

ITEM 1: REGISTRAR'S PACKAGE

Proposed Regulations for the Board of Medicine (18 VAC 85-101-10 et seq.)

Basis, Purpose, Substance, Issues & Estimated Impact

1. Basis of the Regulation

Title 54.1, Chapter 24 and §§ 54.1-2956.1 and 54.1-2956.8:2 of the *Code of Virginia* provide the basis for this regulation.

Chapter 24 establishes the general powers and duties of the health regulatory boards including the power to establish qualifications for licensure and the responsibility to promulgate regulations.

§§ 54.1-2956.8:1 and 54.1-2956.8:2 establish licensure for radiologic technologists and radiologic technologists-limited and require the Board to establish the requisite training and examination for such licensure.

2. Statement of Purpose:

The purpose for the proposed amendments is to address concerns that the lack of educational standards and no measure of minimal competency for licensure as a radiologic technologist-limited. The proposed regulations are adopted by the Board to carry out its responsibility to protect the health, safety, and welfare of the people who are consumers of radiological services in the Commonwealth.

3. Substance of Regulation:

Part I.

18 VAC 85-101-10. Definitions.

Amendments are proposed to eliminate a term not used in regulation.

Part II.

18 VAC 85-101-40. Examination requirements.

The amendments are for clarification only.

18 VAC 85-101-50. Traineeship for unlicensed graduate.

An amendment will allow the applicant to continue working as a trainee for 14 days after receipt of the results of the licensure examination. Current regulations require immediate termination.

Part III.

18 VAC 85-101-60. Examination requirements.

The proposed amendments establish a requirement for passage of a national examination for a Limited Scope of Practice in Radiography for those applicants who will practice in a limited capacity under the direction of a doctor of medicine or osteopathy. All such applicants would be required to pass the core section of the examination in addition to the section of the examination on specific radiographic procedures, depending on the anatomical area in which the applicant intends to practice. Until the appropriate examinations are available, persons intending to be licensed in bone densitometry or procedures of the abdomen and pelvis may be licensed by submission of a notarized statement attesting to the applicant's training and competency and by performing under direct supervision and observation the required number of radiologic examinations. To be licensed to perform bone densitometry, the applicant shall have successfully completed at least 10 such examinations; to perform radiography on the pelvis or abdomen, the applicant must have successfully completed at least 25 such examinations, and the statement from the supervising technologist or physician must attest to certain competencies.

An applicant for limited-licensure to practice with a doctor of chiropractic is required to pass the examination offered by the ACRRT; and an applicant for limited-licensure to practice with a doctor of podiatry is required to pass an examination acceptable to the board.

18 VAC 85-101-70. Educational requirements for radiologic technologists-limited.

Amendments are proposed to require an educational program for the limited license to practice under the direction of a doctor of medicine and osteopathy must be directed by a radiological technologist with ARRT certification with instructors who are licensed radiologic technologists. The 10 hours required in radiographic procedures would have to be taught by a radiologic technologist with ARRT certification or a licensed doctor of medicine, osteopathy, podiatry or chiropractic. An amendment would further allow the board to accept other programs which train persons to practice in a limited capacity in a particular type of practice, such as podiatry.

Part VI.

18 VAC 85-101-130. General requirements.

Amendments are proposed in this section to require the radiologic technologist-limited to inform the board of the anatomical area in which he is qualified by training and examination to practice and to prohibit the performance of mammography by persons holding that license.

18 VAC 85-101-160. Fees required by the board.

Current regulations state that, unless otherwise provided, all fees are non-refundable. The current provision for retention of \$25 of the application fee if an applicant withdraws his application is being repealed; the policy of the board is to make all submitted fees non-refundable.

4. Issues of the Regulation:

Issue 1: The need to amend educational requirements to ensure a minimal level of competency.

Since the implementation of the statutory mandate to license radiologic technologists-limited on January 1, 1997, there has been a lack of clarity about their educational requirements and no measure of their minimal competency. Questions have been raised by applicants, physician-employers, and educators about the “educational program” requirements which set forth the number of hours required but do not offer guidance on the necessary skills and knowledge and do not set any standard for quality. There is a great deal of concern and uneasiness about the educational background and minimal threshold of competency. Those responsible for training persons for a limited scope license do not believe that the current requirements assure patient safety and quality radiography.

