

Oregon Board of Medical Imaging

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BOARD OF MEDICAL IMAGING * * * December 2017 UPDATE * * *

OBMI WORKS WITH NURSES AND RPS TO ALLOW CRNA'S TO SUPERVISE FLUOROSCOPY

The Board of Medical Imaging (OBMI) approved legislative language that was developed in consultation with the Oregon State Board of Nursing and Radiation Protection Services (RPS) to allow certified registered nurse anesthetists (CRNA) to supervise fluoroscopy when conducting interventional pain management procedures. The proposed legislation specifies that any CRNA supervising fluoroscopy would need to meet any requirements spelled out by the nursing board or by RPS, and that a CRNA could never *operate* fluoroscopic equipment.

This issue goes back to the middle of 2016, when the nursing board approached the OBMI and RPS, looking for a way to address the nursing board's concern that, in some parts of the state, physicians are not always available to supervise certain pain management procedures that involve fluoroscopic imaging. The nursing board wanted to see if RPS could help draw up some training requirments to open the door to allow an advanced practice nurse to essentially serve as a stand-in for the supervising physician.

In response, RPS convened a rules advisory committee to try to develop some minimum training requirements. But those discussions were subsequently sidelined when it became apparent that OBMI's statute prohibits anyone other than a physician from supervising a radiographer. The proposed legislation, which is expected to be introduced for discussion during the 2018 session in Salem, adds a narrow exemption to OBMI's statute to allow a CRNA to supervise a radiographer, but only for an interventional pain management procedure that involves fluoroscopy. If the legislation is enacted in 2018, it is expected that RPS would adopt rules to require a CRNA to have specific didactic, applications and clinical training before supervising a fluoro procedure.

BOARD PROPOSES RULES TO CHANGE THE PROCESS TO OBTAIN A LIMITED PERMIT

Following lengthy discussions and multiple redrafts, the Board of Medical Imaging voted to initiate rulemaking to change the way that a graduate of a limited x-ray machine operator (LXMO) school can obtain a temporary and permanent limited x-ray permit. Initially, the Board will collect public comments on the proposed rules changes, and consider those comments at the next quarterly Board meeting on Jan. 19, 2018. To be considered by the Board, any public comments must be received at the OBMI office no later than 4:30 p.m. on Friday, Jan. 5, 2018. More detailed information on the proposed rules changes, including how to submit a comment, is available on the Board's home page at www.oregon.gov/obmi. Key changes in the proposed rules include:

- 1. Students can apply for LXMO exam 30 days prior to graduation: Allow students in limited x-ray schools to apply for the examination to get a temporary limited permit up to 30 days prior to school graduation, with verification of good academic standing at the school. Currently, it can take five weeks from application until a person actually sits for the exam. Allowing students to apply early will allow them to sit for the exam as soon as they graduate, when coursework is still fresh in their minds. (If a student applies and passes the exam but then fails to graduate, the student would not be eligible for a temporary permit. Graduation is mandatory.)
- 2. Graduates can get a temporary permit after passing CORE exam alone: Allow a limited x-ray school graduate to apply for a 6-month temporary LXMO permit after passing the ARRT's limited x-ray "CORE" exam alone, without passing any exams for anatomic areas. After passing CORE, a six-month temporary permit could be issued to cover any anatomic areas that the graduate passed in school. (Currently, a graduate will only receive a temporary permit in anatomic areas for which they passed the exam, in addition to CORE.) To renew a six-month temporary permit in an anatomic area, the applicant must demonstrate that the applicant has at least taken the ARRT limited x-ray exam in that anatomic area.

- 3. Clinical requirements spelled out in rules: Unlike current rules, the proposed rules include specific numbers of required and elective exams (for each anatomic area) that a temporary permit holder must complete as part of practical experience requirements. These numbers are in line with clinical requirements listed in the OBMI updated draft document entitled "Practical Experience Evaluation Requirements Jan. 2018", which is part of this rulemaking.
- 4. <u>LXMO schools must provide oversight during practicals</u>: The proposed rules include more responsibility for the limited permit schools to provide oversight while their students complete clinical requirements, including designation of a clinical coordinator (for each school) and a requirement to assure proper supervision while temporary permit holders are completing clinical requirements.
- 5. Permanent permit holder can supervise temporary LXMO: While completing clinical requirements, these proposed rules would add a *permanent* permit holder as a person who could supervise a *temporary* permit holder, as long as the permanent permit holder is certified in the same anatomic area(s) that the temporary permit holder is completing practicals in. To qualify as a supervisor, the permanent permit holder would need to have been taking x-rays in any supervising anatomic areas for at least the 12-month period immediately prior to providing supervision.
- 6. More time for temporary LXMO permit holders to earn permanent LXMO permit: The overall timeframe for a temporary limited x-ray permit is extended from a current maximum of 12 months to a proposed maximum of 24 months. Under the proposed rules, starting with the date on the school graduation certificate, the applicant has exactly 12 months from that date to pass the CORE exam. Then, starting with the date the applicant passes the CORE exam, the applicant has 12 additional months to pass any anatomical components of the ARRT exam, complete clinical requirements, and apply for a permanent permit.

KEEP YOUR INFORMATION UPDATED WITH US

Board rules (OAR 337-010-0008) requires that you maintain your current contact information with OBMI. Please keep us updated on your home and work addresses and contact information. There is a link to an "updated information form" on our website (www.oregon.gov/obmi), under "Important Notices."

YOU MUST REPORT CONVICTIONS OR ARRESTS WITHIN TEN DAYS

Oregon state law (ORS 676.150) specifies that a licensee (or limited permit holder) who is convicted of any criminal offense, or even *arrested* for a felony offense, must report the criminal conviction or felony arrest to the OBMI within ten days of the conviction or arrest. The statute specifies that failure to report may be cause for disciplinary action by the Board.

DUTY TO REPORT VIOLATIONS BY OTHER LICENSEES

Oregon state law (ORS 676.150) specifies that a licensee (or limited permit holder) who has reasonable cause to believe that another licensee or permit holder has engaged in prohibited or unprofessional conduct is required to report the conduct to the Board within ten working days. The statute specifies that failure to report may be cause for disciplinary action by the Board.

FOUR DOLLAR RENEWAL SURCHARGE TO PAY FOR HEALTH WORKFORCE DATABASE

State law requires all health licensing boards (including OBMI) to collect health workforce data from renewal applicants, and to forward the data to the Oregon Health Authority, for health planning purposes. This requires renewal applicants to complete a questionnaire every time they renew a license or permit. The Oregon Health Authority will charge each licensing board \$2 per year (or \$4 per two-year renewal cycle) for each renewal. In turn, the OBMI adopted a rule to add the \$4 workforce data surcharge as part of the renewal application.

QUESTIONS/COMMENTS:

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2018 Board Meetings

Jan. 19, 2018 July 20, 2018

April 20, 2018 Oct. 19, 2018