ADVISORY COUNCIL ON RADIATION PROTECTION

DEPARTMENT OF HEALTH

HYATT REGENCY -- ORLANDO AIRPORT

OCTOBER 5, 2010

10:00 A.M. TO 2:45 P.M.

A P P E A R A N C E S

CAROL BONANNO, NUCLEAR MEDICINE TECHNOLOGY
MARK SEDDON, MEDICAL PHYSICIST
PAUL BURRESS, HEALTH PHYSICS
KATHLEEN DROTAR, RADIATION THERAPY
GAIL CURRY, MQA
VICKI GRANT, MQA
JANICE LIVINGSTON, RADIATION CONTROL
DEBBIE GILLEY, BUREAU OF RADIATION CONTROL
DR. WARREN JANOWITZ, NUCLEAR MEDICINE
JAMES FUTCH, RADIATION CONTROL
DON STEINER, BUREAU OF RADIATION CONTROL
DR. TIM WILLIAMS, RADIATION ONCOLOGY
DR. RANDY SCHENKMAN, RADIOLOGY
PATRICIA DYCUS, RPA
DR. ALBERT ARMSTRONG, PODIATRIST
JEROME GUIDRY, ENVIRONMENTAL
DR. BILL ATHERTON, CHIROPRACTIC RADIOLOGIST
ALBERTO TINEO, HOSPITAL ASSOCIATION

THEREUPON:

DR. JANOWITZ. WHY DON'T WE GET STARTED. IT LOOKS LIKE IT IS 10:00. LOOKS LIKE EVERYONE IS HERE. GLAD TO HAVE YOU ALL HERE THIS MORNING. BEFORE WE GET STARTED, JUST A COUPLE OF QUICK ANNOUNCEMENTS. IF YOU CAN GIVE YOUR NAME BEFORE SPEAKING DURING THE DISCUSSIONS AND TRY NOT TO TALK OVER OTHER PEOPLE SO WE CAN HAVE A GOOD TRANSCRIPT OF THE MEETING. WHY DON'T WE START WITH INTRODUCTIONS.

MS. BONANNO: CAROL BONANNO, I REPRESENT NUCLEAR MEDICINE TECHNOLOGY AND I LIVE IN ST. PETERSBURG.

MR. SEDDON: MARK SEDDON, I REPRESENT MEDICAL PHYSICISTS.

DR. WILLIAMS: TED WILLIAMS, RADIATION ONCOLOGY, BOCA RATON.

MR. BURRESS: PAUL BURRESS, HEALTH PHYSICS; TALLAHASSEE, FLORIDA.

MS. DROTAR: KATHY DROTAR, RADIATION THERAPY AT KEISER UNIVERSITY.

MS. CURRY: GAIL CURRY, MQA, LICENSING FOR RAD TECHS.

MS. GRANT: VICKI GRANT, MQA, RAD TECHS.

MS. LIVINGSTON: JANICE LIVINGSTON, DOH,

RADIATION CONTROL.

MS. GILLEY: DEBBIE GILLEY, BUREAU OF RADIATION CONTROL.

DR. JANOWITZ: WARREN JANOWITZ, NUCLEAR MEDICINE, BAPTIST HOSPITAL, MIAMI.

MR. FUTCH: JAMES FUTCH, RADIATION CONTROL.

MR. STEINER: DON STEINER, BUREAU OF RADIATION CONTROL.

DR. SCHENKMAN: RANDY SCHENKMAN, RADIOLOGY.

MS. DYCUS: PATRICIA DYCUS, I REPRESENT RPA.

DR. ARMSTRONG: ALBERT ARMSTRONG, BARRY UNIVERSITY, I REPRESENT PODIATRISTS.

MR. GUIDRY: JEROME GUIDRY, ENVIRONMENTAL RADIOLOGY.

DR. ATHERTON: BILL ATHERTON, CHIROPRACTIC RADIOLOGIST, MIAMI.

MR. TINEO: ALBERTO TINEO, REPRESENT THE HOSPITAL ASSOCIATION, DAYTONA BEACH.

DR. JANOWITZ: OKAY. WE HAVE AN INTERESTING AGENDA TODAY. FIRST ITEM IS REVIEW OF THE MINUTES. I THINK EVERYBODY GOT THAT E-MAIL. ANY COMMENTS?

MS. LIVINGSTON: I DON'T WANT TO SAY ANYTHING ABOUT THE MINUTES.

MR. FUTCH: OKAY.

MS. LIVINGSTON: WE HAD SOME DIFFICULTY WITH THE MINUTES. AND I DO APOLOGIZE FOR THEM. BUT MANY PEOPLE HAVE LOOKED AT THEM. I'VE MADE ALL THOSE CORRECTIONS WHEREVER POSSIBLE AND HOPED FOR THE BEST.

DR. JANOWITZ: THAT'S THE REASON FOR THESE ANNOUNCEMENTS.

MR. FUTCH: WE ALSO HAVE SPEAKERS IN FRONT OF YOU GUYS FOR AUDIO RECORDING AS A BACKUP THIS TIME. SO JUST TO LET YOU GUYS KNOW TO SPEAK CLEARLY AND WE'LL GET THE MINUTES RECORDED.

MS. LIVINGSTON: I DO WANT TO GO AHEAD AND MENTION THAT FOR LUNCH TIME I HAVE SPOKEN TO THE MACARONI GRILL. IT'S DOWNSTAIRS AND TOWARDS ONE OF THESE ENDS OR WHATEVER. WE CAN GO AHEAD AND MAKE RESERVATIONS FOR LUNCH TIME IF EVERYBODY WOULD LIKE TO. IF YOU WANT TO GO AHEAD, LET ME KNOW, I CAN GO AHEAD AND CALL THEM AND LET THEM KNOW HOW MANY PEOPLE TO SET THE TABLE FOR. SO JUST ABOUT EVERYBODY PRETTY MUCH? OKAY. GOOD. AND I'VE ALSO GOT PARKING VALIDATION TICKETS HERE.

DR. JANOWITZ: OKAY. I GUESS WE NEED TO VOTE ON MINUTES.

DR. WILLIAMS: SECOND.

DR. JANOWITZ: ANY OPPOSED?

(NO RESPONSE.)

DR. JANOWITZ: NEXT IS JAMES FUTCH, WEBSITE.

MR. FUTCH: FIRST THING YOU PROBABLY WANT TO DO IS JUST GO AHEAD AND TAKE THIS THING OUT OF THE BLUE FOLDER, IF YOU HAVEN'T DONE SO ALREADY. WE'VE MADE SEVERAL ADDITIONS TO THE WEBSITE THIS TIME AROUND. AND I'M GOING TO LET DEBBIE TALK ABOUT THE FIRST ISSUE WHICH IS YOUR TAB C-1.

MS. GILLEY: WELL, WE ADOPTED THE NEW RADIOACTIVE MATERIALS RULES IN MARCH OF THIS PAST YEAR AND THEY WERE SIGNIFICANTLY DIFFERENT THAN WHAT WE HAD EVER HAD BEFORE UP THERE. THE RADIOACTIVE MATERIALS MEDICAL RULES HAVE NOT BEEN CHANGED SINCE 1988. MOST OF THE CHANGES WE MADE WERE TO BE COMPATIBLE WITH THE NUCLEAR REGULATORY COMMISSION SINCE WE ARE AN AGREEMENT STATE AND THEY HAVE PASSED THAT RESPONSIBILITY ONTO US. THEY EXPECT A CERTAIN STANDARD.

AND THERE WERE A TREMENDOUS AMOUNT OF PHONE CALLS, CONFUSIONS, NON-COMPLIANCE ISSUES AND ALSO IN OUR EFFORTS TO BE BETTER COMMUNICATORS WITH OUR LICENSEES, WE WENT THROUGH SOME OF THE CALLS THAT WE WERE GETTING AND DEVELOPED SOME FREQUENTLY ASKED QUESTIONS, WHICH ARE AVAILABLE ON OUR WEBSITE. THERE IS A SECOND WAVE OF THOSE

QUESTIONS THAT ARE IN PROCESS THAT SHOULD BE ADDED PROBABLY BY THE FIRST OF NOVEMBER, THAT IS THROUGH EVERYBODY. JUST TO HELP OUR LICENSEES KNOW WHAT THEIR EXPECTATIONS WOULD BE IN ADOPTING THE NEW REGULATIONS. ANY QUESTIONS? ANYBODY LOOKED AT THEM?

DR. WILLIAMS: HOW OFTEN DO WE GET TO ASK A QUESTION BY THE NEUROSURGEONS TO GET THE AUTHORIZED RESEARCH FOR GAMMA. IS IT --

MS. GILLEY: YES. WE HAVE SEVEN GAMMA KNIVES IN FLORIDA AND WE'VE HAD IT ASKED AT LEAST SEVEN TIMES.

MR. FUTCH: THIS WAS NO EASY TASK. I THINK DEBBIE SPENT QUITE A BIT OF TIME WITH OUR INSPECTORS VETTING THIS AND IT HAD TO GO THROUGH THE PROGRAM OFFICE, AND SIX ATTORNEYS I THINK, AND FINALLY GOT IT UP ON THE WEBSITE. SO, WE'RE QUITE HAPPY IT'S THERE. ANYTHING ELSE ON THAT, DEB?

MS. GILLEY: NOPE.

MR. FUTCH: LET'S MOVE ON TO THE HANDOUT. THE HANDOUT IS NOT THERE YET. IF YOU WOULD JUST TAKE ONE FROM EACH OF THE TWO PILES THAT IS COMING AROUND. THIS IS -- I'LL WAIT UNTIL YOU GET IT FIRST BEFORE I START TALKING ABOUT IT.

SO WHAT YOU'RE SEEING IS TWO PAGES. THE ONE

THAT HAS THE PICTURES ON IT IS ACTUALLY THE FRONT PAGE OF THE BUREAU OF RADIATION CONTROL'S WEBSITE. I THINK THEY'VE GOT THE SAME THING. A LITTLE SHORT? SORRY ABOUT THAT.

THE ONE WITH THE PICTURES IS THE FRONT PAGE OF THE BUREAU OF RADIATION CONTROL’S WEBSITE AS OF I THINK YESTERDAY. THERE ARE TWO THINGS ON IT. THEY ARE IDENTIFIED WITH ARROWS. WE'RE GOING TO TALK ABOUT THE ONE ON THE BOTTOM FIRST. THIS IS BASICALLY A LIST SERVER. WE'VE BEEN ASKED THIS I THINK A COUPLE OF TIMES OVER THE PAST SEVERAL YEARS AND IT JUST TOOK A WHILE TO GET THE IT FOLKS TOGETHER WITH THE PROGRAM FOLKS AND MAKE IT ALL HAPPEN.

SO NOW BASICALLY THE BUREAU OF RADIATION CONTROL DOES HAVE A LIST SERVER. SO YOU CAN SUBSCRIBE TO IT, AND WE WILL USE IT FOR SENDING OUT ALL SORTS OF THINGS INCLUDING ANYTHING WE PUT ON OUR WEBSITE, ANY NEW REGULATIONS, INFORMATION NOTICES, TRAINING OPPORTUNITIES. DEBBIE IS GOING TO TALK A LITTLE BIT MORE ABOUT THOSE IN THE NEXT SECTION. THERE ARE SEVERAL RADIATION TRAINING RELATED COURSES GOING ON RIGHT NOW.

THE FIRST PAGE IS THE LIST TO SUBSCRIBE. THAT'S THE BOTTOM ARROW ON THE PAGE WITH THE PICTURES. AND THE OTHER PAGE WE'VE GOT IS

ACTUALLY THE SUBSCRIPTION PAGE FOR THE LIST SERVER. THIS WILL PROBABLY EXPAND AS WE THINK OF MORE THINGS TO SAY ABOUT IT, THINGS TO INCLUDE ON THERE. PERHAPS EVEN GET TO THE POINT WHERE WE ASK YOU WHICH KINDS OF THINGS YOU MAY WANT TO HEAR ABOUT. BUT RIGHT NOW THIS IS WHAT IT LOOKS LIKE. SO THAT'S IT. IT PROBABLY TOOK LONGER TO PASS THE PAPER OUT THAN TO TALK ABOUT.

MOVING ON TO THE NEXT ITEM C, RADIOLOGY ARTICLE ON MEDICAL RESPONSE. THIS IS YOUR C-3. WE HAVE -- SOME OF THE TRAINING COURSES WE'VE DONE OVER THE PAST YEAR HAVE BEEN WITH THE REAC/TS FOLKS IN OAKRIDGE, TENNESSEE, THE RADIATION EMERGENCY RESPONSE ASSISTANCE CENTER TRAINING SITE. THEY'VE COME TO FLORIDA AND THEY'VE TALKED -- MAYBE SOME OF YOU HAVE ATTENDED, SOME OF YOUR COLLEAGUES. THEY HAVE TALKED TO PHYSICIANS AND NURSES AND MEDICAL PARAMEDICS AND VARIOUS SUNDRY OF OTHER FOLKS ABOUT WHAT IS GOING TO BE NEEDED IN TERMS OF IF THERE IS EVER A NUCLEAR POWER PLANT ACCIDENT OR GOD FORBID A DIRTY BOMB OR SOMETHING LIKE THAT, AND CONTAMINATED PEOPLE START SHOWING UP TO MEDICAL FACILITIES.

THEY ALSO AFTER, I GUESS ABOUT THE SAME TIME THEY WERE DOING THESE COURSES WITH US, A LOT OF

THE AUTHORS GOT TOGETHER AND WROTE A PAPER IN RADIOLOGY CALLED MEDICAL RESPONSE TO MAJOR RADIOLOGIC EMERGENCY. AND RADIOLOGY, WE GOT A REQUEST FROM SOME OF THE COUNTY HEALTH DEPARTMENTS FOR A COPY OF THIS. AS YOU KNOW, IT COSTS MONEY FOR COPIES OF THESE THINGS. RADIOLOGY WAS KIND ENOUGH TO GIVE US PERMISSION FROM THE AUTHORS TO POST THAT ARTICLE ON OUR WEBSITE. AND THAT'S WHAT THIS IS IN C-3.

IT'S A LINK SHOWING YOU THE FRONT PAGE WHERE THERE'S A LITTLE BLURB ABOUT WHAT THE ARTICLE IS ABOUT. THE SECOND PAGE IS THE ACTUAL FIRST PAGE OF THE PDF'S FULL TEXT ARTICLE. IT'S AN EXCELLENT ARTICLE. IF YOU DIDN'T MAKE IT TO ANY OF THE REAC/TS COURSES, THIS IS A HANDY LITTLE THING TO HAVE. I THINK THAT'S IT FOR ME. ANY QUESTIONS ON ANY OF THAT? OKAY. BACK TO YOU.

DR. JANOWITZ: UP TO D. AHEAD OF SCHEDULE THIS MORNING. DEBBIE GILLEY.

MS. GILLEY: WELL, THE FEDERAL GOVERNMENT IS NOW INTERESTED IN RESPONSE TO RADIOLOGICAL EVENTS. AND WHEN THE FEDERAL GOVERNMENT GETS INTERESTED, MONEY COMES OUR WAY. SO WE HAVE SEVERAL INITIATIVES GOING ON IN FLORIDA RIGHT NOW TO BETTER PREPARE US TO RESPOND TO A DIRTY BOMB OR

NUCLEAR DETONATION OR OTHER POSSIBLE NUCLEAR POWER PLANT, TRANSPORTATION INCIDENTS.

SO, WE'RE TRYING TO SPEND THE MONEY AS LONG AS IT GOES. WE'RE ALSO TRYING TO GET A CORPS OF INDIVIDUALS THAT ARE OUT THERE, THAT WOULD BE AVAILABLE TO HELP US OUT SHOULD WE HAVE A DIRTY BOMB HAPPEN IN ONE OF OUR METROPOLITAN CITIES. AND WE HAVE THREE DIFFERENT INITIATIVES THAT ARE CURRENTLY GOING ON LOOKING FOR VOLUNTEERS AND PROVIDING TRAINING FOR VOLUNTEERS.

THE FIRST IS COORDINATION WITH OUR MEDICAL RESERVE CORPS. WE HAVE ESTABLISHED A PARTNERSHIP WITH THEM FOR RADIATION RESPONSE VOLUNTEERS. THESE ARE INDIVIDUALS THAT HAVE RADIATION, RADIOLOGY BACKGROUND. THEY ARE INDIVIDUALS THAT CAN HELP US RUN HUNDREDS OF PEOPLE THROUGH PORTAL MONITORS AND DO DECONTAMINATION. WE ARE NOT A PROPONENT OF THE ALL HAZARDS APPROACH. WE DON'T BELIEVE YOU OUGHT TO SET SHOWERS UP NECESSARILY IN YOUR PARKING LOTS AND WASH PEOPLE DOWN BEFORE YOU GIVE THEM MEDICAL CARE.

SO, WE THINK THAT THE RADIATION CONTAMINATION THAT WOULD BE INVOLVED IF IT'S SIMPLY A RADIOLOGICAL ABOUT 95 PERCENT OF IT WOULD BE REMOVED JUST BY TAKING YOUR CLOTHES OFF AND

CHANGING YOUR CLOTHES. WE KNOW THERE IS AN ALREADY PERCEIVED FEAR FACTOR ABOUT RADIATION OUT THERE WITH OUR PUBLIC AND WE DON'T SEE ANY REASON TO ENHANCE THAT FEAR ANYMORE. THE MORE WE CAN TRAIN PEOPLE AND EDUCATE PEOPLE ON HOW TO RESPOND TO A RADIOLOGICAL EVENT, THE SMOOTHER IT IS GOING TO BE. THERE'S GOING TO BE SOME MEASURE OF CHAOS JUST BECAUSE THAT'S THE NATURE OF A CRISIS. BUT ANYTHING WE CAN DO TO LOWER THAT CENSUS CONCERN WOULD BE IMPORTANT.

THIS RADIATION RESPONSE VOLUNTEER CORPS IS NOT LIMITED TO JUST MEDICAL AND HEALTH PHYSICISTS TO PARTICIPATE. IT IS ANYBODY WHO WISHES TO VOLUNTEER. I CAN'T CALL UPON YOU TO COME HELP ME DO POPULATION MONITORING IF YOU ARE NOT A MEMBER OF THE CITIZENS CORPS. AND THE ONE THAT WE ARE AFFILIATED WITH IS THE MEDICAL RESERVE CORPS.

