FOR OBMI

- Recommended expenditure limitation – all Other Funds for 1 year during transition to Oregon Health Authority-Health Licensing Office.
- Recommended Licensing Fee Increase

SUMMARY OF OBMI-SPONSORED LEGISLATION

- SB 98 Provides for Expanded options for Discipline for the Board. No fiscal impact expected.
- SB 99 Allows Board Investigator to inspect facilities where a violation may have occurred. No fiscal impact expected.
- SB 100 Allows for the Executive Director to have Subpoena Authority. No fiscal impact expected.

UPDATED OTHER FUNDS ENDING BALANCES FOR THE 2019-21 & 2021-23 BIENNIA

Agency: 833-26 Medical Imaging
 Contact Person (Name & Phone #): Katy Moreland 971-900-9754

| (a) Other Fund Type | (b) Program Area (SCR) | (c) Treasury Fund #/Name | (d) Category/Description | (e) Constitutional and/or Statutory reference | N (f) | | November Projections (g) | | J (h) | | Replaced J Beg Balance with G (i) | | (j) Comments |
|------------------------|---------------------------|-----------------------------|-----------------------------|--|-------------------------------|---------|-------------------------------|---------|------------------------------|----------------|--------------------------------------|---------|-----------------|
| | | | | | 2019-21 Ending Balance In LAB | Revised | 2021-23 Ending Balance In CSL | Revised | (H) CSL | (i) Revised | | | |
| Limited | 83300-026-00-00000 | 83300-01172 | Operations | | 159,958 | 282,802 | (297,137) | 348,110 | Fee increase 1/21 | 219,315.00 | 282,802.00 | Beg (g) | |
| | | | | | | | | | DAS SFS didn't develop 19-21 | 890,874.00 | 1,472,634.00 | Rev | |
| | | | | | | | | | | (1,407,326.00) | (1,407,326.00) | Exp | |
| | | | | | | | | | | (297,137.00) | 348,110.00 | End (i) | |
| | | | | | | | | | Contingency | | 351,831.50 | | |

Objective: Provide updated Other Funds ending balance information for potential use in the development of the 2021-23 legislatively adopted budget.

Instructions:

- Column (a): Select one of the following: Limited, Nonlimited, Capital Improvement, Capital Construction, Debt Service, or Debt Service Nonlimited.
- Column (b): Select the appropriate Summary Cross Reference number and name from those included in the 2019-21 Legislatively Approved Budget. If this changed from previous structures, please note the change in Comments (Column (j)).
- Column (c): Select the appropriate, statutorily established Treasury Fund name and account number where fund balance resides. If the official fund or account name is different than the commonly used reference, please include the working title of the fund or account in Column (j).
- Column (d): Select one of the following: Operations, Trust Fund, Grant Fund, Investment Pool, Loan Program, or Other. If "Other", please specify. If "Operations", in Comments (Column (j)), specify the number of months the reserve covers, the methodology used to determine the reserve amount, and the minimum need for cash flow purposes.
- Column (e): List the Constitutional, Federal, or Statutory references that establishes or limits the use of the funds.
- Columns (f) and (h): Use the appropriate, audited amount from the 2019-21 Legislatively Approved Budget and the 2019-21 Current Service Level at the Agency Request Budget level.
- Columns (g) and (i): Provide updated ending balances based on revised expenditure patterns or revenue trends. Do not include adjustments for reduction options that have been submitted unless the options have already been implemented as part of the 2019-21 General Fund approved budget or otherwise incorporated in the 2019-21 LAB. The revised column (i) can be used for the balances included in the Governor's budget if available at the time of submittal. Provide a description of revisions in Comments (Column (j)).
- Column (j): **Please note any reasons for significant changes in balances previously reported during the 2019 session.**

Additional Materials: If the revised ending balances (Columns (g) or (i)) reflect a variance greater than 5% or \$50,000 from the amounts included in the LAB (Columns (f) or (h)), attach supporting memo or spreadsheet to detail the revised forecast.

Oregon Board of Medical Imaging (OBMI)

2021 - 2023 Biennium

Detail of Reductions to 2021-23 Current Service Level Budget

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|--------------|--------------------------------|-----------------------------------|----|----|----|-------|----|-------|-------------|------|-----|---------------------------------------|--|----|
| Priority (ranked most to least preferred) | Agency | SCR or Activity Initials | Program Unit/Activity Description | GF | LF | OF | NL-OF | FF | NL-FF | TOTAL FUNDS | Pos. | FTE | Used in Gov. Budget Yes / No | Impact of Reduction on Services and Outcomes | |
| Dept | Prgm/ Div | | | | | | | | | | | | | | |

Difference \$ 166,526