



# Oregon

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**Board of Medical Imaging**  
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## ***BOARD OF MEDICAL IMAGING*** ***\*\*\* MARCH 2014 UPDATE \*\*\****

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### **\$52 ONE-TIME FEE FOR NEW LICENSE APPLICANTS FOR FINGERPRINT CHECK**

In keeping with its mission to protect the public health and safety, the Oregon Board of Medical Imaging approved a new process to require *initial* license and permit applicants – not renewals—to undergo a comprehensive national fingerprint criminal background check. This will require first-time applicants to pay a one-time \$52 fee to undergo an FBI fingerprint check, as part of their initial application. With over 500 new applicants every year, including a substantial number of out-of-state residents seeking Oregon licensure, the Board believes it can better meet its mission to protect the public by instituting a more comprehensive criminal background verification process for initial applicants.

Similar to what the Oregon State Board of Nursing charges, the one-time \$52 fee would be divided three ways, with \$28 going to pay the Oregon State Police, \$16.50 going to the FBI and \$7.50 staying with the OBMI for administrative expenses related to handling the background check. *Renewal* applicants would continue to be checked through the state police, with no added fee. Proposed rules to implement the fee were published on April 1, and are available to review on the OBMI website at [www.oregon.gov/obmi](http://www.oregon.gov/obmi). You may submit a comment on this proposal until April 21; submit comments by e-mail to [ed.conlow@state.or.us](mailto:ed.conlow@state.or.us).

### **BOARD PROPOSES RULE TO REQUIRE CREDENTIAL FOR COMPUTED TOMOGRAPHY**

The OBMI proposed a new rule to require a credential in computed tomography (CT) for technologists who practice diagnostic CT. If enacted, this new rule would be available to radiographers, radiation therapists and nuclear medicine technologists to practice diagnostic CT, including cone beam CT. Technologists without a CT credential would be eligible to practice diagnostic CT only after obtaining a temporary CT license, which would be available for up to 12 months and which would require them to practice under supervision. The temporary license would enable CT candidates to complete supervised clinical prerequisites necessary to sit for a CT credentialing examination. Based on the initial draft of the rule, the requirement to have a CT credential would only apply to diagnostic CT and would not apply to:

- Radiographers or radiation therapists operating the CT attenuation correction portion of the hybrid imager; or
- Licensed nuclear medicine technologists operating PET and attenuation correction portion of the hybrid imager.

Proposed rules (and related information) to implement the CT credentialing requirement are available to review on the OBMI website at [www.oregon.gov/obmi](http://www.oregon.gov/obmi). You may submit a comment on this proposal until April 21; submit comments by e-mail to [ed.conlow@state.or.us](mailto:ed.conlow@state.or.us).

## PHYSICIAN ASSISTANTS ASK OBMI TO BE PERMITTED TO PRACTICE FLUOROSCOPY

Last year, representatives from the Oregon Society of Physician Assistants (OSPA) approached the Board of Medical Imaging to request that the Board establish a pathway for physician assistants to practice fluoroscopy. (Under current rules of Radiation Protection Services, the only practitioners authorized to practice fluoroscopy in Oregon include radiologists; non-radiologist physicians with fluoroscopy training; RRAs; RPAs; and RTs.) To support its position, the OSPA points to a PA/fluoroscopy curriculum developed jointly by the American Association of Physician Assistants (AAPA) and the American Society of Radiologic Technologists (ASRT) which requires 40 hours of didactic education and 40 hours of clinical requirements.

Under direction from the Board, Board staff recently convened a work session with OSPA representation and several OBMI licensees, to see if a consensus PA/fluoroscopy process could be identified. (The Oregon Medical Board, which currently licenses PAs, was also invited.) Another work session will be scheduled, with any conclusions or recommendations presented to the OBMI at the Board's next quarterly meeting on April 25. If the OBMI decides to move forward, the OBMI's statute would need to be amended through legislation in 2015, followed by rulemaking. Direct any questions or comments to [ed.conlow@state.or.us](mailto:ed.conlow@state.or.us).

## ARRT FEE FOR LIMITED EXAM INCREASES FROM \$100 TO \$125—EFFECTIVE 1-1-15

The OBMI has been informed by the American Registry of Radiologic Technologists that the ARRT will increase their fee to sit for the examination for both the Limited Scope of Practice in Radiography and Bone Densitometry Equipment Operator. Effective January 1, 2015, the ARRT fee for these exams will increase from \$100 to \$125. (The OBMI portion of the fee will remain unchanged -- \$20 for each examination category for which the student is tested, added to the ARRT exam fee.)

## MEDICAL IMAGING LEGISLATION ENACTED IN SALEM

The Oregon Legislature adopted HB 4074 to give the OBMI the authority to waive, on a case-by-case basis, the requirement that a medical imaging license applicant who works at a rural hospital must have a national registry credential. This waiver can only be provided if the waiver applicant can demonstrate that failure to have a licensed technologist at the rural hospital will result in a substantial shortage of health services to the rural area. As part of the waiver, the OBMI can include specific requirements on the technologist seeking the waiver, including that the technologist pass a registry examination under state sponsorship. This legislation also clarifies that the authority to order or interpret a medical image must be based upon a health practitioner's properly authorized state license and valid scope of practice.

### QUESTIONS/COMMENTS:

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Our Website: [www.oregon.gov/obmi](http://www.oregon.gov/obmi)

<p><b>Remaining 2014 Board Meeting Dates:</b></p>
<p>April 25, 2014 July 18, 2014 October 17, 2014</p>