THEY HAVE ADDED ADDITIONAL FIELDS OF INFORMATION TO CAPTURE YOUR INFORMATION. IF YOU'RE A CHP, IF YOU'VE HAD BACKGROUND IN RADIATION PROTECTION, IF YOU ARE NUCLEAR MEDICINE, MEDICAL PHYSICIST, THEY GET ALL THAT INFORMATION. IF YOU'RE A PHYSICIAN, THEY HAVE ALL THE INFORMATION ON THAT. SO THAT IF YOU -- IF WE HAVE SOMETHING, WE CAN THEN DO THE CALL THEM THROUGH

THE 33 UNITS, CALL UPON YOU TO COME TO A LOCATION AND HELP US OUT.

THE SECOND WAVE WE HAVE, IS THAT WE REALLY, REALLY, NEED SOME SUBJECT MATTER EXPERTS. WE NEED SOME EMERGENCY ROOM PHYSICIANS AND NURSES AND THE EMERGENCY ROOM AND RADIOLOGIST AND RADIATION ONCOLOGIST THAT WANT TO STEP UP TO THE PLATE TO BE THE MEDICAL SUBJECT MATTER EXPERT TO HELP EMERGENCY ROOMS OUT WITH CONTAMINATION AND RADIATION EXPOSURE.

AND SO, WE'VE ACQUIRED SOME ADDITIONAL EDUCATIONAL STIPEND MONEY FOR ATTENDING A COURSE IN OAKRIDGE, TENNESSEE. WE'VE MADE ARRANGEMENTS WITH REAC/TS UP THERE TO HOLD OPEN SPACES. I HAVE 35 SPACES DESIGNATED FOR COURSES BEGINNING IN JANUARY THROUGH JUNE. AGAIN, THE TARGET AUDIENCE IS MEDICAL PEOPLE. IT'S A RADIATION EMERGENCY MEDICINE IS THE NAME OF THE COURSE. IT'S HANDS-ON. THEY PLAY WITH REAL STUFF. AND I THINK IF WE CAN GET A GROUP OF THOSE INDIVIDUALS IDENTIFIED, THEN THEY COULD AT LEAST THROUGH COMMUNICATIONS TALK OTHER EMERGENCY ROOMS IN HELPING AND KNOWING HOW TO HANDLE THOSE PEOPLE.

THE APPLICATION IS ON OUR WEBSITE. AND I WOULD ENCOURAGE YOU TO LOOK AT IT AND ENCOURAGE

YOU TO SHARE IT WITH INDIVIDUALS ON YOUR STAFF, AT YOUR HOSPITALS OR IN YOUR PROFESSIONAL ORGANIZATIONS.

THE SECOND ONE IS 15 POSITIONS OPEN FOR SOME HEALTH PHYSICISTS AND MEDICAL PHYSICISTS TO DO THE RADIOLOGICAL COMPONENT OF IT. AND IT'S A FOUR AND A HALF DAY COURSE. AND IT WILL HELP US TRY TO USE SOME MEASUREMENTS THAT WE MIGHT GET, EXTERNAL MEASUREMENTS TO DETERMINE HOW MUCH INTERNAL CONTAMINATION MIGHT BE AVAILABLE. THEY WILL HELP WITH SOME BIO ASSAYS AND HOW TO DO SOME RULE OF THUMB AND SOME DOWN AND DIRTY CALCULATIONS BASED ON LIMITED AMOUNT OF INFORMATION.

IN AN INCIDENT WE'RE NOT GOING TO HAVE AN OPPORTUNITY TO DO 24-HOUR URINALYSIS FOR BIO'S. IT'S NOT GOING TO HAPPEN. SO WE'VE GOT TO HAVE THOSE QUICK TIPS. SO I NEED 15 PEOPLE THAT CAN KIND OF TAKE CHARGE OF THAT KIND OF STUFF IN FLORIDA OR HAVE THEM AVAILABLE.

SO THOSE ARE BOTH OPPORTUNITIES YOU CAN TAKE BACK TO YOUR INSTITUTIONS AND SHARE WITH YOUR STAFF AND APPLICATIONS FOR THE HEALTH PHYSICISTS, I HAVE TO HAVE THOSE BY THE END OF OCTOBER. I HAVE UNTIL THE END OF NOVEMBER FOR THE MEDICAL PERSONNEL. DID I SAY THAT WRONG?

MR. FUTCH: UNLESS I HAVE IT WRONG ON THE WEBSITE.

MS. GILLEY: YEAH, YOU HAVE IT WRONG ON THE WEBSITE. THE FIRST COURSE FOR THE HEALTH PHYSICISTS IS FEBRUARY THE 4TH, THE WEEK OF FEBRUARY ON THE 4TH. OKAY.

WE ARE GOING TO BE DOING SOME MORE REAC/TS REGIONAL TRAINING. WE RECEIVED FUNDING FOR SIX MORE OF THESE. I AM TARGETING THE LEVEL ONE TRAUMA CENTERS. AND OUR FIRST 12 THAT WE DID, WE GOT GREAT PARTICIPATION, BUT WE DIDN'T GET AS MANY EMERGENCY PHYSICIANS AND NURSES AS WE THOUGHT WE NEEDED.

PARAMEDICS, I THINK WE PROBABLY TURNED ON LOTS OF LIGHT BULBS WITH PARAMEDICS. THEY'RE NOW NOT NEARLY AS AFRAID OF THE CONTAMINATED PATIENT AS THEY WERE BEFORE THEY TOOK THE COURSE.

SO, I'VE BEEN WORKING WITH THOSE. THERE WOULD BE MIAMI, TAMPA, ORLANDO, BROWARD AND JACKSONVILLE. I'M MISSING ONE. BUT THERE'S SIX OF THOSE THAT WE WILL BE DOING THE FIRST SIX MONTHS OF NEXT YEAR.

THE LAST ONE, WHICH IS NOT ON HERE, THAT WE JUST RECEIVED NOTIFICATION ON TUESDAY THAT WE RECEIVED IS THE HEALTH PHYSICS SOCIETY OF THE

STATE OF FLORIDA PUT TOGETHER A GRANT APPLICATION. THEY SPREAD THE WEALTH A LITTLE BIT. NOT ONLY WERE THEY ACCEPTING GRANTS FROM THE STATE, BUT THEY WOULD ACCEPT APPLICATIONS FROM PROFESSIONAL ORGANIZATIONS. AND THEY SUBMITTED AN APPLICATION. AND THEY RECEIVED PERMISSION TO -- OR THEY'LL RECEIVE THE FUNDING TO DO ANOTHER LEVEL OF INTERNAL CONTAMINATION RESPONDERS.

WE ALREADY KNOW WE DON'T HAVE ALL THE FIXES. IF YOU GET SOMEBODY AND YOU DECON AND YOU DECON, AND THEY'RE STILL GOING THROUGH THE PORTAL MONITOR SETTING IT OFF, IT'S NOT DECON ANYMORE. IT'S INTERNAL CONTAMINATION. AND WE NEED A SUBSET OF PROFESSIONALS THAT KNOW HOW TO TAKE CARE OF THOSE PEOPLE AND HOW TO TRIAGE THOSE PEOPLE. WHO'S GOING TO GET THE KELATION THERAPY, WHO'S NOT AND THOSE KIND OF THINGS. SO THAT'S THE NEXT ONE-DAY COURSE. THAT IS MARCH 19TH. AND MORE INFORMATION WILL BE ON OUR WEBSITE AS SOON AS WE GET IT UP.

DR. JANOWITZ: ARE THE DATES FOR THE REAC/TS THREE AND A HALF DAY COURSE ON THE WEBSITE?

MS. GILLEY: THE DATES ARE ON THE APPLICATION. IF YOU LOOK AT THE APPLICATION FOR THE THREE AND A HALF DAY.

MR. FUTCH: CAN I INTERRUPT FOR JUST A SECOND.

THIS PIECE OF PAPER THAT CAME AROUND TO YOU THAT SAYS RADIATION TRAINING COURSES CIRCLED ON THE TOP OF IT. THAT IS ON THE WEBSITE. AND IT'S ACTUALLY GOT DATES. AND ACCORDING TO DEB I NEED TO FIX THEM BECAUSE THEY'RE WRONG. THE JUST -- THE FIRST PARAGRAPH IS THE ONE FOR THE THREE AND A HALF DAY COURSE FOR THE DOC'S IN OAKRIDGE. AND THE BOTTOM OF THE FIRST PAGE BEGINNING THE DISCUSSION OF FOUR AND A HALF DAY COURSE OF HEALTH PHYSICISTS AND MEDICAL PHYSICISTS.

IF YOU TURN OVER TO PAGE TWO, IT ALSO TALKS ABOUT THE RADIATION RESPONSE VOLUNTEER REPORT. ADDITIONAL LINKS FOR THAT. IT'S ACTUALLY REGISTRATION DATE ON-LINE FOR THAT. IT'S NOT AN APPLICATION.

THE LAST ONE IS THE EMERGENCY MANAGEMENT. THAT IS THE ONE AND A HALF DAY COURSE FOR THE REAC/TS FOLKS IN FLORIDA. THAT ALSO HAS ITS OWN REGISTRATION PAGE. AND ACTUALLY YOU HAVE COPIES OF THE REGISTRATION PAGE, TWO OF THOSE ON YOUR D-1 AND D-2. BUT THESE ARE ALL NOW ALL THE TRAINING IS ACCESSIBLE THROUGH THE CENTRALIZED RADIATION TRAINING COURSE PAGE ON OUR WEBSITE. IF YOU GO BACK TO THE FIRST PAGE I HANDED OUT IN MY DISCUSSION, THE PICTURES ON THE FRONT OF IT AND

THE TWO ARROWS. ONE OF THE ARROWS IS ACTUALLY TO RADIATION TRAINING COURSE PAGE. SO ALL YOU NEED TO KNOW FROM US IS GO TO THE HOME PAGE. YOU WILL FIND THE LINK ON THE SIDE AND FIND THE PARAGRAPH ON THE FRONT.

DR. SCHENKMAN: IS THIS THE ONE WITH RADIATION TRAINING ON IT?

MR. FUTCH: THE RADIATION TRAINING COURSES, RADIATION TRAINING COURSES IS CIRCLED ON THE TOP OF IT. THE HANDOUT, THE LAST ONE. I JUST NEED TO SWAP THE DATES ON THE THREE AND A HALF TO FOUR AND A HALF.

MS. GILLEY: THE HEALTH PHYSICS COURSE, THE FIRST OFFERING IS IN FEBRUARY. WE MOVED THAT APPLICATION DATE UP A MONTH SO WE'D HAVE AN OPPORTUNITY TO IDENTIFY THOSE INDIVIDUALS WHO NEVER HAVE TIME TO GET IT.

THE EDUCATIONAL STIPEND THAT WE'RE CALLING IT, SHOULD COVER ALL OF THOSE TRAVEL COSTS TO SPEND THE TIME UP THERE. WE PICKED FOUR OR FIVE MAJOR METROPOLITAN CITIES, LOOKED AT AIRFARE UP THERE, LOOKED AT HOTEL ACCOMMODATIONS UP THERE SO THAT THERE WOULD NOT BE ANY OUT OF POCKET EXPENSE.

WE'RE KIND OF HOPING THAT THE EMPLOYERS WOULD TAKE CARE OF ADMINISTRATIVE LEAVE FOR THEM FOR

THAT PURPOSE. WE CAN'T PAY SALARIES. WE DON'T HAVE THAT KIND OF MONEY.

AND THERE'S A LITTLE TRI-FOLD. I HAVE MORE OF THESE IF YOU'RE GOING TO A MEETING OR YOU HAVE OTHER OPPORTUNITIES, I WOULD BE GLAD TO SEND YOU SOME. THE LITTLE REGISTERED RESPONSE VOLUNTEER FORM, WE'VE HAD GREAT RESPONSES FOR. WE HAD 64 INDIVIDUALS SHOW UP ON SEPTEMBER THE 11TH IN JACKSONVILLE. SATURDAY GUYS. AND WE HAD ABOUT 40 IN MIAMI JUST LAST WEEK ON FRIDAY.

WE HAVE THE NEXT TRAINING COMING UP HERE IN ORLANDO. IT'S A FUN COURSE. IT IS VERY APPROPRIATE FOR STUDENTS TO ATTEND. IT IS HANDS-ON. THERE'S NOT A LOT OF DIDACTIVE. BUT YOU GET TO PLAY WITH EQUIPMENT. SO IT'S A REAL FUN COURSE. IT'S A GOOD WAY TO MAKE SEVEN HOURS OF CONTINUED EDUCATION FOR RADIOLOGIC TECHNOLOGISTS AND NURSING.

MR. FUTCH: IT'S ALSO A GREAT WAY TO NETWORK WITH THE FOLKS IN YOUR OWN LOCAL COMMUNITY THAT ARE INTERESTED AND KNOWLEDGEABLE IN THE MATTER. I'M PREACHING TO THE CONVERTERS HERE.

MS. GILLEY: JUST A STORY. THE NUCLEAR MEDICINE TECHNOLOGISTS AT SARASOTA MEMORIAL MET EMERGENCY ROOM PERSONNEL AT ONE OF THESE

TRAININGS. SO, YOU KNOW, THEY HAD NEVER CROSSED PATHS. DIDN'T KNOW THAT THOSE RESOURCES WERE AVAILABLE WITHIN THEIR ORGANIZATION. DIDN'T KNOW THEY COULD CALL SOMEBODY LOCALLY. SO ANOTHER GOOD WILL COMPONENT.

DR. JANOWITZ: SEE ANOTHER 24 AND A HALF HOURS OF CME.

MS. GILLEY: FOR PHYSICIANS, YES. THAT MAY MAKE IT WORTH YOUR WHILE.

DR. JANOWITZ: THREE AND A HALF DAYS IS A LONG --

MR. FUTCH: IN OAKRIDGE, TENNESSEE, THERE ARE MANY THINGS TO DO. THEY HAVE TREES THAT ARE RADIOACTIVE THERE.

DR. WILLIAMS: TO TAKE THE THREE AND A HALF DAY COURSE, WE HAVE TO TAKE THE OTHER COURSE FIRST?

MS. GILLEY: NOT NECESSARILY. NO. WE WERE JUST TRYING IF WE GOT MORE THAN 35 APPLICATIONS, WE WERE GOING TO PRIORITIZE BASED ON THOSE QUESTIONS.

DR. WILLIAMS: IS THIS BEING THROUGH THE FRS WEBSITE AND FMA WEBSITE?

MS. GILLEY: IT DID GO OUT THROUGH THE FLORIDA MEDICAL ASSOCIATION. DR. LANDSA MADE SURE IT GOT

IN ONE OF THEIR WEEKLY OR BI-WEEKLY E-MAIL LETTERS.

DR. WILLIAMS: THE FMA OR THE FRS?

MS. GILLEY: THE FMA. I HAVE NOT DONE ANY OUTREACH WITH FRS. BUT PLEASE DO IF YOU HAVE --

DR. WILLIAMS: I THINK IT WOULD BE A GOOD VENUE I THINK TO UTILIZE INTERESTED PEOPLE AND PEOPLE MIGHT SEE IT, YOU KNOW.

MS. GILLEY: I WILL. I'LL CONTACT ALLISON.

DR. WILLIAMS: HOW ABOUT THE RESIDENCY PROGRAM AS WELL?

MS. GILLEY: I CONTACTED THE RESIDENCY PROGRAMS TO GET INTEREST WITH SOME OF THEIR INSTRUCTORS TO DO IT, IF THEY DO HAVE THE INFORMATION. I HAVEN'T GOT ANY FEEDBACK YET FROM THEM. AND I ALSO WENT TO THE COLLEGE OF EMERGENCY ROOM PHYSICIANS IN ORLANDO. AND THEY'VE BEEN REAL GOOD TO DO OUTREACH FOR ME ALSO. AND THEY CONTACTED EMERGENCY ROOM NURSES ALSO.

DR. JANOWITZ: YOU MIGHT WANT TO CONTACT THE SOUTHEASTERN CHAPTER OF THE AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE. THEIR IS COMING UP THIS MONTH.

MS. GILLEY: OKAY. OTHER SUGGESTIONS? I LIKE IT. THANK YOU. I'M STILL ON. OKAY. THE OTHER THING IS NOT ONLY ARE WE TRYING TO DO OUTREACH

WITH OUR LICENSEES AND REGISTRANTS. YOU'RE NOT FAMILIAR WITH THE WAY WE HAVE REORGANIZED THE BUREAU OF RADIATION CONTROL. WE NOW DO TELEWORK FOR MOST OF OUR INSPECTORS. IN SOME INSTANCES, THOSE INSPECTORS DO NOT SEE OTHER BUREAU OF RADIATION CONTROL PEOPLE EXCEPT MAYBE MONTHLY STAFF MEETINGS. SOME OF THE MANAGERS STILL DO WEEKLY STAFF MEETINGS.

SO IN AN ATTEMPT TO HAVE THEM AWARE OF WHAT IS GOING ON, ESPECIALLY WHAT'S GOING ON IN TALLAHASSEE, WHICH, YOU KNOW, WE HAVE BEEN KNOWN AS THE EMERALD CITY FOR MANY REASONS. WE STARTED A HOT SPOT WHICH IS AN E-BULLET, E-MAILING SYSTEM WITH JUST BITS OF INFORMATION IF THEY ARE INTERESTED GO AND FIND MORE INFORMATION OF.

SO WE'VE HAD TWO ISSUES THAT WE'VE SENT OUT SO FAR. THE THIRD ISSUE SHOULD GO OUT SOME TIME LATER THIS WEEK OR THE FIRST PART OF NEXT WEEK. AND IT'S JUST OUR EFFORTS. IF THERE ARE THINGS THAT YOU THINK WOULD BE OF INTEREST TO OUR STAFF, WE WOULD LOVE TO BE ABLE TO ADD THAT TO THEIR KNOWLEDGE BASE ON ACTIVITIES THAT IS GOING ON. ONE OF THE THINGS THAT I'VE GOT TO PUT IN THERE IS HEY SEE, YOU KNOW, CALIFORNIA PASSED THE CT RULES. IF YOU WANT TO KNOW MORE ABOUT IT, GO HERE. AT

LEAST LET ME KNOW THERE ARE SOME ACTIVITIES GOING ON IN OTHER STATES OF WHAT THEY'RE DOING. THERE IS PERSONAL STUFF IN THERE, TOO. LIKE SOMEBODY GOT MARRIED OR SOMEBODY'S DAUGHTER GOT MARRIED.

MS. LIVINGSTON: MINE.