There is also concern that, without some educational standards for the radtech-limited programs, there is an opportunity for unqualified persons to charge students for enrollment in a substandard course which does not provide the training necessary to practice with skill and safety. Those who are planning to provide a quality educational program for the radiologic technologists-limited are seeking some standard and a testing program for entry into the profession.

Physicians who employ the radiologic technologist-limited have expressed concern that there is no assurance that that person, who is licensed by the state, has a minimal level of competency to practice safely and effectively. Amendments are necessary to assure the consuming public that persons with licensure have sufficient training in radiographic procedures to minimize the risk from over-exposure to X-ray, poor image production or unnecessary repetition of radiography.

The Advisory Board on Radiologic Technology has strongly encouraged and supported additional educational requirements in regulation. After consideration of various alternatives and consultation with educational programs in the Commonwealth, the Board recommended that the program should be directed by a radiologic technologist with a master’s degree and current ARRT certification and that courses should be taught by a licensed radiologic technologist or by a licensed doctor. Since there is no accreditation for the programs, the Board has determined that the education should, at a minimum, be provided by a person licensed under this Board.

Issue 2: The need to amend regulation to add a requirement for an examination to assure a minimal level of competency.

Since there is **no accreditation requirement** for educational programs that train radiologic technologist-limited, there needs to be some measurable standard for minimal competency. Proposed regulations will assure that the programs have qualified instructors, but the Board has determined that an examination of knowledge and skills is essential to assure minimal competency. The Board has proposed the national examination for Limited Scope of Practice in Radiography offered by the American Registry of Radiologic Technologists. It provides a readily available, legally defensible, relatively inexpensive (cost of \$35) test of minimal competency in core knowledge of radiography and additional testing of specific radiographic procedures depending on the anatomical areas in which the applicant intends to practice.

If there was a mechanism for approving the education and training received for the limited license, it could provide some assurance that minimal competencies have been achieved. The Board chose not to impose accreditation standards or a process of Board approval, but instead to rely on a proven examination to provide that measure of minimal competency.

Persons who plan to apply for the limited license to practice with a doctor of chiropractic may take the examination specifically which is designed for the requirements of that practice and which is

offered by the ACRRT. Persons who plan to apply for the limited license to practice with a doctor of podiatry may take the examination specifically designed for the requirements of that practice.

Issue 3: The qualification of persons who perform radiography of the abdomen and pelvis, bone densitometry and mammography.

The ARRT examination for Limited Scope of Practice in Radiography does not include content areas on procedures for the abdomen and pelvis because the ARRT does not believe those should be performed by a person with a limited license. Likewise, the ARRT has not yet accepted bone densitometry for the limited licensee. The Board discussed whether to provide in amended regulations that only fully licensed persons could x-ray the abdomen and pelvis, but it concluded that such x-rays are now being performed by persons with the limited license and that an amendment would be burdensome. Until the appropriate examinations are available, persons intending to be licensed in bone densitometry or procedures of the abdomen and pelvis may be licensed by submission of a notarized statement attesting to the applicant's training and competency and by performing under direct supervision and observation the required number of radiologic examinations. To be licensed to perform bone densitometry, the applicant shall have successfully completed at least 10 such examinations; to perform radiography on the pelvis or abdomen, the applicant must have successfully completed at least 25 such examinations, and the statement from the supervising technologist or physician must attest to certain competencies.

Upon a recommendation from the Department of Health and the Advisory Board, the Board of Medicine did propose to clarify that mammography may only be performed by a fully licensed radiologic technologist.

Advantages or disadvantages to the public:

The adoption of certain standards for educational programs and a test of minimal competency for applicants seeking licensure to perform radiography on limited anatomical areas will provide the consuming public with greater protection and will help to minimize the risks of radiography. There should be no reduction in the availability of radiographic services and no diminution of applicants for licensure as a result of proposed regulations, since the costs of training and examination are not excessive.