MS. GILLEY: WE USED TO HAVE AN ANNUAL MEETING BEFORE WE HAD THE BUDGET REDUCTIONS AND IT WAS A GREAT OPPORTUNITY FOR OUR STAFF TO NETWORK AND BUILD RELATIONSHIPS AND FRIENDSHIPS WHICH ARE VERY IMPORTANT FOR US IN THE CASE OF AN EMERGENCY. SO THIS IS ATTEMPT TO KIND OF ELECTRONICALLY KEEP PEOPLE IN THE KNOW.

DR. JANOWITZ: OKAY. I GUESS WE'RE GOING TO JAMES ON PROPOSED LEGISLATION.

MR. FUTCH: AHEAD OF SCHEDULE. SO GREAT. THIS FIRST HALF OF THIS SECTION A LOT OF THINGS WE'VE SEEN IN HERE BEFORE. I REALLY DON'T WANT TO GO BACK THROUGH IN DETAIL ALL OF THIS.

I'VE PROVIDED YOU WITH PIECE OF LEGISLATION YOU HAVE SEEN BEFORE AND RECOMMENDED FAVORABLY BE CHANGED AND THE LAW BE ADOPTED. THIS IS E-1, YOUR TAB E-1. THIS IS THE X-RAY FEE LEGISLATION. IT IS ACTUALLY MORE THAN X-RAY FEES. BUT A SITUATION HERE WITH THE X-RAY PROGRAM, IS THE LAST FEE INCREASE WAS, CORRECT ME IF I'M WRONG,

APPROXIMATELY 1991, SOMEWHERE IN THAT NEIGHBORHOOD. AND THEN THAT TOOK THEM TO THE STATUTORY CAPS FOR THE PROGRAM, WHICH IS THE X-RAY MACHINE REGISTRATION AND INSPECTION PROGRAM.

IN THE MID TO LATE 90'S, THE PROGRAM WAS AGAIN IN A DEFICIT. AND SINCE THERE WERE NOT OTHER STATUTORY CAPS, INSTEAD OF TRYING TO GET THE LAW CHANGED, BECAUSE THAT IS VERY DIFFICULT TO DO, THEY CHANGED THE INSPECTION FREQUENCY FROM EVERY YEAR ROUTINELY FOR MOST X-RAY MACHINES TO EVERY TWO YEARS, UNLESS THE MACHINES HAVE A PROBLEM FROM A PREVIOUS INSPECTION.

NEXT PERIOD WE GO FORWARD FOR ANOTHER FIVE OR TEN OR SO YEARS, AND NEEDLESS TO SAY THEY'RE IN A POSITION NOT BEING ABLE TO SUPPORT THE PROGRAM FINANCIALLY. AND THEREFORE, THE GENESIS OF THIS LEGISLATION. AND WHAT THIS DOES, AND I WON'T GO INTO GREAT DETAIL, BASICALLY ELIMINATES A LOT OF THE STATUTORY FEE CAPS AND ALSO THE LANGUAGE THAT TIES NOT JUST THE FEES BUT THE MACHINE INSPECTION FREQUENCIES TO ARTIFICIAL DESIGNATIONS OF THE KIND OF FACILITY IN WHICH THE MACHINE IS USED. AND ELIMINATED ALL OF THAT. PART OF THAT TECHNOLOGY DRIVEN. THERE ARE A LOT OF DENTISTS OUT THERE WITH CT'S. THERE ARE ALL SORTS OF THINGS THAT

NOBODY EVER IMAGINED THAT LEGISLATION HAS PUT TOGETHER. THIS FIXES THAT. AND IN THE BEGINNING OF IT, IT ALSO ADDS THE ABILITY TO RECOVER SOME COSTS FOR THINGS THAT SOME OF THE OTHER PROGRAMS DO, LIKE INVESTIGATION AND LICENSE ACTIVITY. THINGS THAT KIND OF CAME A LONG WELL AFTER THIS LEGISLATION WAS ESTABLISHED.

I PUT IT OUT IN FRONT OF YOU TO SAY THAT EVERY YEAR -- THE X-RAY MACHINE LEGISLATION, TWO OTHER THINGS THAT IT DOES IS THAT IT ENABLES US TO RECOVER COSTS FOR THINGS WE CURRENTLY COVER. FOR EXAMPLE, NON ISSUES, DUPLICATE CERTIFICATES AT THE REQUEST OF THE RADIATION MACHINE REGISTRANTS. THAT'S NOT SOMETHING WE CAN COVER THE COST FOR. AND ALSO FOR THE WHOLE REGISTRATION WITH THE VENDORS AND THE INSTALLERS.

SO WE SUBMITTED IT IN AND YET AGAIN THIS YEAR IT WAS NOT PICKED UP. SO THE ONLY WAY THIS IS GOING TO HAPPEN IS SOME OUTSIDE PARTY DECIDES TO SUPPORT IT AND I'M NOT GOING TO HOLD MY BREATH FOR THAT TO HAPPEN.

BUT I WOULD LIKE TO KEEP IT IN THE COUNCIL'S MEMORY. AND WE WILL TRY AGAIN AT OUR NEXT OPPORTUNITY, AND UNLESS YOU GUYS TELL US OTHERWISE. I DON'T THINK YOUR OPINION HAS

PROBABLY CHANGED SINCE THE LAST MEETING WE DISCUSSED THIS. ENOUGH SAID ABOUT X-RAY MACHINE FEES AND THE OTHER PARTS OF IT.

THE NEXT THING IS SPECIALTY TECHNOLOGISTS. THIS IS ALSO SOMETHING YOU'VE SEEN BEFORE. THIS IS A DIFFERENT STATUTE. THIS IS CHAPTER 468. THE PREVIOUS ONE WAS CHAPTER 404. THIS IS EXACTLY THE SAME LEGISLATION YOU'VE SEEN FOR THE PAST PROBABLY THREE OR FOUR MEETINGS.

YOU HAVE VOTED FAVORABLY IN SUPPORT OF THIS BEING ADOPTED PREVIOUSLY. AND HOPEFULLY YOU HAVE NOT CHANGED YOUR MIND AND CONTINUE TO DO THAT. THIS ADDS THE NEW TYPES OF TECHNOLOGISTS TO THE RAD TECH LAWS SO THAT WE CAN DO THINGS LIKE CERTIFY NUCLEAR MED TECH'S, IN CT, WHEN THEY HAVE A LICENSE FROM ARRT, IN CT, TO BE ABLE TO DO FULL CT IN THE STATE OF FLORIDA, WHICH THEY'RE CURRENTLY PROHIBITED FROM DOING EVEN IF THEY HAVE A LICENSE THAT SAYS THEY CAN DO IT FROM THE NATIONAL REGISTRY.

STILL CONTINUE TO GET LOTS OF CALLS FROM NUCLEAR MED TECH'S AND THEIR FACILITIES WHO WOULD LIKE THAT TO BE CHANGED AND ALLOW US TO ISSUE THOSE LICENSES. AND UNLESS AND UNTIL THIS ACTUALLY HAPPENS THEY WON’T BE ABLE TO.

THE OTHER THING THAT IS RELATIVELY NEW TO THIS IS SOME FACILITIES ARE NOW STARTING TO ASK ABOUT A NEW TECHNOLOGY CALLED POSITRON EMISSION MAMMOGRAPHY OR PEM. AND THEY'RE ASKING ABOUT IT IN THE CONTEXT OF IT'S A NUCLEAR MEDICINE PROCEDURE. THEY WOULD LIKE THEIR STATE LICENSED GENERAL RADIOGRAPHERS WHO ARE MAMMOGRAPHERS TO BE ABLE TO PARTICIPATE IN THE PROCEDURES, ESPECIALLY THE SET UP. BECAUSE APPARENTLY THE FRONT END OF THE PEM MACHINE IS A LOT LIKE THE FRONT END OF ANY KIND OF MAMMOGRAPHY MACHINE, IT INTERFACES WITH THE FEMALE BODY QUITE WELL.

AND UNFORTUNATELY, THE STATE GENERAL RADIOGRAPHERS ARE PROHIBITED FROM DOING NUCLEAR MEDICINE. SO ONE POSSIBLE SOLUTION TO THAT IS, IF THE SPECIALTY TECHNOLOGIST LEGISLATION WERE TO PASS, THOSE FACILITIES WHO WANTED THEIR GR'S TO PARTICIPATE IN NUCLEAR MEDICINE COULD ACTUALLY GO TO NMTCB AND HAVE THEIR FOLKS GET THESE SPECIAL CERTIFICATIONS IN PET, WHICH HAS BEEN AVAILABLE FOR SEVERAL YEARS NOW FOR PEOPLE NOT FOR NUCLEAR MEDICINE BACKGROUNDS. LIKE GENERAL RADIOGRAPHERS.

IF THEY OBTAIN THAT, THESE FACILITIES CAN COME TAKE THAT LICENSE, GIVE IT TO US IN FLORIDA. IF THEY HAD THE SPECIAL TECHNOLOGIST LICENSE, WE

COULD THEN GIVE THEM A FLORIDA LICENSE TO DO ESSENTIALLY THE SAME THING THAT THEY CAN DO NATIONALLY. AND THOSE GENERAL RADIOGRAPHERS COULD THEN ASSIST WITH THIS NEW PEM PROCEDURE.

SO, THE GOOD THING ABOUT THIS IS THAT WE HEARD THAT ALTHOUGH THE DEPARTMENT DID NOT PICK THIS UP AS ONE OF ITS ISSUES, THEY WOULD BE SUPPORTIVE OF THIS IF IT WERE PUSHED BY AN OUTSIDE GROUP SUCH AS SOME OF THESE FACILITIES THAT HAVE THE PROBLEM WITH THE LICENSURE OF THE TECHS.

AND ACTUALLY TWO OF THOSE FACILITIES HAVE CONTACTED US AND EXPRESSED INTEREST IN DOING THAT. AND HOPEFULLY THAT INTEREST WILL ACTUALLY TRANSLATE INTO SOME SORT OF LOBBYING ACTION AND THE THING COMES ALONG. EXCUSE ME.

ONE THING THAT WOULD HELP US TO KNOW THAT THE COUNCIL IS STILL IN SUPPORT OF THIS LEGISLATION AND IF POSSIBLE WE CAN GET A VOTE TO JUST REAFFIRM OUR PREVIOUS STANDING IN SUPPORT OF THE COUNCIL TO DO THE LEGISLATION.

DR. JANOWITZ: ANY DISCUSSION ON THAT ISSUE?

DR. WILLIAMS: I HAVE A QUESTION. JUST SO THAT I UNDERSTAND WHAT IT IS, I APOLOGIZE FOR NOT BEING COMPLETELY CLEAR. WE'RE SAYING THAT A MAMMOGRAPHER CAN GO TO NMTCB TO A COURSE GET A

CERTIFICATE THAT SAYS THEY PASSED AND COME BACK AND BE PATENTED.

MR. FUTCH: RIGHT. IT'S A LITTLE MORE INVOLVED THAN THAT. THE PREREQUISITES THAT NMTCB HAVE SET UP REQUIRES THE PERSON TO ACTUALLY HAVE CLINICAL EXPERIENCE AND TRAINING IN THE PET BEFORE THEY SIT FOR THE EXAM.

WHAT THEY REALLY DID WAS THEY RECAST THE PET EXAM FOR SOMEONE WHO IS FROM AN EDUCATIONAL BACKGROUND OF MOSTLY RADIOGRAPHY PLUS THE ADDITIONAL CLINICAL EXPERIENCE THEY'VE GOTTEN THROUGH THE SUBSEQUENT PROGRAMS, SUBSEQUENT EDUCATIONAL PROGRAMS.

REALLY WHAT BOTH ARRT AND NMTCB DID SEVERAL YEARS BACK, WHEN THE PET CT CAME OUT, WAS ARRT RECAST THE CT EXAM AND SAID OKAY WELL, NOW WE'RE NOT LOOKING AT SOMEBODY WHO CAME THROUGH THE TRADITIONAL RADIOGRAPHY PATHWAY, WE'RE LOOKING AT SOMEBODY WHO CAME THROUGH THE TRADITIONAL NUCLEAR MEDICINE PATHWAY AND THEN DID ADDITIONAL TRAINING AFTER THAT. SO THEY RECAST THE CT EXAM SO IT WOULD APPLY TO THAT POPULATION. NMTCB DID THE SAME THING IN THE OPPOSITE DIRECTION, RECAST THE PET EXAM SO THAT IT WOULD APPLY TO SOMEBODY WHO CAME FROM THE TRADITIONAL RADIOGRAPHY EDUCATIONAL

BACKGROUND WITH THE ADDITIONAL NUCLEAR MEDICINE CAME AFTER GRADUATION FROM SCHOOL. I HOPE I HAVEN'T CONFUSED YOU.

IT'S ALL BECAUSE TECHNOLOGY CONTINUES TO CHANGE. WE HAVE THESE THREE AREAS OF TRADITIONAL RAD TECH CERTIFICATION. RADIOGRAPHY WILL BE FOCUSED ON X-RAY MACHINES AND TUBES, NUCLEAR MEDICINE, ON MATERIALS, RADIATION THERAPY ON CANCER. YOU KNOW, FOR THE PAST 15 OR MORE YEARS MANUFACTURERS HAVE BEEN MERGING THOSE THINGS AND THEY WILL CONTINUE TO MERGE THOSE THINGS. AND THIS PROBLEM WILL GET WORSE AND WORSE AND WORSE.

MY FEAR IS THAT THE FIELD GETS SO WORSE THAT THERE WILL BE SUCH A PRESSURE OUT THERE, PEOPLE WILL JUST START VIOLATING THE LAW AND DO IT ANYWAY BECAUSE NOBODY WILL CHANGE THE LAW IN A COMMON SENSE FASHION, WHICH NO ONE HAS EVER BEEN IN OPPOSITION TO. AND WE DON'T WANT THAT TO HAPPEN.

SO, GO AHEAD KATHY.

MS. DROTAR: PEOPLE THAT ARE GOING TO TAKE THAT COURSE, THAT PATHWAY THOUGH, ARE ALSO GOING TO HAVE TO MEET THE REQUIREMENTS FOR MAMMOGRAPHY AND CONTINUED EDUCATION IN ORDER TO DO THE MAMMOGRAPHY PART?

MR. FUTCH: THAT BRINGS UP ANOTHER POINT. WE

RIGHT NOW IN FLORIDA DON'T HAVE ANY REQUIREMENTS AT THE STATE LEVEL ON THE MAMMOGRAPHER BEYOND WHAT IS REQUIRED FOR ALL GENERAL RADIOGRAPHY. IT IS ENTIRELY UP TO THE FACILITY THROUGH WHATEVER PRESSURES THEY'RE GETTING FROM INSURANCE REIMBURSEMENT OR FROM JOINT COMMISSION OR FROM CENTER FOR MEDICARE AND MEDICAID SERVICES. AND OF COURSE THE NMTCB. TO HAVE THOSE FOLKS MEET THE ADDITIONAL NATIONAL REGISTRY REQUIREMENTS TO DO MAMMOGRAPHY. THERE IS NO REQUIREMENT OF STATE LAW THEY HAVE TO DO THAT.

IF THE SPECIALTY TECHNOLOGIST LAW LEGISLATION WERE PUT INTO PLACE, WE WOULD ACTUALLY HAVE A MAMMOGRAPHY CATEGORY WE CAN GIVE THEM IN FLORIDA THAT WOULD APPEAR ON THEIR FLORIDA LICENSE AND THEY WOULD GET THAT THROUGH ENDORSEMENT AT THEIR NATIONAL REGISTRY CREDENTIAL.

THIS THING HAS BEEN SO OUT OF SHAPE FOR SO MANY YEARS, YOU KNOW, IT'S REALLY, REALLY SAD. DID THAT ANSWER YOUR QUESTION?

MS. GILLEY: MQSA DOES HAVE CONTINUING EDUCATION REQUIREMENTS FOR FEDERAL COMPLIANCE. AND WHEN WE INSPECT, WE INSPECT TO MAKE SURE THEY'VE GOT THE 15 HOURS EVERY THREE YEARS THAT THEY ARE REQUIRED TO HAVE IN MAMMOGRAPHY. BUT IT'S

NOT A STATE REQUIREMENT. THEY CAN USE THE SAME 15 HOURS TO SUPPORT THE 12 HOURS THEY NEED FOR CONTINUED EDUCATION FOR THE STATE LICENSE. AND TO MY KNOWLEDGE FDA HAS NOT ACKNOWLEDGED THIS PET MAMMOGRAPHY AT ALL IN ANY OF THEIR ACTIVITIES AT ALL.

MR. FUTCH: AT THIS POINT, THERE ARE ONLY TWO FACILITIES THAT EVEN ASKED ABOUT IT SO FAR.

MR. SEDDON: MY QUESTION IS, PEM IS NOT ADDITIONAL SCREENING NOW AS OF FALL AS OF YET. SO THE NUCLEAR MEDICINE TECHNOLOGIST PERFORMING THE PROCEDURE AND THE MAMMOGRAPHER IS THE ONE, YOU KNOW, THAT AID IN POSITION OF THE PATIENTS BETTER THAN THE NUCLEAR TECH TO DO SO. IT'S STILL PET. IT'S STILL NUCLEAR MEDICINE, PARTICULAR FOR PEM THAT, YOU KNOW, WE HAVE THE FOCUS ON NUCLEAR MEDICINE SIDE RATHER THAN THE MAMMOGRAPHY SIDE.

THE POSITION IS IMPORTANT BUT IT REDUCES THE TIME. IT TAKES SHORTER TIME FOR MAMMOGRAPHY TO DO SO. THERE IS A HUGE DIFFERENCE IN BACKGROUND MAMMOGRAPHER VERSUS THE NUCLEAR TECHNOLOGIST. WHAT'S HAPPENED IS THE PEM REPLACES THE BODY IN THE CENTERS. SO THEY PREFER NOT TO HAVE THE TECHNOLOGIST THERE JUST FOR THAT ONE PARTICULAR UNIT. BUT WE DO WE HAVE THE PEM UNIT IN OUR

DEPARTMENT. WE HAVE A MAMMOGRAPHER COME OVER AND AID THE TECHNOLOGIST TO POSITION THE PATIENT. THAT JUST MAKES IT EASIER.

MR. FUTCH: YEAH AND WE CAN ACTUALLY TALK ABOUT THAT AFTERWARDS. ANY OTHER QUESTIONS? OKAY. SO THAT IS THE --

DR. JANOWITZ: DO WE WANT TO TAKE A VOTE? LET'S HAVE SOMEONE CALL A VOTE.

MS. BONANNO: FIRST.

DR. JANOWITZ: SECOND. ALL IN FAVOR OF REAFFIRMING THIS?

BOARD MEMBERS: AYE.

DR. JANOWITZ: THANK YOU.

MR. FUTCH: MOVING ON. APPROVED PROGRAMS WE HAVE THERE. IT'S TAB E-3 LOOKS LIKE THIS GREEN HIGHLIGHT. THIS IS PROVIDED TO YOU FOLKS AS JUST BASICALLY INFORMATIONAL. WE ARE GOING TO MAKE A CHANGE TO OUR DEFINITION TO APPROVED PROGRAMS, APPROVED EDUCATIONAL TRAINING PROGRAM. WHEN SOMEONE APPLIES TO US, THERE ARE STATUTORY REQUIREMENTS OF COURSE PROPERLY EDUCATED IN THAT PARTICULAR MODALITY. IN THIS CASE WE'RE TALKING ABOUT NUCLEAR MEDICINE TECHNOLOGISTS. IN ADDITION TO HAVING THIS DEFINITION YOU’VE SEEN BEFORE YOU APPROVED EDUCATIONAL TRAINING PROGRAM, WHICH MEANS

A PROGRAM THAT IS RECOGNIZED AND ACCEPTED BY ARRT OR NMTCB. THEY'RE ALSO SOME REQUIREMENTS DOWN BELOW FOR WHAT THEY HAVE TO PHYSICALLY PROVIDE TO US. OF COURSE THEY HAVE TO PROVIDE THE APPLICATION. THEY ALSO HAVE TO PROVIDE PROOF OF HAVING GRADUATED FROM AN APPROVED EDUCATIONAL TRAINING PROGRAM, WHICH TAKES THE FORM OF TYPICALLY A TRANSCRIPT OR A DIPLOMA OR A LETTER FROM THE PROGRAM DIRECTOR IF DIPLOMAS HAVEN'T BEEN ISSUED YET
INDICATING DATE OF GRADUATION.

ALL OF THIS FOCUSES, AS YOU MIGHT IMAGINE, ON SOME SORT OF DOCUMENTARY PROOF THAT YOU HAVE GRADUATED FROM A REAL SCHOOL. MUCH TO OUR CHAGRIN AND WHAT'S OCCUPIED BETSY'S LIFE AND OUR ATTORNEY, SEVERAL MONTHS FOR MANY, MANY MONTHS, WE RAN ACROSS AN APPLICANT WHO HAD GONE TO NMTCB AND HAD A LICENSE FROM NMTCB. WHO HAD MET WHAT NMTCB CALLS THEIR ALTERNATIVE ELIGIBILITY PATHWAY. THE ALTERNATIVE ELIGIBILITY PATHWAY, I CAN SUMMARIZE THAT FOR YOU. BASICALLY THE PERSON HAS TO DO 45 DEDACTED HOURS IN NUCLEAR MEDICINE WHICH CAN BE SATISFIED BY AS CONTINUED EDUCATION 45 HOURS. AND THEY HAVE TO HAVE DONE I THINK 8,000 HOURS IN NUCLEAR MEDICINE IN THE PREVIOUS, I THINK IT'S

FOUR YEARS OR FIVE YEARS.

MS. GRANT: FOUR.

MR. FUTCH: AND THIS PERSON HAD MET ALL THOSE REQUIREMENTS. AND UNFORTUNATELY SHE COULD NOT PRODUCE A DIPLOMA OF HAVING GRADUATED FROM A NUCLEAR MEDICINE PROGRAM.

SO, TO MAKE A LONG STORY SHORT, THIS ALTERNATIVE ELIGIBILITY PATHWAY IN ORDER TO PROVE YOU HAVE 8,000 HOURS IN EXPERIENCE IN NUCLEAR MEDICINE, IT APPEARS THAT ALL YOU HAVE TO DO IS MAKE APPLICATION, NAME YOUR EMPLOYER AND YOUR SUPERVISOR.

AT WHICH POINT NMTCB SENDS AND AFFIDAVIT TO YOUR EMPLOYER SUPERVISOR, WHO BASICALLY SIGNS THIS LITTLE ONE SHEET OF PAPER SAYING YES THIS PERSON HAS WORKED FROM THIS DATE TO THIS DATE IN NUCLEAR MEDICINE. AND THAT SATISFIES THE EDUCATIONAL COMPONENT FOR NMTCB. WELL, THIS PARTICULAR PERSON NEVER, EVER INJECTED RADIOPHARMACEUTICAL INTO A PATIENT. AND ONE OF OUR BRIGHT AND ATTENTIVE APPLICATION PROCESSORS THANKFULLY STOPPED THIS APPLICATION AND SAID THAT'S FUNNY THERE'S NO DIPLOMA OR ANYTHING ATTACHED TO IT BUT YOU GOT A LICENSE FROM NMTCB. THAT'S ODD. MANY, MANY MONTHS OF OUR DENYING THE PERSON, THEIR APPEALING

IT, LAWYERS DOING THIS AND DISCOVERY AND ALL THE REST OF IT AND THANKFULLY AT THE END OF IT THE LADY JUST WITHDREW HER APPLICATION. WE WOULD STILL BE INVOLVED IN THE HEARING PROCESS.

DR. SCHENKMAN: DID SHE EVER GO TO NUCLEAR MEDICINE?

MR. FUTCH: WE TRIED AS A POSSIBLE SOLUTION WHEN THE ATTORNEYS WERE DOING THIS. WE TRIED AS A POSSIBLE SOLUTION SAYING, YOU KNOW, WE'VE GOT ACTUAL APPROVED PROGRAMS THAT ACTUALLY -- AND WE ACTUALLY CALLED THE PROGRAMS AND SAID HEY, HERE'S THE PERSON, HERE'S THE SITUATION, WOULD YOU COME DO THE ADVANCE PLACEMENT THING THAT HAPPENS WHEN SOMEBODY HAS GONE THROUGH THE PROGRAMS AND FAILED THE EXAM AND THEY HAVE TO GET THEIR EXPERIENCE VERIFIED. WHATEVER THEY CAN ACTUALLY DO, THEY HAVE TO TAKE THE COURSE WORK AND GET A DIPLOMA FROM THE PROGRAM. IT WOULDN'T WORK OUT BECAUSE SHE WAS SITUATED IN A PART OF THE STATE WHICH IS PRETTY FAR FROM ONE OF THE PROGRAMS. AND I THINK THAT IS PART OF WHY SHE DECIDED NOT TO DO IT, BECAUSE SHE JUST COULDN'T MAKE IT WORK.

ALL RIGHT. THAT IS THE BACKGROUND. THAT IS THE HISTORY. WE USED TO THINK THIS DEFINITION WAS -- WE STILL THINK THIS DEFINITION IS GOOD. BUT

WHAT WE WANT TO DO IS WE WANT TO REVISE IT IN SUCH A WAY AS TO MAKE IT CLEAR THE ALTERNATIVE ELIGIBILITY. ELIGIBILITY IS NOT AN APPROVED EDUCATIONAL PROGRAM.

I DON'T HAVE THE LANGUAGE READY FOR YOU. IT'S PROBABLY GOING TO BE SOMETHING, SOME MODIFICATION OF PARAGRAPH ONE THERE AT THE TOP OF THE PAGE. I JUST HAVEN'T COME UP WITH THE APPROPRIATE WORDING YET. BUT THIS ALTERNATIVE ELIGIBILITY PATHWAY IS IN PLACE FOR THIS NATIONAL REGISTRY FOR ANOTHER FIVE YEARS. AT WHICH POINT IT IS GOING TO BE ELIMINATED.

DR. JANOWITZ: ANY IDEA HOW MANY PEOPLE?

MR. FUTCH: I KNEW SOMEBODY WAS GOING TO ASK THAT QUESTION. NONE, DR. JANOWITZ, NONE AT ALL. ONLY BEEN AROUND FOR 30 PLUS YEARS OF CERTIFICATION. I'M STICKING TO NONE BECAUSE I'M SURE EVERY SINGLE APPLICATION PROCESSOR WHO EVER LOOKED AT AN APPLICATION HAS ALWAYS MADE SURE THERE IS A DIPLOMA THERE.

MS. GRANT: I'M SURE, TOO.

MR. FUTCH: EXACTLY. I'M ON RECORDING RIGHT NOW, SO, YOU KNOW, WHAT ELSE AM I GOING TO SAY.

MS. GILLEY: YOU HAVE A HARD TIME MAKING PROFOUND STATEMENTS ON A RECORDING.

DR. JANOWITZ: HOW MANY PEOPLE HAVE GOT THAT CERTIFICATION FROM THE BOARD?

DR. SCHENKMAN: IN ALTERNATIVE?

MR. FUTCH: NMTCB? THAT'S A GOOD QUESTION. SOMEONE WANTS TO ASK NMTCB THAT DIRECTLY.

MS. GRANT: THEY DON'T WANT TO COMMUNICATE WITH ME NOW, SO.

DR. JANOWITZ: CAROL.

MS. BONANNO: I'M TRYING TO FLY OUT TO SALT LAKE CITY, SO, TO PUT IT NICELY.

MR. FUTCH: I THINK THOUGH EVERYBODY THAT HAS BECOME AWARE OF THIS HAS BEEN SHOCKED I THINK THAT, THAT IS ACTUALLY THE WAY IT WORKS.

DR. JANOWITZ: IS THE CARE ACT THAT PASSES, WILL THAT REQUIRE GRADUATION FROM SCHOOL?

MS. BONANNO: REQUIRE CERTIFICATION.

MR. FUTCH: I DON'T KNOW WHAT CAVEATS WILL BE PUT INTO THE NATIONAL REGISTRIES.

MS. BONANNO: THAT WAS THE RULES PROBABLY.

MR. FUTCH: THAT WAS RULES WE WORKED OUT. WE ACTUALLY HAD A CONVERSATION ABOUT -- WE TRIED DURING DISCOVERY TO FOCUS IN AND FIND OUT MORE ABOUT WHAT, YOU KNOW, NUCLEAR MEDICINE MEANT. WHAT THEY REQUIRED. WHAT THEY THOUGHT IT MEANT, EXPERIENCE IN NUCLEAR MEDICINE.

AND THE RESPONSE THAT I GOT WAS, YOU KNOW, WE MADE A COMMENT THAT SEEMS RATHER VAGUE THE WAY IT IS RIGHT NOW. WHERE IS THE DEFINITION? AND THEY SAID THEY CAN'T DEFINE IT ANYMORE THAN THE WORDS NUCLEAR MEDICINE BECAUSE THERE IS SUCH A VARIETY OF FOLKS WHO COME TO THEM WITH DIFFERENT EDUCATIONAL BACKGROUNDS.

SO THAT APPEARS TO BE, AND AGAIN I SAY APPEARS TO BE, THIS IS MY OWN INTERPRETATION, NOT WHAT NMTCB SAID, BUT IT APPEARS THAT THEY WANT IT THAT WAY. THEY WANT IT TO BE VAGUE SO THAT SOMEBODY, FOR EXAMPLE, WHO COMES FROM, YOU KNOW, PAKISTAN HAS BEEN TRAINED IN NUCLEAR MEDICINE WOULD FIT UNDERNEATH THE SAME DEFINITION AS SOMEBODY LIKE THIS PARTICULAR PERSON HERE IN FLORIDA.

AND WE POINTED OUT TO THEM, YOU KNOW, TO GAIN THE EXPERIENCE IN THIS WAY, BESIDES THE WHOLE EDUCATIONAL PATHWAY AND THE REST, TO ACTUALLY NOT -- WELL, TO GAIN THE EDUCATIONAL EXPERIENCE IN THIS WAY IN MANY STATES VIOLATES THE STATE LAW. IT'S NOT JUST THE INJECTION OF THE RADIOPHARMACEUTICAL PRACTICE MAKES THEM NUCLEAR MEDICINE.

MS. BONANNO: I DON'T BELIEVE ONE MINUTE SHE DID THE INJECTION, NOT FOR ONE MINUTE.

MR. FUTCH: OKAY. SO THAT'S ALL I HAVE FOR THAT ONE. ANY QUESTIONS. WE'LL HAVE SOME RULE WRITING COMMENCING ON THAT ONE.

MR. TINEO: I SEE THEY HAVE APPROVED EDUCATION ON TRAINING PROGRAMS AND STARTING TO DEFINE THAT.

MR. FUTCH: WHERE ARE YOU?

MR. TINEO: THE FIRST PARAGRAPH. IS THAT PERSON PROBABLY APPROVED BY A TRAINING PROGRAM. SO WE PROBABLY NEED TO DEFINE MORE WHAT IS A TRAINING PROGRAM.

MR. FUTCH: THE REASON THE PHRASE IS IN THERE IS BECAUSE THE STATUTE REFERS TO EDUCATIONAL OR TRAINING. IT REALLY DOESN'T DISTINGUISH BETWEEN THEM. SO WE GATHER THEM TOGETHER IN ONE DEFINITION SO THAT IT DOESN'T MATTER TO US WHAT YOU CALL EDUCATIONAL TRAINING PROGRAM. BOTH OF THEM HAVE TO BE THERE TO MEET THIS REQUIREMENT. THAT IS WHY THE PHRASE IS LIKE THAT AND COMBINED.

MR. TINEO: MY POINT IS, IT'S ACCEPTED THAT TRAINING PROGRAM THAT SHE WENT TO IS ACCEPTED BY NMTCB.

MR. FUTCH: YES. ACTUALLY THAT WAS HER ARGUMENT. THE DEFINITION UNDER HER INTERPRETATION ALTERNATIVE ELIGIBILITY MET THIS DEFINITION. OUR STANDPOINT LEGALLY WAS,

IT SAYS A PROGRAM WHICH IS RECOGNIZED. AND IF YOU GO ON NMTCB'S WEBSITE, ACTUALLY, THEY HAVE TWO PATHWAYS. ONE OF WHICH THEY CALL A PROGRAM PATHWAY. IT SAYS YOU MUST GRADUATE FROM A PROGRAM THAT IS APPROVED BY THE JRCNMT. HERE'S A LIST OF THE PROGRAMS, ACTUAL SCHOOLS. AND IT USES THAT FLUOROSCOPY ON THE PROGRAM PATHWAY. ON THE OTHER PATHWAY, IT NEVER USES THE PHRASE PROGRAM. IT ONLY SAYS ALTERNATIVE ELIGIBILITY. IT NEVER CALLS A PROGRAM. IT NEVER CALLS IT ANYTHING ELSE. IT JUST SAYS ALTERNATIVE ELIGIBILITY PATHWAY. SO, THAT WAS OUR LEGAL STANDPOINT. I REALLY DON'T WANT TO DISCUSS THAT ON TAPE. YOU CAN ASK ME LATER.

DR. SCHENKMAN: SO WHY CAN'T YOU JUST PUT IN PARENTHESIS THESE PUT IN AFTER PROGRAM IN PARENTHESIS THAT THE ALTERNATIVE --

MR. FUTCH: NO, IT --

DR. SCHENKMAN: -- IS NOT A PROGRAM.

MR. FUTCH: THAT IS ONE POSSIBILITY. THAT IS THE LEADING CANDIDATE.

DR. SCHENKMAN: ALTERNATIVE PATHWAY IS NOT A PROGRAM.

MR. FUTCH: EXACTLY. OKAY. ENOUGH ABOUT THAT. RAD TECH FEES. E-4 IS SOMETHING YOU'VE

ALSO SEEN BEFORE. THE LAST TIME WE CAME TO YOU WE HAD SOME RULE CHANGES TO 64E-3, WHICH IS THE RAD TECH SECTION. IT WOULD DO SEVERAL THINGS. THE MAIN THING IT WOULD DO IT WOULD INCREASE THE RAD TECH FEES FOR APPLICATION, FOR RENEWAL, TO COVER DEFICIT IN THE RAD TECH PROGRAM.

AND THE LAST TIME IT ALSO HAD SOME OTHER LANGUAGE SPECIFYING TWO OTHER ASPECTS, SOMETHING TO DO WITH HIV/AIDS AND HIV/AIDS REQUIREMENT AND I FORGET THE OTHER ONE.

LONG STORY SHORT, YOU FOLKS AFFIRMATIVELY APPROVED THIS THE LAST MEETING WHERE IT WAS DISCUSSED. IT WENT THROUGH THE ENTIRE RULING PROCESS, WHICH IS SOMEWHAT LONG AND INVOLVED. AND TO MAKE A LONG STORY SHORT, WE HAD NO OPPOSITION ANYWHERE TO ANY PART OF IT. WE HAD GOTTEN PRELIMINARY APPROVAL UP THROUGH THE CHAIN OF COMMAND.

WHEN WE WENT TO GET THE FINAL APPROVALS TO ACTUALLY SUBMIT THE RULE TO THE DEPARTMENT OF STATE FOR POSTING AS A COMPLETED RULE, WE HAD TO TAKE OUT A FEE REQUIREMENT. PHILOSOPIES HAVE CHANGED. SO, IT'S BACK. BECAUSE UNFORTUNATELY A PHYSICAL DEFICIT STILL EXISTS AND MUST BE COVERED.

SO THIS WILL BE SUBMITTED AGAIN SOME TIME

BETWEEN THIS MEETING AND THE NEXT ONE. THERE IS SOME OTHER FACTORS AT PLAY. CERTAIN THINGS HAVE TO BE IN NOVEMBER. SO, BUT THE EXACT TIMING OF IT I'M NOT SURE ON. BUT IT WILL PROBABLY BE SUBMITTED SOME TIME IN THE FALL, WINTER. AND THEN WE'LL GO THROUGH THE RULE PROCESS AGAIN EARLY PART OF NEXT YEAR. ANY THOUGHTS, COMMENTS, QUESTIONS?

IT'S BASICALLY TAKING THE FEES TO THE FEE CAPS FOR THIS PARTICULAR PROGRAM IN ALL AREAS I THINK EXCEPT FOR MAYBE THE LATE FEE. REALLY THE MOST IMPORTANT PART OF THIS IS HALF WAY DOWN THE PAGE YOU SEE PARENTHESIS FOUR AND PARENTHESIS FIVE SCRATCHED OUT. THE RENEWAL FEE FOR TECHNOLOGISTS WOULD GO FROM $55 TO $75. THIS WAS LAST CHANGED IN THE LATE 90'S. AND IT HASN'T BEEN CHANGED SINCE. THAT IS THE MOST IMPORTANT FEE BECAUSE THAT HAS THE STRONGEST MULTIPLICATIVE FACTOR. THERE ARE APPROXIMATELY 11,000 OR SO TECHNOLOGISTS THAT WE RENEW EVERY YEAR. SO WE CAN MULTIPLY BY 11,000. ALL THE REST OF THEM ARE FAR SMALLER NUMBERS. AND THAT'S IT.