Advantages or disadvantages to the licensees:

Some of the concern about inadequate training and skill in the delivery of radiographic services is focused on the potential for harm to the practitioner. Unlike other health care services, radiography carries a risk to the practitioner as well as to the patient. An educational program with higher standards and professional instructors provides more assurance that those risks of unnecessary exposure will be minimized. There will be additional costs for becoming licensed, since it may be necessary for a person to attend a formal course at a local community college and there will be an examination requirement.

5. Estimated Impact of the Regulations

A. Projected number of persons affected and their cost of compliance:

There are approximately 125 - 150 new applicants each year for licensure as radiologic technologist-limited who would be affected by amendments to regulation.

For each of those applicants who would be required to take the ARRT Limited Scope of Practice examination, the cost would be \$35. There is no proposed increase in fees to the board.

For persons seeking training in the limited scope of radiography, the educational costs would be approximately \$212 to \$371, depending on the number of anatomical areas in which the student wants to be trained. The core course is 3 credit hours and costs \$159. The course in radiographic procedures for specific anatomical areas is \$53 per hour or a total of \$212 for 4 hours if the student wants to receive training in all areas for which they are allowed to practice. (Costs figures provided by Tidewater Community College.)

An applicant who has received the maximum hours of training and has passed the licensure examination would have to spend approximately \$406 qualifying for licensure.

Currently, the limited license examination is given by the ARRT only three times a year, which could result in a delay in becoming licensed for someone who completed his education earlier. By the year 2000, the ARRT intends to computerize its radiologic technologist examination and make it available to applicants on a daily basis at a local testing center. While there are no assurances from the ARRT, it would be expected that the examination for the limited scope of practice would likewise become computerized within the next two years.

B. Cost to the agency for implementation:

The Board will incur approximately \$1500 in cost for printing and mailing final amended regulations to licensees and other interested parties. There will be no additional cost for conducting a public hearing, which will be held in conjunction with a scheduled committee or board meeting. The Board does not anticipate any additional costs for investigations or administrative proceedings against radiologic technologists or radiologic technologists-limited for violations of these regulations.

C. Cost to local governments:

There will be no impact of these regulations on local government.

D. Fiscal Impact Prepared by the Department of Planning and Budget:

(To be attached)

E. Agency Response:

ITEM 3:

**STATEMENT FROM
ASSISTANT ATTORNEY GENERAL**

ITEM 4: STATUTORY MANDATE FOR REGULATORY ACTION

The Board of Medicine is governed by the statutory guidelines of § 54.1-100 in the promulgation of any regulation of a health professional.

§ 54.1-100. Regulations of professions and occupations.--The right of every person to engage in any lawful profession, trade or occupation of his choice is clearly protected by both the Constitution of the United States and the Constitution of the Commonwealth of Virginia. The Commonwealth cannot abridge such rights except as a reasonable exercise of its police powers when it is clearly found that such abridgment is necessary for the preservation of the health, safety and welfare of the public.

No regulation shall be imposed upon any profession or occupation except for the exclusive purpose of protecting the public interest when:

- 1. The unregulated practice of the profession or occupation can harm or endanger the health, safety or welfare of the public, and the potential for harm is recognizable and not remote or dependent upon tenuous argument;*
- 2. The practice of the profession or occupation has inherent qualities peculiar to it that distinguish it from ordinary work and labor;*
- 3. The practice of the profession or occupation requires specialized skill or training and the public needs, and will benefit by, assurances of initial and continuing professional and occupational ability; and*
- 4. The public is not effectively protected by other means.*

No regulation of a profession or occupation shall conflict with the Constitution of the United States, the Constitution of Virginia, the laws of the United States, or the laws of the Commonwealth of Virginia. Periodically and at least annually, all agencies regulating a profession or occupation shall review such regulations to ensure that no conflict exists.