DR. SCHENKMAN: SO THESE ARE THE TOP OF THE FEE CAP?

MR. FUTCH: EXACTLY. THE FEE CAP IN STATUTE FOUR, RENEWAL FOR RAD TECH LICENSE IS $75. AND I

SHOULD MENTION THIS, EVEN TAKING THESE TO THE CAPS DOES NOT COMPLETELY COVER THE DEFICIT. IT JUST MAKES THINGS A LITTLE BIT BETTER.

DR. SCHENKMAN: SO WHAT HAPPENS YOU GET THIS PASSED AND YOU NEED TO INCREASE THEM AGAIN?

MR. FUTCH: I GUESS SEE THE X-RAY PROGRAM. I DON'T HONESTLY KNOW.

DR. SCHENKMAN: IT HAS TO GO THROUGH STATUTORY CHANGE?

MS. GRANT: STATUTORY REVISION, EXACTLY.

MR. FUTCH: THEY SET THESE FEE CAPS IN '84 APPROXIMATELY I THINK THE FEE CAPS WERE SET. WHAT CAN ONE SAY? EVERYTHING COSTS MORE EVENTUALLY. EVEN IN THIS RECESSION, THERE IS STILL LIKE 1.5 PERCENT COST OF LIVING, CONSUMER PRODUCTS.

DR. SCHENKMAN: IS IT WORTH STARTING NOW? I MEAN, ASIDE FROM THIS, IS IT WORTH STARTING NOW TO TRY TO GET THE STATUTE CHANGED BECAUSE THAT IS GOING TO TAKE YEARS, TOO.

MR. FUTCH: YES, I AGREE. I AGREE COMPLETELY. YOU SPEAK WORDS OF WISDOM. WOULD YOU LIKE TO RUN FOR THIS. WE CAN USE A FRIEND. IT IS -- WHAT THEY WILL SAY FIRST THOUGH IS ARE YOU AT THE CAPS NOW. YOU HAVE TO BE AT THE CAPS BEFORE YOU CAN ENTERTAIN ANY THOUGHT IN THE RECENT LEGISLATURE.

I ASSUME YOU'RE ALL STILL IN FAVOR OF THIS? DO WE NEED TO TAKE A VOTE?

DR. JANOWITZ: NO.

MR. FUTCH: JUST GO TO THE PREVIOUS ONE. THAT'S IT FOR MY PART.

DR. JANOWITZ: DO YOU WANT TO TAKE A FIVE MINUTE BREAK OR KEEP GOING?

MR. FUTCH: KEEP GOING. PORTABLES.

MR. STEINER: AND I'LL STAND UP FOR THIS BECAUSE IF I SIT DOWN, I START TALKING VERY LOW. ON THE HANDOUT E-5 IS DRAFT RULES. AT THE LAST MEETING I GAVE A SHORT PRESENTATION ON THE RESTRICTED USE OF PORTABLE MACHINES. PORTABLE AND MOBILE MACHINES. BASED ON IMAGE QUALITY AND DOSE TO THE PATIENT AND SOME OTHER THINGS.

AND IT WAS SUGGESTED THAT WE COME UP WITH SOME MODIFICATION TO THE RULE THAT WOULD MAKE IT JUST, YOU KNOW, A LITTLE BIT CLEARER. IN MY PERSONAL OPINION, WHICH DON'T COUNT FOR MUCH, THE RULE IS CLEAR ENOUGH AS IT STANDS. BUT ONE OF THE MAIN IDEAS THAT CAME FORWARD WAS THE IDEA THAT IT WOULD BE A GOOD IDEA IF THE RULE SAYS SPECIFICALLY THAT THE EXAM MUST BE ORDERED BY THE PHYSICIAN AS PORTABLE OR MOBILE.

AND SO THAT IS THE FIRST PART -- ACTUALLY

THESE ARE TWO SEPARATE IDEAS. THE BACK PAGE IS LIKE A SHORTER VERSION. HOW LITTLE CAN WE GET AWAY WITH. THE FRONT PAGE IS A LONGER VERSION THAT IS A LITTLE MORE DETAIL. SO THE FIRST IDEA IS EXAMS SHALL BE PRESCRIBED AS MOBILE OR PORTABLE BY PHYSICIAN BASED ON GUIDELINES OF MEDICAL NECESSITY IN CONSIDERATION OF IMAGE QUALITY. THE IMAGE QUALITY OF THE PORTABLE EXAM IS ADEQUATE. THAT IS IN THE SERVER. JUST A LITTLE BIT LONGER. IT'S THE SAME IDEA.

THE SECOND IDEA IS KIND OF WHAT I'M TRYING TO GET TO WITH THE RULE AND THAT IS THAT ALL AMBULATORY PATIENTS, INCLUDING NURSING HOME AND ASSISTED CARE PATIENTS, THAT ARE CAPABLE OF BEING SEEN AT A DOCTOR'S OFFICE SHALL NOT BE EXPOSED TO RADIATION FROM A MOBILE OR PORTABLE MACHINE. THAT WAS THE IDEA OF THE ORIGINAL RULE TALKS ABOUT MOBILE PORTABLE EQUIPMENT SHALL BE USED ONLY FOR EXAMINATIONS WHERE IT IS IMPRACTICAL TO TRANSFER. I'M TRYING TO SAY AND VERY SPECIFICALLY THAT IF THE PATIENT CAN GO TO THE DOCTOR'S OFFICE, THEY CAN GO TO THE DIAGNOSTIC FACILITY. LET'S DON'T BEAT AROUND THE BUSH. LET'S TELL IT LIKE IT IS.

NOW, THE LONGER VERSION ON THE FRONT PAGE ALSO INCLUDES SOME IDEAS OR GUIDELINES. IT DOESN'T SAY

THESE GUIDELINES ONLY. BUT THEY SAY, YOU KNOW, TAKE INTO CONSIDERATION THESE GUIDELINES. THERE IS A USE FOR PORTABLE MACHINE WHEN PEOPLE ARE IN TRACTION OR IF THEY'RE ON LIFE SUPPORT AND THEY GET LOTS OF TUBES TIED TO THEM AND IT'S DETERMINED TO BE BENEFICIAL. AND I EVEN THREW THE CAVEAT IN THERE THAT THEY WOULDN'T REALLY USE THIS AS A INITIAL DIAGNOSIS, BUT JUST TO TRACK WHAT'S HAPPENING TO A PATIENT.

AND THEN, OF COURSE, WE HAVE OFF TRACK APPLICATIONS IN THE FIELD SUCH AS A DISASTER. AND WE HAVE APPLICATIONS FOR SURGICAL USE. THERE IS LOTS OF SURGICAL PORTABLE USE. I DON'T THINK THAT WOULD BE SMART TO TRY TO DRAG THEM DOWN TO THE DEPARTMENT. SO WE PUT IN THE IDEA THAT THERE COULD BE SURGICAL USE.

CORRECTIONAL FACILITIES WAS BROUGHT UP TO ME JUST IN THE LAST FEW DAYS. AND I SAID TO MYSELF, TO THE BEST OF MY KNOWLEDGE, THE PEOPLE THAT ARE BRINGING PORTABLE MACHINES IN TO CORRECTIONAL FACILITIES ARE SETTING THEM UP SO THAT THEY MEET FIXED FACILITY REQUIREMENTS.

THAT IS IMPORTANT FOR TWO REASONS. ONE IS BECAUSE WE REALLY DON'T WANT TO DO, YOU KNOW, PORTABLE EXAMS ON THESE PEOPLE JUST BECAUSE

THEY'RE INCARCERATED, BUT WANT A HIGH QUALITY EXAM. AND TWO, THE PEOPLE IN PRISON ARE GOING TO DEMAND A HIGH QUALITY EXAM. THEY'RE NOT GOING TO SIT AROUND AND SAY I GOT THIS CRAPPY EXAM. I WANT TO GO GET A GOOD ONE.

SO THE SOLUTION TO THAT, YOU KNOW, BY ME WOULD BE THAT AT A CORRECTIONAL FACILITY THE MACHINE IS INSTALLED EACH TIME. IF THEY TAKE THEM IN AND OUT. THERE'S LOTS OF THEM THAT TAKE THEM IN AND OUT. SOME OF THEM JUST LEAVE THEM. BUT THEY ARE INSTALLED EACH TIME BY A CERTIFIED RADIOGRAPHER, GENERAL RADIOGRAPHER IN THE CONDITION THAT MEETS FIXED FACILITY REQUIREMENTS.

AND THEN THERE ARE SOME HOMECARE OR HOME BOUND PATIENTS THAT ARE CONFINED TO BED OR BECAUSE OF THEIR PHYSICAL CONDITION REALLY CAN'T BE TRANSPORTED. SO WE'RE LEAVING THE DOOR OPEN FOR IF A DOCTOR DECIDES THAT SOMEBODY IN A NURSING HOME NEEDS A PORTABLE EXAM, IT CAN BE ALLOWED.

SO, WHAT I HAVE HERE REALLY IS BEFORE THIS COMMITTEE IS THE IDEA, DO YOU LIKE OR ARE YOU MORE SUPPORTIVE OF A SHORTER VERSION LIKE ON THE LAST PAGE OR ARE YOU MORE IN FAVOR OF A LONGER, MORE DESCRIPTIVE VERSION OF A, YOU KNOW, NEW RULE.

AND THEN MAYBE THE LAST THING I WOULD LIKE TO

SAY ABOUT THIS IS THERE'S KIND OF A CATCH 22. YOU CAN PUT SOME OF THESE IDEAS OF THE LONGER VERSION INTO LIKE AN INFORMATION NOTICE. WOULDN'T NECESSARILY BE REGULATORY. BUT THEN ON THE OTHER HAND, WE GET SLAPPED PRETTY HARD FOR HAVING INFORMATION NOTICES THAT DON'T HAVE REGULATORY AUTHORITY, YOU KNOW.

AND SO YOU'RE BETTER OFF, WE'RE BETTER OFF AS THE DEPARTMENT OF HEALTH TO HAVE WHAT WE WANT IN RULE, YOU KNOW, AS MUCH AS POSSIBLE.

DR. SCHENKMAN: IT SEEMS TO ME THAT A AND E ARE CONTRADICTORY. BECAUSE IN ONE YOU'RE SAYING IMAGE QUALITY IS ADEQUATE NOT FOR DIAGNOSIS. BUT AT THE SAME TIME YOU'RE SAYING FOR HOME HEALTH CARE, HOME BOUND PATIENTS IT IS. IT SEEMS VERY CONTRADICTORY TO ME.

MR. STEINER: WELL, MY ANSWER TO THAT IS THAT, THE HOME HEALTH CARE, NURSING HOME PATIENTS ARE GOING TO -- THEY'RE GOING TO BE DOING A TREATMENT. LET'S SAY THEY GOT PNEUMONIA OR SOMETHING LIKE THAT. SO THEY'RE CHECKING ON THEIR PROGRESS.

DR. SCHENKMAN: THEY DO IT INITIALLY.

MR. STEINER: AS AN INITIAL TEST.

DR. SCHENKMAN: HOW DO YOU KNOW IT'S PNEUMONIA WHEN YOU CAN'T DO A CHEST X-RAY. THEY CAN'T MOVE

AND YOU HAVE TO DO A PORTABLE AND THAT IS DIAGNOSTIC.

DR. JANOWITZ: I AGREE WITH THAT.

DR. SCHENKMAN: A IS KIND OF.

MR. STEINER: OKAY. RATHER TAKE OUT THE LANGUAGE ABOUT NOT FOR DIAGNOSTIC.

MS. DROTAR: TO ME JUST READING THAT IT'S LIKE YOU'RE TELLING THE DOCTOR HOW THEY CAN PRACTICE MEDICINE. AND THAT SORT OF -- I THINK THE ONE THAT IS LESS, YOU KNOW, THE SECOND PAGE SEEMS TO BE MORE APPLICABLE, YOU KNOW, FOR A WIDE RANGE.

BUT, YOU KNOW, WHAT I'VE SEEN WITH PORTABLES AND MOBILE COMPANIES IS THAT WE'RE NOT THE OLD FILM SCREEN SCHOOL ANYMORE AND THAT IT IS DIGITAL. AND WITH THAT DIGITAL YOU ARE GETTING BETTER QUALITY FILMS. AND THAT THE COMPANIES THAT ARE OUT THERE DOING FILM PORTABLE IMAGING ARE, YOU KNOW, THEY'VE GOT RADIOLOGISTS THAT ARE LOOKING AT THAT. BUT QUALITY IMAGES ARE BEING PRODUCED MORE FOR A WIDE RANGE OF AREAS.

I WAS IN THE HOSPITAL IN MAY. AND I HAD A PORTABLE CHEST X-RAY. WHICH IS OKAY. I DIDN'T REALLY WANT TO MOVE. BUT THERE IS A WIDE RANGE. YOU START CONSTRICTING IT TOO MUCH, IT'S NOT GOING TO BE WORTHWHILE FOR THE PATIENT EITHER.

MR. STEINER: I WAS IN THE HOSPITAL ABOUT A YEAR AGO AND I HAD A COUPLE PORTABLES. BUT, I MEAN, THE RULE IS REALLY NOT DESIGNED FOR RESTRICTED USE OF PORTABLE, MOBILE EXAMS. THE MACHINES EXIST. THEY HAVE A GOOD APPLICATION DONE CORRECTLY. I DON'T THINK -- THE TROUBLE IS WHEN THE DOCTOR, I DON'T WANT TO GET INTO THE PRACTICE OF MEDICINE, I'M TRYING TO STAY AWAY FROM THAT.

HOWEVER, THE DOCTORS WHEN THEY IN A HOSPITAL SAYS I WOULD LIKE TO DO A CHEST X-RAY ON YOU. I'M GOING TO ORDER A PORTABLE. BECAUSE HE KNOWS THE QUALITY OF EXAM THAT HE GETS IN THAT HOSPITAL WITH HIS PORTABLE EXAMS ARE ACCEPTABLE FOR WHAT HE REALLY NEEDS TO SEE.

ON THE OTHER HAND, WE HAVE PEOPLE THAT ARE GOING TO DOCTOR OFFICES WHEN THEY COULD GO TO A DIAGNOSTIC CLINIC. AND THE DOCTOR IS SAYING IN MY IDEA IN THE PRACTICE OF MEDICINE, THIS IS A GOOD IDEA FOR ME TO SHOOT PATIENTS WITH POOR GEOMETRY, POOR CENTERING, NO COLUMNIZATION, LITTLE OR NO COLUMNIZATION BECAUSE THEY ARE HAVING TROUBLE CENTERING THE FILM, THEY USE STATIONARY GRID OR NO GRID AT ALL BECAUSE THEY CAN'T AFFORD ONE. THERE IS A SPECTRUM OUT THERE OF WHAT IS HAPPENING WITH PORTABLES.

AND I'M NOT TRYING TO SAY THAT SOME OF THE ADVANCEMENTS THAT HAVE BEEN MADE WITH DIGITAL RADIOGRAPHY HAVE NOT IMPROVED IMAGE QUALITY. THEY REALLY HAVE. BUT THEY DON'T MEET WHAT IS DIGITAL IN A DEPARTMENT. YES?

MS. DROTAR: ONE OTHER QUESTION. DOES THE C-ARM COME UNDER THIS OR IS THAT SOMETHING DIFFERENT OR IS THIS JUST DIAGNOSTIC?

MR. STEINER: ACTUALLY, THIS RULE IS IN A RADIOGRAPHIC SECTION. SO, THE C-ARM FLUOROSCOPE WOULD BE OUTSIDE OF IT. HOWEVER, WE HAVE PEOPLE THAT TAKE A C-ARM AND DO SPOT FILMS WHICH TURN BACK TO RADIOGRAPHY.

SO, IF WE HAD SOMEBODY THAT BOUGHT A C-ARM AND ARE TRYING TO DO PORTABLE, MOBILE RADIOGRAPHIC WORK WITH THAT, I WOULD TRY TO AS A DEPARTMENT ENFORCE.

MS. DROTAR: YOU SEE THAT WITH PAIN CLINICS?

MR. STEINER: YES.

MR. TINEO: THE ONLY PROBLEM I SEE WITH THIS IS THAT -- I KNOW WHERE YOU'RE GOING WITH IT. THIS IS THE OUTPATIENTS THAT ARE TRYING TO GET AT LEAST A QUALITY RADIOGRAPH WHERE THEY SHOULD HAVE A BETTER ONE. BUT I THINK WHEN WE START ASKING PHYSICIANS, ESPECIALLY IN THE HOSPITAL, I HAVE A

HARD TIME ENOUGH ASKING THEM TO TRY AND ORDER, NEVER MIND ASKING THEM TO WRITE PORTABLE X-RAY OR PORTABLE EXAMINATION BECAUSE THEY NEED TO.

MR. STEINER: REALLY.

MR. TINEO: IT'S A BATTLE. I THINK RESTRICTING TOO MUCH OF THE PHYSICIANS IN THE HOSPITAL SETTING. I WOULD LIKE TO SEE THIS MORE, THIS RULE, MORE AS A GUIDE OF WHAT WE'RE REALLY TRYING, WHICH IS THE AMBULATORY PATIENT WHICH IS IN THE DOCTOR'S OFFICE, WENT TO THE DOCTOR'S OFFICE AND REALLY NEED A QUALITY RADIOGRAPH AT THE FACILITY.

I THINK YOUR SECOND PARAGRAPH, TWO ON THE SHORT VERSION. DO WE REALLY NEED TO HAVE ONE, IS MY QUESTION. WE NEED TO HAVE -- BECAUSE I THINK THE LAST TIME YOU TALKED ABOUT THE ISSUE WAS THAT SOME OF THESE COMPANIES DON'T, YOU KNOW, ANYBODY JUST TRYING TO GO TO NURSING HOME USING X-RAYS THAT ARE OF POOR QUALITY ARE DOING A DISSERVICE TO THE PATIENTS.

SO, MY THOUGHT IS THAT WE SHOULD FOCUS ON THAT INSTEAD OF TRYING THE ENTIRE SCENARIO OF THE POPULATION. BECAUSE LIKE KATHLEEN WAS SAYING, WE HAVE PORTABLE MACHINES NOW IN HOSPITAL SETTINGS MOVING IN WITH THE DIGITAL AND THE QUALITY OF

PORTABLE IS GETTING BETTER AND BETTER AS WE MOVE INTO THIS NEW TECHNOLOGY.

SO, I DON'T WANT TO GET US TRAPPED INTO A TECHNOLOGY AS A PORTABLE. AND THEN OH, WELL WE DIDN'T HAVE THE ORDER THAT SAYS PORTABLE AND NOW WE'RE IN VIOLATION BECAUSE IT'S PORTABLE AND THE DIAGNOSTIC PORTABLE. SO THAT IS THE KIND OF STUFF THAT I DON'T WANT TO GET INTO LATER ON WITH THAT IN THE HOSPITAL.

MR. STEINER: TWO RESPONSES. ONE, IS I GUESS I'M IGNORANT BECAUSE THESE ARE X-RAYS … BUT I'VE NOT TAKEN X-RAYS, ~~THAT~~ WHEN THEY WOULD AUTOMATICALLY ORDER THE PORTABLE. THEY USED TO WHEN I TOOK THEM 20 YEARS AGO, 25 YEARS AGO. OR IN THE HOSPITAL THEY WOULD ORDER PORTABLE IF THAT'S WHAT THEY WANTED. ~~NOW~~ THE RADIOLOGISTS REQUIRED THAT THEY ORDERED PORTABLES. I'M NOT EVEN SURE IT HAD TO DO WITH THIS RULE. BUT THAT IS HOW THEY ~~DO THIS~~ DID IT.

AND THE SECOND WAS, I HAVE NO GREAT COMPASSION TO HANG ONTO SOMETHING THAT SAYS MUST BE ORDERED PORTABLE. I GOT THE IMPRESSION FROM MY LAST MEETING THAT THAT WAS ONE OF THE IDEAS FROM THIS COMMITTEE WAS I HAVE THE DOCTOR ORDER PORTABLE AND THEN SOME ~~OTHER~~ OF THE RESPONSIBILITY FOR THEIR USE OF THE PORTABLE EQUIPMENT COME(S) BACK TO THEM.

MR. BURRESS: JUST FOR CLARITY. WOULD THIS JUST APPLY TO MEDICAL MACHINES OR WOULD THIS ALSO APPLY TO HAND-HELD UNITS, MEASUREMENT MACHINES?

MR. STEINER: THIS IS IN A SECTION THAT IS FOR ALL RADIOGRAPHIC. SO, IT COULD APPLY TO, YOU KNOW, ALL, YOU KNOW, THE EQUIPMENT, SO TO SPEAK.

NOW THE DENTALS HAVE THEIR OWN LITTLE SECTION AND THEY PROHIBITED THE HAND-HELD. BUT WE MADE THE RULE THAT ALLOWED THE USE OF THE HAND-HELD UNDER THE TWO CONDITIONS. THEY HAVE MANUFACTURERS TRAINING AND WEAR FILM BADGES. SO TO DOCUMENT THAT THEY ARE NOT BEING CARELESS WITH THE EQUIPMENT.

SO THAT KIND OF COVERED US. I DON'T THINK IT IS REALLY CONSIDERED MOBILE (WHAT)IS CONSIDERED HAND-HELD. THEY'RE IN THE DENTAL FACILITY, RIGHT. OR THEY'RE OUT IN THE FIELD DOING WHATEVER. I DON'T SEE IT IMPACTING THE DENTAL SIGNIFICANTLY.

MR. BURRESS: SO THIS WOULDN'T PROHIBIT SOMEBODY WHO CHOSE TO USE THE NOMAD UNITS RATHER THAN THE MACHINE?

MR. STEINER: NO.

MR. FUTCH: THIS IS THE ISSUE -- THE INSURANCE FOLKS WHERE (INAUDIBLE)(CONTESTING THE USE OF MOBILES)AND KEEP THE REIMBURSEMENT.

MR. STEINER: YES.

MR. FUTCH: HAVE YOU HAD ANY DISCUSSIONS WITH

THE PORTABLE MANUFACTURERS, MOBILE MANUFACTURERS?

MR. STEINER: I DO HAVE ANOTHER DEPOSITION ON THURSDAY.

MR. FUTCH: THE BUREAU HAS AN INTEREST IN CHANGING THE CURRENT LANGUAGE SO THAT WE ARE NO LONGER PRACTICING INSURANCE LAW OR ARE USED AS THE EXPERTS TO DISPUTE THAT. WELL --

DR. SCHENKMAN: MY EXPERIENCE WAS ALWAYS THAT THE DOCTORS WANTED PORTABLE CHEST X-RAY IN THE HOSPITAL, THEY ORDERED PORTABLE CHEST X-RAY.

DR. JANOWITZ: YES, THEY JUST WRITE PCX. ARE THEY GOING TO HAVE TO WRITE REQUIRED MEDICAL NECESSARY?

MR. STEINER: NO. ORDERS. I DON'T NEED THE EXPLANATION OF THE MEDICAL NECESSARY.

DR. JANOWITZ: MY GUT FEELING ABOUT THIS IS, IT SHOULD ACCEPT PORTABLE STUDIES DONE IN THE HOSPITAL, ACUTE CARE HOSPITALS. BECAUSE THOSE ARE ALREADY COVERED BY THE CURRENT COMMISSION, AND THEY'RE BEING READ BY THE RADIOLOGIST AND IS LESS LIKELY FOR ABUSE, POOR QUALITY, THAN BEING DONE IN THE NURSING HOME OR SOMEPLACE ELSE JUST RUNNING THROUGH THERE, SO.

I WOULD TEND TO ADD THAT INTO IT. I THINK THIS REQUIRES A LITTLE MORE THOUGHT TO HAVE MORE

ACCOMPLISHED. BECAUSE YOU ARE GOING TO GET WORSE QUALITY FILM FROM A LOT OF FIXED FACILITIES AND TURNING OUT TERRIBLE NON-DIAGNOSTIC STUDIES. DO WE WANT TO DEAL WITH THAT AS WELL.

MR. FUTCH: IT SOUNDS TO ME -- THIS IS JAMES FUTCH AGAIN. IT SOUNDS TO ME LIKE A LOT OF YOU WERE MORE IN FAVOR OF THE SHORTER, LESS SPECIFIC LANGUAGE. I'M SEEING SOME HEADS NODDING AROUND THE ROOM. SO I THINK, DON, TAKE THIS BACK IN GUIDANCE AND WORK ON IT A LITTLE MORE.

MR. STEINER: SURE.

MR. FUTCH: KATHY YOU HAD?

MS. DROTAR: ONE LAST THING. THE WHOLE REASON THIS WAS STARTED WAS SO THAT THE DEPARTMENT OF HEALTH WOULDN'T HAVE TO SAY THIS WAS INDEED A PORTABLE, SOMETHING THAT NEEDED TO BE DONE. AND BY REFERRING IT BACK TO THE PHYSICIAN AND SAYING THAT IF THIS WAS IMPORTANT, THIS WAS A NECESSITY OR BY WRITTEN DIRECTIVE, THAT WOULD TAKE EMPHASIS OFF OF THE DEPARTMENT AND THAT ORDERING THE PORTABLE IS A MEDICAL NECESSITY, YOU KNOW.

MR. FUTCH: ALL RIGHT.

MS. DROTAR: KEEP IT SIMPLE.

MR. STEINER: (WE WILL) THINK ABOUT THIS ONE. THANK YOU.

DR. SCHENKMAN: I HAVE ONE OTHER QUESTION ABOUT NUMBER ONE. WHO IS IT THAT CONSIDERS THE IMAGE QUALITY ACCURATELY?

MR. STEINER: THE PHYSICIAN.

MR. TINEO: THE ONE ORDERING OR THE ONE READING?

MS. GILLEY: WELL, THAT MAY BE THE SAME ONE.

MR. STEINER: THE ONE ORDERING IS --

MS. GILLEY: NOT ALWAYS.

MR. STEINER: IN THE ACUTE CARE I GUARANTEE THAT IS THE ONE READING.

MR. TINEO: IS THAT WHEN THEY SAY NO BRING THAT PATIENT DOWN, WE NEED A BETTER RADIOGRAPH.

BUT IN A NURSING HOME IT IS GOING TO BE PROBABLY WHOEVER IS READING THOSE X-RAYS OR WHOEVER ORDERED THE X-RAY THAT MAY BE THE ONE READING IS THE SAME. MAY BE ONE IN THE SAME.

MR. STEINER: JUST THE ORDERING PHYSICIAN IS THE MEDICAL QUALITY, YOU KNOW, BY THE RULE. IT'S A MEDICAL DECISION. I'M NOT GOING TO TRANSFER THIS PATIENT.

MR. FUTCH: I THINK IF WE GO FOR THE SHORTER, LESS DESCRIPTIVE LANGUAGE, WE CAN AVOID THIS PROBLEM. BECAUSE I KNOW OUR RULE-MAKING ATTORNEY WHO DOES THIS, REALLY HATES WORDS LIKE ADEQUATE.

ANY FURTHER DISCUSSION?

DR. JANOWITZ: WE'RE GOING TO GO ON TO THE NEXT ITEM, SCOPE OF PRACTICE.

MR. FUTCH: THERE IS A LOT OF MATERIALS. ALL THE MATERIALS YOU SEE IN SECTION F, F-1 THROUGH WHATEVER NUMBER 6, 7, 8. ALL THESE ARE BACKGROUND MATERIALS FOR THIS QUESTION. THE FIRST TAB THAT YOU SEE IN F-1, THIS IS AN EXAMPLE, THIS IS A PROBLEM THAT HAS COME TO US, AND I HOPE TO GET YOUR SUPPORT FOR A SOLUTION FOR THIS TODAY.

E-MAILS ARE COMING TO CERTAIN HOSPITALS FROM I GUESS THEIR LEGAL COUNSEL ASKING THE QUESTION IS A CRT-N REALLY A NUCLEAR MEDICINE TECHNOLOGIST AND CAN THEY ADMINISTER NON-RADIOACTIVE PHARMACEUTICALS.

I BELIEVE WE TOUCHED ON THIS TANGENTUALLY IN THE PAST. AS PART OF A NUCLEAR MEDICINE PROCEDURE, I DON'T NEED TO EXPLAIN IT TO THE NUCLEAR MEDICINE FOLKS IN THE ROOM. IN ADDITION TO ADMINISTERING A RADIOACTIVE PHARMACEUTICAL, YOU ALSO OFTEN HAVE TO ADMINISTER ASSOCIATED DRUGS. DOES SOMEBODY WANT TO GIVE ME AN EXAMPLE?

MS. BONANNO: ROZANAPEN (PH SP) ROSENSON (PH SP).

MR. FUTCH: SO THESE ARE ASSOCIATED WITH RENAL

STUDIES OR MAYBE SOME CARDIAC STUDIES, VERY SIMILAR THINGS. THESE ARE THINGS THAT NUCLEAR MEDICINE TECHNOLOGISTS HAVE BEEN ADMINISTERING FOR YEARS AND YEARS. THE PARAGRAPH THAT YOU SEE HERE IT WAS EXCERPTED FROM AN E-MAIL THAT WE GOT. I JUST WANT TO READ IT. IT SLAPPED US IN THE FACE WHEN WE SAW IT. FLORIDA DOES NOT -- THIS IS NOT MY OPINION. THIS IS THE WRITER'S OPINION.

FLORIDA DOES NOT ACTUALLY LICENSE A NUCLEAR MEDICINE TECHNOLOGIST OR NMT BY THAT NAME. UNDER PERTINENT PROVISIONS OF CHAPTER 468 F.S., AN NMT IS LICENSED AS A CERTIFIED RADIOLOGIC TECHNOLOGIST AND HAS SPECIALTY CERTIFICATION IN NUCLEAR MEDICINE TECHNOLOGY. WITH THAT CERTIFICATION, THEY ARE THEN DENOMINATED A CRT-N.

IN GENERAL, THE PRACTICE OF ALL CRT'S IS LIMITED TO THE ADMINISTRATION OF RADIATION AND RADIOPHARMACEUTICALS UNDER THE DIRECTION OF A LICENSED PRACTITIONER OR DOCTOR. I DON'T SEE ANY PROVISION IN EITHER CHAPTER 468 F.S. OR 64E-3 F.A.C., TO SUGGEST THAT AN NMT CAN ADMINISTER GENERAL PHARMACEUTICALS EVEN IF IT'S DONE AT A PHYSICIAN'S REQUEST.

WELL, THAT LAST STATEMENT IS ACTUALLY TRUE. THERE IS NO SPECIFIC MENTION OF A NUCLEAR MEDICINE

TECHNOLOGIST BEING SOMEONE THAT ADMINISTERS REGULAR PHARMACEUTICALS. AND THAT'S BECAUSE THAT'S NOT THE RADIOACTIVE PORTION OF WHAT THEY DO, WHICH IS WHAT THE WHOLE CHAPTER IS SET UP FOR. I WILL ABBREVIATE MY ANSWER TO THE FIRST HALF OF THAT PARAGRAPH BY SAYING THERE IS A DISTINCTIONABLE DIFFERENCE THAT WE CALL THEM CERTIFIED RADIOLOGIC TECHNOLOGISTS DASH NUCLEAR MEDICINE IN FLORIDA.

THESE FOLKS COME TO US WITH THE EDUCATIONAL PATHWAY PREREQUISITES WHICH ARE APPROVED BY THE NATIONAL REGISTRIES ARRT, NMTCB, WHICH ARE THE PROGRAM PATHWAYS AT LEAST, REQUIRE THEM TO ATTEND ACCREDITED SCHOOLS. THE FOLKS WHO HAVE THOSE LICENSES COME TO FLORIDA, ARE LICENSED AS CRT-N UNDER FLORIDA LAW BASED ON THE ENDORSEMENT OF THAT LICENSE.

SO THE FIRST NEXT TAB YOU'RE LOOKING AT HERE --

DR. SCHENKMAN: JAMES, IF THAT IS THE CASE ALREADY CERTIFIED RADIOLOGIC TECHNOLOGISTS, WHY DO WE HAVE THIS ISSUE WITH THEM DOING CT?

MR. FUTCH: CERTIFIED RADIOLOGIST TECHNOLOGIST UNDER FLORIDA LAW IS THE GLOBAL TERMINOLOGY GIVEN TO ALL THREE BRANCHES OF RADIOLOGIC TECHNOLOGY. WE SAY CERTIFIED RADIOLOGIC TECHNOLOGIST IN

FLORIDA LAW, YOU MEAN SOMEONE WHO IS CERTIFIED AS A RADIOGRAPHER, SOMEONE WHO IS CERTIFIED AS A NUCLEAR MEDICINE TECH OR SOMEONE WHO IS CERTIFIED AS A RADIATION THERAPIST TECH. IN COMMON PARLAYS OUT THERE IN THE WORLD, SOMEBODY SAYS RAD TECH, THEY OFTEN MEAN RADIOGRAPHER. I DON'T KNOW WHY THAT IS. MAYBE IT IS BECAUSE THEY MAKE UP THE VAST MAJORITY. KATHY?

MS. DROTAR: ARRT, YOU'RE A REGISTERED TECHNOLOGIST, ARRT. AND THEN GIVE THE DEFINITION OF R FOR RADIOLOGY, N FOR NUCLEAR MEDICINE, T FOR THERAPY, WHATEVER. AND I THINK WHAT WE DID HERE WAS TO FOLLOW THAT SAME GUIDELINE THAT THAT'S WHAT THE NATIONAL REGISTRY USED. BECAUSE IT'S THE EQUIVALENT. THE STATE LICENSE IS SUPPOSED TO BE EQUIVALENT OF THE ARRT CERTIFICATION.

MR. FUTCH: IT'S LIKE SAYING YOU'RE A NURSE; YOU'RE A REGISTERED NURSE, YOU'RE A LICENSED PRACTICAL NURSE, AND YOU'RE A CERTIFIED NURSING ASSISTANT. YOU'RE A NURSE. THERE ARE DIFFERENT KINDS OF NURSES. YOU'RE A RAD TECH. THERE'S DIFFERENT KINDS OF RAD TECHS. AGAIN, THIS IS UNDER FLORIDA LAW. AND I GUESS IT IS ALSO TRUE OF ARRT.

SO THAT IS WHY YOU CAN'T GIVE SOMEBODY WHO MEETS

THE EDUCATIONAL PATHWAY FOR CRT-N THE ABILITY TO DO FULL CT BECAUSE THEY HAVEN'T MET THE EDUCATIONAL PATHWAY FOR RADIOGRAPHY OR FULL CT. THEY HAVE BUT NOT -- CAN'T GET THE LICENSE TO DO IT. BECAUSE ONLY CRT-R REQUIRES KNOWLEDGE BEYOND JUST SEEKING THE FULL SCOPE OF X-RAY EDUCATIONAL BACKGROUND.

THE REST OF THIS IS BASICALLY SUPPORTIVE MATERIALS SO THAT WE CAN GET TO THE POINT WHERE I CAN ASK YOU GUYS, MY BIG QUESTION WHICH IS, CAN A NUCLEAR MEDICINE TECH USE RADIOPHARMACEUTICALS?

F-2 IS A COPY OF FLORIDA LAW. IT SAYS A LOT OF WHAT I JUST SAID IN THE CONVERSATION WITH RANDY. THE THINGS THAT HAVE BEEN HIGHLIGHTED PERTAIN TO NUCLEAR MEDICINE TECHS. DEFINITION OF RAD TECHS AT THE TOP OF THE PAGE. THAT STATUTORY REFERENCE 468 LINE FIVE, 468.302 (3D) THROUGH (G) F.S., THAT REFERS TO ALL DIFFERENT KINDS OF RADIOGRAPHERS, NUCLEAR MED TECHS AND THERAPY TECHS.

SO UNDER FLORIDA LAW, YES, THEY MEET THE DEFINITION OF THAT. THE MEAT AND POTATOES OF THIS ONE STARTS ON LINE 21 AND RUNS THROUGH LINE 38. THIS IS THE ONLY PART WHERE YOU'LL SEE ANYTHING MENTIONED IN FLORIDA LAW ABOUT WHAT IT IS THAT A

NUCLEAR MEDICINE TECHNOLOGIST CAN DO.

IT SAYS CONDUCT -- THINGS YOU WOULD EXPECT THAT PERTAIN DIRECTLY TO RADIATION. PART A TALKS ABOUT ADMINISTERING INVIVO AND INVITRO MEASUREMENTS -- EXCUSE ME -- ADMINISTERING RADIOPHARMACEUTICALS AND ALSO CONDUCTING MEASUREMENTS INVIVO AND INVITRO RADIOACTIVITY.

B IS THE WHOLE THING TALKS ABOUT PET CT. AND THEN THE STUFF STARTING IN 2 A, B, C AND D, THAT IS ALSO PART OF THE PROHIBITED STUFF THAT THEY CAN'T DO.