The general authority of the Board of Medicine for the promulgation of regulations is found in:

§ 54.1-2400. General powers and duties of health regulatory boards.--The general powers and duties of health regulatory boards shall be:

- 1. To establish the qualifications for registration, certification or licensure in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
- 2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
- 3. To register, certify or license qualified applicants as practitioners of the particular profession or professions regulated by such board.*
- 4. To establish schedules for renewals of registration, certification and licensure.*
- 5. To levy and collect fees for application processing, examination, registration, certification or licensure and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.*
- 6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 and Chapter 25 of this title.*

7. *To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate or license which such board has authority to issue for causes enumerated in applicable law and regulations.*
8. *To take appropriate disciplinary action for violations of applicable law and regulations.*
9. *To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 9-6.14:12, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 9-6.14:11 shall serve on a panel conducting formal proceedings pursuant to § 9-6.14:12 to consider the same matter.*

18 VAC 85-101-10 et seq.: Regulations Governing the Practice of Licensure of Radiologic Technologist and Radiologic Technologist-Limited was promulgated under the general authority of §§ 54.1-2956.8:1 and 54.1-2956.8:2 of the Code of Virginia. The Code establishes the requirement for licensure of these professions and authorizes the Board to **establish qualifications for licensure** to include graduation from approved educational programs and passage of licensing examinations.

§ 54.1-2956.8:1. (Effective January 1, 1997) Unlawful to practice radiologic technology without license; unlawful designation as a radiologic technologist or radiologic technologist, limited; Board to regulate radiologic technologists.

Except as set forth herein, it shall be unlawful for a person to practice or hold himself out as practicing as a radiologic technologist or radiologic technologist, limited, unless he holds a license as such issued by the Board.

In addition, it shall be unlawful for any person who is not licensed under this chapter whose licensure has been suspended or revoked, or whose licensure has lapsed and has not been renewed to use in conjunction with his name the words "licensed radiologic technologist" or "licensed radiologic technologist, limited" or to otherwise by letters, words, representations, or insignias assert or imply that he is licensed to practice radiologic technology.

The Board shall prescribe by regulation the qualifications governing the licensure of radiologic technologists and radiologic technologists, limited. The regulations may include requirements for approved education programs, experience, examinations, and periodic review for continued competency.

The provisions of this section shall not apply to any employee of a hospital licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1 acting within the scope of his employment or engagement as a radiologic technologist.

§ 54.1-2956.8:2. (Effective January 1, 1997) Requisite training and educational achievements of radiologic technologists and radiologic technologists, limited.

The Board shall establish a testing program to determine the training and educational achievements of radiologic technologists or radiologic technologists, limited, or the Board may accept other evidence such as successful completion of a national certification examination, experience, or completion of an approved training program in lieu of testing and shall establish this as a prerequisite for approval of the licensee's application.

ITEM 5:

REASONS THE PROPOSED REGULATIONS ARE ESSENTIAL

As cited above, § 54.1-2956.8:2 requires the Board to “*establish a testing program to determine the training and educational achievements of radiologic technologists or radiologic technologists, limited, or the Board may accept other evidence such as successful completion of a national certification examination, experience, or completion of an approved training program in lieu of testing*”. In the promulgation of initial regulations, the Board sought to open the window of opportunity for licensure of those persons who have been practicing radiography under supervision in a limited capacity. Therefore, educational standards established by regulation only set forth a specified number of hours of training; and no licensure test was required.

However, amendments to current regulations are now necessary to provide the consuming public in the Commonwealth with assurance that those persons seeking initial licensure to perform radiographic procedures have received sufficient training and have demonstrated minimal competency as measured by a standard test. Without such assurance, the public is at risk from over-exposure to x-ray, from poor image production, or the unnecessary repetition of radiography.

Physicians who employ radiologic technologist-limited in their practice have expressed concerns that there is no assurance that someone who has been licensed by the state has a minimal level of competency to practice safely and effectively. While those with the limited license must practice under the supervision of a radiologic technologist or doctor, they are the persons who perform the majority of x-rays in doctor’s offices. For that reason, it is essential that they have sufficient training and education to handle the patient and operate the equipment without risk of harm.

The Advisory Board has recommended and the Board has adopted amendments to regulations which will utilize standards available nationally in the profession and which will provide assurance of minimal competency. If there was a mechanism for approving the education and training received for the limited license, it could provide some assurance that minimal competencies have been achieved. The Board chose not to impose accreditation standards or a process of Board approval, but instead to rely on a proven examination to provide that measure of minimal competency.

Additionally, the Board has responded to a concern expressed from the Department of Health about the qualifications of some licensees who are performing mammography by limited that procedure to only those persons holding a full license in radiography.

ITEM 6: LESS BURDENSOME ALTERNATIVES TO REGULATION

In response to concerns about minimal competency of radiologic technologist-limited, the Board has considered several alternatives to its regulations on the following issues:

Issue 1: The need to amend educational requirements to assure a minimal level of competency.

Since the implementation of the statutory mandate to license radiologic technologists-limited on January 1, 1997, there has been a lack of clarity about their educational requirements and no measure of their minimal competency. Questions have been raised by applicants, physician-employers, and educators about the “educational program” requirements which set forth the number of hours required but do not offer guidance on the necessary skills and knowledge and do not set any standard for quality. There is a great deal of concern and uneasiness about the educational background and minimal threshold of competency.

There is also concern that without some educational standards for the radtech-limited programs, there is an opportunity for unqualified persons to charge students for enrollment in a substandard course which does not provide the training necessary to practice with skill and safety. Those who are planning to provide a quality educational program for the radiologic technologists-limited are seeking some standard and a testing program for entry into the profession.

Amendments are necessary to assure the consuming public that persons with licensure have sufficient training in radiographic procedures to minimize the risk from over-exposure to X-ray, poor image production or unnecessary repetition of radiography. In addition, the physician who employs the radiologic technologist-limited needs to be assured that that person, who is licensed by the state, has a minimal level of competency to practice safely and effectively.

The Board considered the following alternatives:

- 1) Approval of those educational programs for the limited license in radiography which are affiliated with teaching hospitals offering courses for registered radiologic technologists. While this would be the best alternative for assurance that persons would receive quality training, there were concerns about availability of such programs in certain parts of the Commonwealth. The Board realizes that other settings, such as the community colleges, may provide adequate training for minimal competency.
- 2) Approval of educational programs which meet standards to include such criteria as courses to be taught by a ARRT certified radiologic technologist with a minimum of a bachelor’s degree. In order to assure quality and prevent students from being victimized by substandard programs without adequate teaching and resources, the Board has determined that it is essential for the educational program to be taught by a radiologic technologist or a licensed doctor.
- 3) Increasing the number of hours required for a limited scope license as has been proposed by faculty in some community colleges (See attached letter). There is growing concern about the lack of understanding and technique by students who complete the minimal program. Fearing that an increase in course work requirements could result in a shortage of limited licensees, the Board

elected to assure that the currently required hours are taught by qualified instructors and that an examination be required to measure minimum competency.

The Advisory Board on Radiologic Technology has strongly encouraged and supported additional educational requirements in regulation. After consideration of various alternatives and consultation with educational programs in the Commonwealth, the Board recommended that the program should be directed by a radiologic technologist with a master's degree and current ARRT certification and that courses should be taught by a licensed radiologic technologist or by a licensed doctor.

Issue 2: The need to amend regulation to add a requirement for an examination to assure a minimal level of competency.

Since there is no accreditation requirement for educational programs that train radiologic technologist-limited, there needs to be a measurable standard for minimal competency. Proposed regulations will assure that the programs have qualified instructors, but the Board determined that an examination of knowledge and skills was essential to assure minimal competency. The Board has proposed the national examination for Limited Scope of Practice in Radiography offered by the American Registry of Radiologic Technologists. It provides a readily available, legally defensible, relatively inexpensive (cost of \$35) test of minimal competency in core knowledge of radiography and additional testing of specific radiographic procedures depending on the anatomical areas in which the applicant intends to practice.

The Board did not consider the development of its own licensure examination. To do so is a very costly, time and personnel consuming process. The Board has determined that it is less burdensome and more reasonable to adopt the test for limited licensure offered by the ARRT, which is now utilized by more than 20 states. The Board would approve applicants for the test and set the cut score, but would not have to develop or administer its own examination. Not only would the ARRT test provide assurance of minimal competency through the 100 core questions on radiography but would provide a measure of competency for the anatomical areas for which the limited license permits practice. For example, if the limited license is being sought for x-rays of the skull and facial bones, the ARRT test provides an additional 20 questions for each anatomical area.