BEING A CERTIFIED RADIOLOGIC TECHNOLOGIST, THERE IS A DEFINITION STARTING AT THE BOTTOM OF THE PAGE OF WHAT THE PRACTICE OF RADIOLOGIC TECHNOLOGY ENTAILS. THIS IS A GLOBAL DEFINITION, SO IT TALKS ABOUT POSITIONING AND TECHNIQUE. THIS IS A DEFINITION THAT ACTUALLY FITS MORE WITH SOME OF THE THINGS THAT ARE HAPPENING WITH THE TERMINOLOGY FOR RADIOGRAPHY. I THINK THAT IS WHERE IT CAME FROM. DEBBIE WROTE IT.

IT DOES MEAN OF COURSE THEY CAN DO POSITIONING AND THINGS. ALL RIGHT. I'LL TELL YOU RIGHT NOW, CRT-N IN FLORIDA ARE NUCLEAR MEDICINE TECHNOLOGISTS. EVEN THE TERMINOLOGY OF THE STATUTE I LIKE THIS LINE 21; A PERSON HOLDING A

CERTIFICATE AS A NUCLEAR MEDICINE TECHNOLOGIST. BUT WE'RE NOT GOING TO CALL THEM NUCLEAR MEDICINE TECHNOLOGISTS, RIGHT.

MS. BONANNO: CAME FROM A GROUP IN TALLAHASSEE.

MR. FUTCH: YES. CRT-N SAYS THAT A PERSON HOLDING A CERTIFICATE AS A NUCLEAR MEDICINE TECHNOLOGIST MAY USE THAT TITLE. WELL, IT'S KIND OF HARD TO ARGUE THAT NON-NUCLEAR MEDICINE TECHNOLOGISTS ARE HOLDING A CERTIFICATE AS ONE.

SO LET'S FORGET ABOUT THE GOOFINESS OF THE WHOLE ARE YOU OR ARE YOU NOT A NUCLEAR MEDICINE TECHNOLOGIST BY DEFINITION. LET'S FOCUS ON WHAT IT IS THAT A NUCLEAR MEDICINE TECHNOLOGIST DOES. WHAT I'VE GIVEN YOU, I GUESS THE UNMARKED TAB, SAYS SNMTS AT THE TOP OF THE PAGE.

MS. GRANT: F-3.

MR. FUTCH: I'M TABLESS. OKAY. YOU ALL ARE EXPERTS.

THIS IS AN EXCERPT IN THE HIGHLIGHTED SOME PIECES OF THE SITE OF NUCLEAR MEDICINE WHO DO REFER TO WHAT IS THE SCOPE OF PRACTICE. AND YOU'LL SEE RIGHT THERE ON PAGE ONE IN ADDITION TO TALKING ABOUT SEALED AND UNSEALED RAD MATERIALS. THE FIRST HIGHLIGHT. THIS PRACTICE ALSO INCLUDES

THE UTILIZATION OF PHARMACEUTICALS, BLAH, BLAH, BLAH.

FURTHER DOWN. THE PRACTICE ENCOMPASSES MULTI-DISCIPLINARY SKILLS. AND THEN THE HIGHLIGHT; THE ADMINISTRATION OF PHARMACEUTICALS INCLUDING ADJUNCT ORAL AND IV CONTRAST UNDER THE DIRECTION OF AN AUTHORIZED USER. IN ORDER TO PERFORM THESE TASKS, BOTTOM PARAGRAPH, THE NUCLEAR MEDICINE TECHNOLOGIST MUST SUCCESSFULLY COMPLETE EDUCATION IN ALL THESE AREAS. PHARMACOLOGY.

CHANGE THE PAGE. SCOPE OF PRACTICE, DIAGNOSTIC PROCEDURES HIGHLIGHTED AND ADMINISTRATION OF NON-RADIOPHARMACEUTICAL AGENTS WHEN PART OF STANDARD PROCEDURES. TOP OF THE NEXT PAGE. THERAPY. AND ADMINISTRATION OF NONRADIOPHARMACEUTICAL AGENTS BY ORAL AND INTRAVENOUS ROUTES.

TURN THE PAGE AGAIN, PAGE FIVE. THAT FIRST DOCUMENT. NOW DOWN INTO THE NITTY GRITTY DETAILS OF DIAGNOSTIC PROCEDURES. WHERE AGAIN REFERENCES, NON GC ADMINISTRATION OF RADIOPHARMACEUTICAL BUT ALSO PHARMACEUTICAL WITH THAT CONTRAST. AND ON THE BACK PAGE, RADIONUCLIDE THERAPY GOES INTO MORE DETAIL, PHARMACEUTICAL AGENTS, ET CETERA. THAT IS THE NUCLEAR MEDICINE. TAB NUMBER FOUR, FROM THE

ARRT WEBSITE. THIS IS THEIR CURRICULUM GUIDE FOR EDUCATIONAL PROGRAMS IN NUCLEAR MEDICINE TECHNOLOGY. THEY ACTUALLY REFER BACK TO CITING NUCLEAR MEDICINE, THAT'S HOW THEY GOT TO THE ARRT WEBSITE. TURN THE PAGE, FOURTH EDITION, I DIDN'T GIVE YOU THE WHOLE THING. IT IS QUITE EXTENSIVE.

THIS IS JUST THE PART THAT DEALS WITH NUCLEAR PHARMACY AND PHARMACOLOGY. HIGHLIGHTED CONTRAST. IN ADDITION, THE NON-RADIOACTIVE INTERVENTIONAL DRUGS AND CONTRAST MEDIA THAT ARE USED AS PART OF NUCLEAR PROCEDURES. FOR ALL ADMINISTERED MATERIALS, IT ADDRESSES THE ROUTES OF ADMINISTRATION, BIODESTRUCTION MECHANISMS, INTERFERING AGENTS, CONTRAINDICATIONS, AND ADVERSE EFFECTS. AND THEN SOME HIGHLIGHTED ASPECTS OF THE OBJECTIVES. DESCRIBE CHARACTERISTICS OF PHARMACEUTICALS, ANALYZE PATIENT INFORMATION TO DETERMINE ADVERSE REACTION.

AGAIN THIS IS THE CURRICULUM GUIDE. THIS IS THE PROGRAM THAT WOULD BE USED TO EDUCATE THE STUDENTS. FLIP OVER TO THE NEXT HIGHLIGHTED SECTION FOR THE DETAIL. FDA, US PHARMACOPEIA CONTROL OF PHARMACEUTICALS. FLIP OVER SEVERAL MORE PAGES. SORRY, I COULD HAVE LEFT THIS MIDDLE PART OUT. YOU WILL SEE SECTION 14, PHARMACEUTICALS AND GOES

IN GREAT DETAILS. ADMINISTRATION BY NUCLEAR MEDICINE, REGULATIONS, ETHICS, OTHER DRUGS, PATHOLOGIC CONDITIONS.

AND AT THE BOTTOM OF THE PAGE IT ACTUALLY STARTS A SPECIFIC LIST OF DRUGS; ADENOSINE, INSULIN, CAPTOPRIL, WHICH IS ONE OF THE ONES THAT WAS SPECIFICALLY ASKED ABOUT BY THIS HOSPITAL.

NEXT PAGE. EVEN LONGER LIST OF DRUGS. MIDDLE OF THE PAGE, RIGHT THERE, 15, GOES TO THE CONTRAST MEDIA, SO FORTH AND SO ON. SO THAT IS THE EDUCATIONAL CURRICULAR GUIDE.

NOW MOVING OVER TO EXAMS, F TAB, F-5. THIS IS ARRT'S CONTENT SPEC'S FOR THE NUCLEAR MEDICINE EXAM, WHICH WE USE AS OUR STATE EXAM, ALSO. MIDDLE OF THE PAGE. A LIST OF THE COMMONLY USED PHARMACEUTICALS THAT MAY BE TESTED ON THE EXAMINATION CAN BE FOUND IN ATTACHMENT A.

HOWEVER, OTHER PHARMACEUTICALS MAY ALSO APPEAR AS THE PRACTICE CHANGES. BEFORE WE GET TO APPENDIX A, JUST TURN THE PAGE. THIS IS SECTION B, RADIONUCLIES AND RADIOPHARMACEUTICALS, 22 QUESTIONS FROM THE EXAM ARE ON THIS AREA ARE IN HIGHLIGHTS. CALCULATION OF RADIOPHARMACEUTICAL, PHARMACEUTICAL DOSAGES, PHARMACEUTICAL ADMINISTRATION, PREPARATION, ADMINISTRATION

TECHNIQUES, COMPLICATIONS.

SO TESTING FOR THE SAME STUFF FROM THE CURRICULUM GUIDE EDITION. KEEP ON GOING WITH MORE HIGHLIGHTS. SEE IF I GAVE YOU THE DRUG LIST. YEAH, LAST TWO PAGES IN THAT TAB, F-5, GOES THROUGH THE RADIOPHARM AND IT GOES THROUGH A PRETTY SIMILAR LIST FOR PHARMACEUTICALS.

OKAY. THAT WAS ARRT. NEXT TAB F-6, NMTCB, SECTION TAB 6, 7 AND F-8. THIS SITE IS ORGANIZED A LITTLE MORE SCATTERED. BUT THE FIRST THING I GAVE YOU F-6 IS THE 30,000 FOOT LEVEL VIEW OF THE DIFFERENT SUBJECT MATTER THAT IS COVERED ON THE EXAM. THESE ARE THE TASKS. OH, BY THE WAY, I SHOULD BACK UP. ARRT AND NMTCB BOTH BASE THEIR EXAM SUBJECT AREAS ON JOB INVENTORY ANALYSIS THEY CONDUCT EVERY SO MANY YEARS OF THE POPULATION OUT THERE IN EVERY DAY PRACTICE. THEY GO OUT AND DO THE INTERVIEWS OF NUCLEAR MED TECHS WORKING. AND THEY SAY HEY, DO YOU DO THIS, DO YOU DO THIS, WHAT DO YOU DO. THEY BUILD THEIR EXAMS BASED UPON THIS.

SO, ON THE BACK PAGE OF F-6, YOU CAN SEE THERE'S A SECTION, PREPARE ADMINISTER INTERVENTIONAL PHARMACOLOGIC AGENTS. THAT IS THE 30,000 FOOT VIEW. AND THEN F-7 IF YOU TURN OVER,

GIVES YOU SOME SPECIFIC TASKS. HIGHLIGHTED TASK 39. PREPARE AND PERFORM CARDIAC MONITORING AND STRESS TESTING. HOW THEY ARE DONE. THEY HAVE PARTS IN THERE THAT INVOLVE PHARMACOLOGY ADMINISTRATION.

AND THE MAIN TASK 40 ON THE NEXT PAGE, PREPARE AND ADMINISTER INTERVENTIONAL PHARMACOLOGIC AGENTS. YOU SEE ALL THE DIFFERENT THINGS WE GO INTO. LOOKS VERY SIMILAR TO WHAT WE'VE SEEN AT ALL THE OTHER PLACES. IT COVERS ASSESS CHECKING FOR ADVERSE REACTIONS, ET CETERA, ET CETERA, ET CETERA.

AND THEN THEIR PHARMACEUTICAL LIST IS F-8, NMTCB PHARMACEUTICAL LIST TAB F-8. IT'S ON THE BACK PAGE. INTERVENTIONAL PHARMACEUTICALS, ADENOSINE, CAPTOPRIL, MISCELLANEOUS NON-RADIOACTIVE AGENTS. OKAY.

SO, IT APPEARS TO LITTLE OLD UNINFORMED ME, THAT INDEED A NUCLEAR MEDICINE TECHNOLOGIST IS BOTH EDUCATED, TESTED AND INSPECTED BY THE SCOPE OF PRACTICE, AT LEAST ONE OF THE BIG NATIONAL GROUPS TO BE USING, ADMINISTERING, UNDERSTANDING OF NON-RADIOACTIVE PHARMACEUTICAL AGENTS AND CONTRAST. DISCUSSION?

MS. DROTAR: I JUST WANTED TO ADD, TOO, JAMES

AND I WERE PART OF A COLLEGE CONFERENCE AND COMMITTEE MEETING FOR CURRICULUM FOR NUCLEAR MEDICINE TECHNOLOGISTS. AND WE WENT BACK THROUGH THESE DOCUMENTS. AND THAT PORTION ABOUT NON-RADIOACTIVE PHARMACEUTICALS WAS IN THE CURRICULUM AND WAS EXPANDED FOR CURRENT PRACTICE.

SO, IT'S ALSO PROOF BY THE DEPARTMENT OF HEALTH AND THAT IS THE PROOF CURRICULUM FOR NUCLEAR MEDICINE TECHNOLOGISTS IN THE STATE OF FLORIDA.

MR. FUTCH: KATHY IS TALKING ABOUT OUR ROLE AS THE DEPARTMENT OF HEALTH TO ADVISE THE FLORIDA DEPARTMENT OF EDUCATION ON MANY DIFFERENT THINGS WITH REGARD TO THIS PROFESSION. ONE OF WHICH IS WHAT WE CONSIDER TO BE AN ACCEPTABLE CURRICULUM. AND ACTUALLY I JUST KIND OF KEEP QUIET AND THE PROGRAM DIRECTORS DO ALL THE TALKING. AND SAY OH, YES, WE TEACH THAT. THE DEPARTMENT OF EDUCATION HAVE TO UPDATE THEIR STANDARDS EVERY THREE YEARS, FOUR YEARS, SOMETHING LIKE THAT.

DR. JANOWITZ: I DON'T THINK THERE IS ANY QUESTION THAT THE NUCLEAR MEDICINE TECHNOLOGISTS ARE TRAINED AND QUALIFIED TO ADMINISTER THIS. THE ONLY ISSUE REALLY IS THE LANGUAGE IN THE STATUTE.

MR. FUTCH: WELL, WE HAVE THE OPINION FROM OUR

ATTORNEY ON THAT. THE ATTORNEY IN THE E-MAIL -- I EXCERPTED THE PART OF THE E-MAIL. THE OTHER PARTS OF THE E-MAIL MAKES A LARGE PART OF HIS ARGUMENT STATING, IF YOU GO BACK TO F-2, WHICH IS OUR NUCLEAR MEDICINE STATUTE, LINE 21. THE VERY END OF THAT LINE WHERE IT SAYS A PERSON HOLDING A CERTIFICATE AS A NUCLEAR MEDICINE TECHNOLOGIST MAY ONLY. HE MAKES A GREAT DEAL ABOUT THE FACT THAT THE WORD ONLY IS IN THERE.

OUR POSITION AS THE DEPARTMENT, THIS LANGUAGE OF LIMITATION IS ONLY APPLICABLE TO THE RADIATION PORTION OF WHAT A NUCLEAR MEDICINE TECHNOLOGIST DOES. BECAUSE THAT IS THE PURPOSE OF THIS PARTICULAR STATUTE TO MAKE SURE THAT SOMEONE IS APPROPRIATELY SKILLED IN RADIATION, ADMINISTRATION OF PHARMACEUTICALS BECAUSE OF DESIRE TO PROTECT THE PUBLIC FROM EXPOSURE TO RADIATION.

THERE ARE MANY OTHER THINGS NOT COVERED IN THIS. FOR SOMEONE WHO WANTS TO USE THIS AS THE SOLE TOTAL BEING OF WHAT A NUCLEAR MEDICINE TECHNOLOGIST DOES, THEY'RE GOING TO HAVE A HARD TIME BECAUSE THERE ARE OTHER THINGS THAT ARE LISTED IN HERE, CAROL, THAT ARE ALSO NOT RADIOACTIVE RELATED BUT WHICH A NUCLEAR MEDICINE TECHNOLOGIST DOES EVERY DAY.

MS. BONANNO: THIS CAME TO MY ATTENTION, THANKS TO JAMES GAVE SOMEBODY MY NAME. SHE ASKED ME, SHE WORKS FOR HCA. SHE IS A RADIOLOGIST ADMINISTRATOR. SHE GOT A LETTER FROM HCA, SAYING NUCLEAR MEDICINE TECHNOLOGISTS WERE NOT TO ADMINISTER NON-RADIOACTIVE PHARMACEUTICALS. IT IS CAUSING MAJOR PROBLEMS FOR HER BECAUSE THEY DO GALLBLADDER STUDIES AT NIGHT AND THEY NEED SOMEONE. THE WAY THAT HCA HAS BEEN INTERPRETED IS THAT THEY HAVE A NURSE COME TO THE NUCLEAR MEDICINE AT MIDNIGHT AND INJECT BECAUSE THEY CAN'T ALWAYS FIND NURSES.

THEY'RE USING DOSES OF CHLORTEC (PH SP) AND LOSING STUDIES. THAT IS HOW IT CAME ABOUT. I DID TAKE HER NUCLEAR MEDICINE SCOPE OF PRACTICE BUT I THINK ALL THE OTHER THINGS, WHAT SHE REALLY THINKS TO HELP HER, I DON'T KNOW FOR THERE TO BE EITHER A STATEMENT FROM THIS BOARD THAT IS ACCEPTABLE TO FOR NUCLEAR MEDICINE TECHNOLOGIST TO ADMINISTER RADIOACTIVE PHARMACEUTICALS.

MR. FUTCH: YEAH, LET ME PICK UP WITH THAT. TIM JUST WALKED IN THE ROOM.

MR. RICHARDSON: HOW ARE YOU? DON'T EVER GO TO THE CLINIC BEFORE YOU COME HERE. BAD MISTAKE FOR A FIVE MINUTE TRIP.

MR. FUTCH: WHAT I WOULD LIKE -- WE'RE NOT SURE WHAT FORM OF RESPONSE WE'LL TAKE. IT MAY BE A CHANGE TO THE RULE TO THE SCOPE OF PRACTICE FOR RADIOLOGIC TECHNOLOGIST. WE MAY SPECIFY SOME ADDITIONAL THINGS FOR, YOU KNOW, NUCLEAR MEDICINE TECHNOLOGISTS IN THAT AREA BECAUSE WE'VE ALREADY GOT THE DEFINITION OF PRACTICE OF RADIOLOGIC TECHNOLOGIST OF THIS 30,000 FOOT LEVEL AND IT COVERS ALL THREE. KIND OF SUBDIVIDE THAT A LITTLE BIT AND SAY WELL, FOR NUCLEAR MEDICINE TECHNOLOGISTS ALSO INCLUDE THE ADMINISTRATION OF PHARMACEUTICALS AND OTHER NON-RADIOACTIVE AGENTS ASSOCIATED WITH THAT NUCLEAR MEDICINE PROCEDURES.

DR. JANOWITZ: ALSO DOES IT SAY PREPARE RADIOACTIVE PHARMACEUTICALS.