Issue 3: The qualification of persons who perform radiography of the abdomen and pelvis, bone densitometry and mammography.

The ARRT examination for Limited Scope of Practice in Radiography does not include content areas on procedures for the abdomen and pelvis because the ARRT does not believe those should be performed by a person with a limited license. Likewise, the ARRT has not yet accepted bone densitometry for the limited licensee. The Board discussed whether to provide in amended regulations that only fully licensed persons could x-ray the abdomen and pelvis, but it concluded that such x-rays are now being performed by persons with the limited license and an amendment would be burdensome. Until the appropriate examinations are available, persons intending to be licensed in bone densitometry or procedures of the abdomen and pelvis may be licensed by submission of a notarized statement attesting to the applicant's training and competency and by performing under direct supervision and observation the required number of radiologic examinations. To be licensed to perform bone densitometry, the applicant shall have successfully completed at least 10 such examinations; to perform radiography on the pelvis or abdomen, the applicant must have successfully completed at least 25 such

examinations, and the statement from the supervising technologist or physician must attest to certain competencies.

In an effort to address the problem of mammography being done by less-than qualified radiologic technologists, the Board, working with the Radiological Health Program within the Department of Health, sought alternatives such as: (a) a change in the rules within that department to specify requirements for mammography, or (b) an opinion from the Food and Drug Administration that stating licensure by “grandfathering” in Virginia does not meet the general qualifications in radiography established by MQSA for mammography.

Upon a recommendation from the Department of Health and the Advisory Board, the Board of Medicine proposes to clarify in its regulations that mammography may only be performed by a fully licensed radiologic technologist.

ITEM 7: SCHEDULE FOR REVIEW AND REEVALUATION OF REGULATIONS

Regulations Governing the Licensure of Radiologic Technologist Practitioners were adopted and became effective on December 25, 1996, following a change in the law requiring licensure on January 1, 1997. These regulations have been under constant review by the Advisory Board since that time and will continue to be examined for effectiveness, clarity and reasonableness.

Public Participation Guidelines of the Board of Medicine (18 VAC 85-10-10 et seq.) require a thorough review of regulations each biennium. Therefore, the Advisory Board on Radiologic Technology will review these regulations in 1999-2000 and will bring any recommended amended regulations to the Board of Medicine.

In addition, the Board receives public comment at each of its meetings and will consider any request for amendments. Petitions for rule-making will also receive a response from the Board during the mandatory 90 days according to the Administrative Process Act.

ITEM 8: FISCAL IMPACT ANALYSIS

I. Fiscal Impact Prepared by the Agency:

A. Projected number of persons affected and their cost of compliance:

There are approximately 125 - 150 new applicants each year for licensure as radiologic technologist-limited who would be affected by amendments to regulation.

For each of those applicants who would be required to take the ARRT Limited Scope of Practice examination, the cost would be \$35. There is no proposed increase in fees to the board.

For persons seeking training in the limited scope of radiography, the educational costs would be approximately \$212 to \$371, depending on the number of anatomical areas in which the student wants to be trained. The core course is 3 credit hours and costs \$159. The course in radiographic procedures for specific anatomical areas is \$53 per hour or a total of \$212 for 4 hours if the student wants to receive training in all areas for which they are allowed to practice. (Costs figures provided by Tidewater Community College.)

An applicant who has received the maximum hours of training and has passed the licensure examination would have to spend approximately \$406 qualifying for licensure.

B. Cost to the agency for implementation:

The Board will incur approximately \$1500 in cost for printing and mailing final amended regulations to licensees and other interested parties. There will be no additional cost for conducting a public hearing, which will be held in conjunction with a scheduled committee or board meeting. The Board does not anticipate any additional costs for investigations or administrative proceedings against radiologic technologists or radiologic technologists-limited for violations of these regulations.

C. Cost to local governments:

There will be no impact of these regulations on local government.

II. Fiscal Impact Prepared by the Department of Planning and Budget:

(To be attached)