MR. TINEO: CAN WE DRAFT SOMETHING THAT SAYS THAT IS ATTACHED TO THE SCOPE OF PRACTICE OF THE INDIVIDUAL TECHNOLOGIST?

MR. FUTCH: SURE. I DON'T WANT TO SKIP BY THE DETAILS AND GET BOGGED DOWN WITH THE MECHANICS OF HOW WE DO IT LEGALLY TO MAKE SURE THAT THE WILL OF THE COUNCIL IS DONE. I'M MAINLY INTERESTED IN MAKING SURE THAT WE GET A VOTE FROM YOU GUYS THAT SAYS YES A NUCLEAR MEDICINE TECHNOLOGIST SCOPE DOES INCLUDE THE USE OF NON-RADIOACTIVE

PHARMACEUTICAL AGENTS. AND THEN WE CAN TAKE IT FROM THERE. IT MAY BE A RULE CHANGE, IT MAY BE A DECLARATORY STATEMENT WHERE A REGULATED ENTITY ASKS US TO SAY OFFICIALLY WHAT WE FEEL AND WE PUT THAT OUT.

MR. TINEO: I DON'T KNOW WHAT THE REGULATIONS SAY ABOUT THE MEDICINE TECHNOLOGIST INJECTING THE CONTRAST. YOU HAVE THE SAME ISSUE. THAT NCA WILL SEND YOU A LETTER SAYING THAT THEY CANNOT INJECT CONTRAST BECAUSE IT IS CONSIDERED MEDICATION.

MR. FUTCH: SOMEONE BROUGHT THAT UP. IS IT YOU?

MR. TINEO: WHATEVER WE DO, WE NEED TO MAKE SURE WE CAPTURE ALL OF THEM. BECAUSE THE WAY WE FIX IT, AND THIS IS AN ISSUE THAT CAME UP BECAUSE IT'S AN ISSUE MORE THAN ANYTHING ELSE. THE WAY WE FIX IT WAS TO, WE TOOK ALL THE SCOPE OF PRACTICE TO THE PHARMACEUTICAL. WE HAVE A MEETING CALLED PHARMACEUTICAL THERAPEUTIC COMMITTEE. WE TOOK ALL THE JOBS AND THEIR SCOPE OF PRACTICE AND WE LET THEM APPROVE THEM AS PART OF THE SCOPE OF PRACTICE THAT THEY CAN INJECT NON-PHARMACEUTICALS, NON-RADIOACTIVE MATERIALS.

MR. FUTCH: YOU GUYS DIDN'T HAVE AN ATTORNEY SOME PLACE SAYING -- DICTATING MEDICAL POLICIES.

MR. TINEO: IT WENT THROUGH THE ENTIRE LEGAL COUNCIL AND EVERYBODY WAS FINE WITH THAT IT.

MS. GILLEY: I KIND OF THINK THAT THE 1990 SCOPE OF PRACTICE IS OUT OF DATE. MAYBE WE OUGHT TO BE LOOKING AT THE SCOPE OF PRACTICE FOR EACH INDIVIDUAL PROFESSION.

DR. JANOWITZ: WHAT IS THE BOARD OF MEDICINE OR IS THERE A STATE LAW ABOUT WHO CAN ADMINISTER PHARMACEUTICALS?

MR. FUTCH: NO. THE WAY THE PROFESSION TENDS TO WORK IS EACH OF THEM HAS THEIR OWN LITTLE SECTION OR STATE LAW. AND EITHER A BOARD IF THERE'S A REGULATORY BOARD OR THE DEPARTMENT SEES THE BOARD WITH THE ADVICE OF THE COUNCIL BASICALLY GETS TO SAY WHAT IT IS WITHIN THE PURVIEW AND SCOPE OF THAT STATUTE. OUR ATTORNEYS ASSURE US WE HAVE PLENTY OF EXISTING LEGAL SUPPORT TO DO WHAT WE PROPOSE TO DO HERE. YOU CAN GET INTO LOVELY LITTLE DISPUTES BETWEEN PROFESSIONS, WHICH WE ARE GOING TO NOT DO. AND I DON'T THINK THAT WOULD BE THE CASE BECAUSE THAT'S NOT REALLY WHERE THIS IS COMING FROM.

DR. JANOWITZ: DO WE HAVE A PROPOSED MOTION THAT YOU WOULD LIKE TO SUBMIT?

MR. FUTCH: YEAH, I WOULD BASICALLY JUST LIKE

THE MOTION TO BE THE COUNCIL SAYS THAT INDEED THE SCOPE OF PRACTICE OF NUCLEAR MEDICINE TECHNOLOGIST INCLUDES THE USE OF NON-RADIOACTIVE PHARMACEUTICALS AND AGENTS ASSOCIATED WITH THEIR NUCLEAR MEDICINE PROCEDURES.

MS. GILLEY: COULD WE ADD ADMINISTRATION IN THERE WITH USE?

MR. FUTCH: OKAY.

MS. BONANNO: I SECOND.

DR. JANOWITZ: ANY OTHER DISCUSSION ON THE SUBJECT? ALL IN FAVOR?

BOARD MEMBERS: AYE.

DR. JANOWITZ: ANY OPPOSED?

(NO RESPONSE.)

MR. FUTCH: THIS IS JAMES, AGAIN. IF YOU LIKE US ALSO TO TAKE A SECOND MOTION WITH REGARD TO USE OF CONTRAST BY RADIOGRAPHERS ALL ON THE SAME LINES OF WHAT WE SAID BEFORE DOES INCLUDE THE USE OF CONTRAST, I'LL BE MORE THAN HAPPY TO TAKE A LOOK AT THAT AND WORK THE SAME THING OUT IN THAT REGARD.

DR. SCHENKMAN: CONTRAST ADMINISTRATION.

MS. DROTAR: SECOND.

MS. BONANNO: SECOND.

DR. JANOWITZ: ALL IN FAVOR?

BOARD MEMBERS: AYE.

MR. FUTCH: THEY DO SIMULATIONS, THAT'S RIGHT.

MS. GILLEY: I KNOW WE USED TO -- I DON'T KNOW WHAT THEY DO NOW, FILL THE BLADDER UP.

MR. FUTCH: SHALL WE SAY THE SAME THING WITH REGARD TO RADIATION THERAPIST USE OF CONTRAST AS WE DID PREVIOUSLY. TAKE A VOTE ON THAT ONE, TOO?

MS. DROTAR: SECOND.

DR. ARMSTRONG: SECOND.

DR. JANOWITZ: ANY DISCUSSION? ALL IN FAVOR?

BOARD MEMBERS: AYE.

DR. JANOWITZ: I GUESS WE'RE READY FOR LUNCH.

(A RECESS WAS TAKEN FROM 11:45 A.M. TO 1:00 P.M.)

DR. JANOWITZ: LAST, SUPERVISION FOR MEDICAL PHYSICISTS-IN-TRAINING.

MS. GRANT: THAT WOULD BE ME. RECENTLY I WAS PAID A VISIT BY MS. GILLEY, TELLING ME THAT AT A RECENT MEETING SHE HAD BEEN APPROACHED REGARDING MEDICAL PHYSICISTS-IN-TRAINING.

MEDICAL PHYSICISTS-IN-TRAINING IN FLORIDA ARE REQUIRED TO WORK UNDER DISTRICT SUPERVISION OF A LICENSED PHYSICIAN. APPARENTLY, THERE IS A WAVE OF PHYSICISTS-IN-TRAINING WHO ARE WORKING INDEPENDENTLY WITHOUT SUPERVISION, WHICH IS A DIRECT VIOLATION OF THE STATUTE AND THE RULES.

THE STATUTE SAYS DIRECT SUPERVISION. THE RULE EXPLAINS WHAT DIRECT SUPERVISION IS.

SO, I MAILED OUT A LETTER TO ALL OF OUR PHYSICISTS-IN-TRAINING ALONG WITH THEIR SUPERVISORS. I GOT A FEW CALLS, NOT MANY. BUT THE CALLS THAT I DID GET WERE FROM PEOPLE TRYING TO FIGURE OUT A WAY AROUND THE LAW AND NOT HOW TO COMPLY. BUT, WELL, IF SOMEBODY COMES IN TWICE A WEEK, IS THAT GOOD ENOUGH? WELL, NO. EVERYTHING THAT A PHYSICIST-IN-TRAINING DOES HAS TO BE DONE UNDER DIRECT SUPERVISION. THAT PERSON IS ULTIMATELY RESPONSIBLE FOR EVERYTHING THE IN-TRAINING PERSON DOES.

SO, WE MAILED OUT A LITTLE LETTER TO EVERYBODY AND WE PUT IT ON OUR WEB PAGE. SO IF YOU HEAR ANYTHING ABOUT THIS, PLEASE EITHER SEND THEM TO MY OFFICE.MY STAFF OR I WILL TALK TO THEM OR SOMETHING BECAUSE THIS IS A VERY SERIOUS MATTER.

DR. WILLIAMS: IS THIS FOR THERAPY, DIAGNOSTIC OR BOTH?

MS. GRANT: ALL FOUR.

DR. WILLIAMS: EVERYTHING.

MS. GRANT: EVERYTHING. I WAS SHOCKED TO HEAR THAT THE INSPECTORS WOULD GO IN AND THE GUY WOULD SAY YOU'RE NOT SUPPOSED TO BE WORKING WITHOUT

SUPERVISION. WELL, MY SUPERVISOR COMES IN EVERY ONCE IN A WHILE. BUT WHAT I'M DOING IS REALLY NOT PHYSICIST WORK. BUT IT REALLY IS. BECAUSE ANYTHING THAT THEY DO SHOULD BE SUPERVISED. SO, IT'S SCARY. AND I WAS THANKFUL THAT DEBBIE BROUGHT IT TO MY ATTENTION. AND WE DID GET SOME NOTICE OUT. HOPEFULLY IT'S JUST BROUGHT PEOPLE BACK AROUND TO WHERE THEY'RE SUPPOSED TO BE. PEOPLE CAN LOSE THEIR LICENSE FOR DOING THINGS LIKE THIS, SO THEY NEED TO TAKE IT SERIOUSLY.

MR. SEDDON: IS IT MORE THERAPY PEOPLE OR DIAGNOSTIC?

MS. GRANT: I DON'T KNOW.

MS. GILLEY: THIS STARTED WITH A NEW MEDICAL THERAPY REGULATIONS WITH HDR. WHAT WE HAD WAS WITH THE NEW MEDICAL REGULATIONS. WE REQUIRE DIRECT SUPERVISION OF HDR PROCEDURES TO BE DONE WITH A MEDICAL PHYSICIST AND AUTHORIZED USER PHYSICALLY PRESENT AT THE INITIATION OF THE TREATMENT. THE PHYSICIAN IS THEN ABLE TO LEAVE AFTER INITIATION, BUT THE MEDICAL PHYSICIST MUST STAY FOR THE DURATION OF THE ENTIRE TREATMENT.

SOME INSTITUTIONS WERE NOT PREPARED FOR A MEDICAL PHYSICISTS TO BE AVAILABLE FOR HDR

PROCEDURES. AND SO THEY TRIED TO FIND A WAY TO USE PHYSICISTS-IN-TRAINING TO BE THE MEDICAL PHYSICISTS THAT WAS THERE DURING INITIATION AND THROUGH THE ENTIRE PROCEDURE OF THE TREATMENT.

AND THAT'S HOW WE BECAME AWARE OF IT. AND IF YOU DID NOT KNOW BEFORE WE ADOPTED THE NEW REGULATIONS, WE HAD NO REQUIREMENT OF AUTHORIZED USE OR MEDICAL PHYSICISTS TO BE PRESENT DURING HDR. SO THAT IS THE CHANGE FOR US TO BE COMPATIBLE WITH THE NUCLEAR REGULATORY COMMISSION PROBABLY STARTED THE PROCESS.

MR. FUTCH: THAT WASN'T OUR RULE. THAT WAS ONE OF THE COMPLIANCE ISSUES WE HAD TO ADOPT BY HDRC?

MS. GILLEY: RIGHT. RIGHT. IT'S NOT THAT WE DID NOT FOREWARN, BEG, STEAL, BORROW, PLEAD WITH THAT MEDICAL PHYSICIST TO GET ON THE LICENSE AND TO GET ALL OF THIS IN PLACE BEFORE WE ADOPTED THE REGULATIONS. IN 2005 WE SENT AN INFORMATION NOTICE THAT WE WOULD BE ADOPTING THESE. THESE WERE COMPATIBILITY ISSUES. THESE WERE GOING TO BE PROBLEMATIC FOR US AND FOR YOU TO TRY TO GET AS MANY MEDICAL PHYSICISTS ON YOUR LICENSE SO WE COULD GRANDFATHER THEM IN AS WE COULD.

MR. SEDDON: AND AT EVERY SINGLE MEETING FROM

THAT POINT.

MS. GILLEY: YES. SOMETIMES PEOPLE DON'T LIKE TO LISTEN TO THE STATE.

MS. GRANT: I UNDERSTAND THAT THIS IS A -- WE DON'T HAVE THAT MANY LICENSED PHYSICISTS IN FLORIDA. AND THAT'S WHAT I HEAR DAILY. YOU KNOW, THERE ARE NOT THAT MANY PHYSICISTS. THEY'RE NOT ANY IN MY AREA IN THIS PARTICULAR DISCIPLINE. SO, I DON'T KNOW.

MS. GILLEY: IN LIGHT OF THAT, YOU NEED TO KNOW THAT THE REQUIREMENTS FOR MEDICAL PHYSICISTS EDUCATIONAL PROGRAMS WILL BE CHANGING IN 2012. IS THAT CORRECT, MARK?

MR. SEDDON: (NODS HEAD.)

MS. GILLEY: SO WE MAY SEE ANOTHER STRESSOR ON THAT INDUSTRY FOR HAVING --

MR. SEDDON: THE, YEAH, THE REQUIREMENTS IN ORDER TO OBTAIN CERTIFICATION IN THE SUMMER THE DISCUSSION WITH ABR, IS THAT IT WOULD BURROWE INTO THE DIAGNOSTIC IMAGING. BUT DIRECT IMPACT TO THE -- NO LONGER PATHWAY OF ABR AND STILL THE ABSM PATHWAY. SO THINGS CHANGE SLIGHTLY. YES, RESIDENCY REQUIREMENT A LITTLE MORE COMPLICATED FOR NEW PEOPLE TO COME TO THE STATE.

MS. GRANT: THE STATUTE DOESN'T ALLOW FOR

THAT. MY CONCERN FOR THE RESIDENCY WAS THAT OUR STATUTE DIDN'T ALLOW FOR THE UNLICENSED TO PRACTICE. AND THAT'S WHAT THE RESIDENCYS WOULD BE CONSIDERED. SOMEONE IN THE RESIDENCY PROGRAM WITHOUT STATUTORY AUTHORITY, BUT THE STATUTE DOES ALLOW THAT. THE RESIDENCY WON'T AFFECT US.

DR. JANOWITZ: ARE THERE ACTUALLY MANY PHYSICISTS-IN-TRAINING?

MS. GRANT: WE HAVE ABOUT 80.

MR. FUTCH: WHAT IS THE APPROXIMATE NUMBER FOR ALL THE MEDICAL PHYSICISTS?

MS. GRANT: PROBABLY 350. NOW MOST OF THE THOSE HOLD MULTIPLE LICENSES.

MR. FUTCH: YEAH.

MS. GRANT: THE OTHER THING, IT'S NOT IN THE AGENDA PACKET, BUT WE WANT TO LET YOU KNOW WE ARE CURRENTLY WORKING WITH OUR IT PEOPLE FOR ABOUT TWO MONTHS TRYING TO PUT OUR RAD TECH APPLICATION PACKETS ON-LINE FOR INITIAL LICENSURE. WE WILL BE TESTING IN THE NEXT TWO MONTHS. IT SHOULD HIT THE STREETS HOPEFULLY IN JANUARY. THAT SHOULD HELP A LOT. WE'RE LOOKING AT “OTHER PAYER” OPTIONS WHICH WILL ALLOW SCHOOLS IF THEY HAD MANY STUDENTS, TO GO ONLINE AND ACTUALLY PAY FOR THEIR STUDENTS.

SO WE'VE GOT GOOD THINGS COMING. HOPEFULLY, WITHIN THE NEXT YEAR, PROGRAM DIRECTORS WILL BE ABLE TO VERIFY COURSE COMPLETION/ HIV/AIDS ONLINE.

MS. CURRY: DO AWAY WITH THE LETTERS, YEAH.

MS. GRANT: WE'RE WORKING IN THAT DIRECTION. THAT MAY BE A WHILE COMING OUT. BUT THE ON-LINE APP'S WILL BE OUT SOMETIME PROBABLY JANUARY OR FEBRUARY. THAT'S ALL
THAT IS HAPPENING TO MQA. EXCEPT I GUESS THIS SESSION THEY WILL TRY TO DECIDE WHERE TO PUT US. DBPR OR LEAVE MQA AT DOH.

MR. FUTCH: IS RAD TECHS GOING WITH YOU?

MS. GRANT: THAT I DON'T KNOW. OR THE EMT'S OR PARAMEDICS.

MS. GILLEY: IF YOU DIDN'T KNOW AS OF LAST SESSION THERE WAS A BILL PASSED TO LOOK AT REORGANIZATION OF DEPARTMENT OF HEALTH. SO THAT'S WHAT THE CONVERSATION ABOUT WHERE ALL OF US WILL BE AFTER THE NEXT LEGISLATIVE SESSION.

MS. GRANT: THANK YOU.

DR. JANOWITZ: YOU DON'T NEED AN ACTION ON THIS?

MS. GRANT: NO.

DR. JANOWITZ: NEXT ITEM IS FLUOROSCOPY.

MR. STEINER: MY NAME IS DON. I PASSED OUT TWO HANDOUTS. ONE LOOKS KIND OF SIDEWAYS LANDSCAPE. AND THE OTHER HAS A PICTURE ON IT OF A FLUOROSCOPE. AND WE WOULD LIKE TO BRING TO YOUR ATTENTION THIS AFTERNOON IS WE HAVE A PROBLEM.

WE HAVE A PROBLEM, AN ON-GOING PROBLEM, WITH THE MEASUREMENT OF THE MAXIMUM, WHAT WE CALL, ENTRANCE RATE EXPOSURE, IRR, IER, I SAID THAT WRONG. ENTRANCE EXPOSURE RATE. THERE IS NO PROBLEM WITH THE ABOVE TABLE WHERE THE RADIATION IS COMING DOWN. WE HAVE A CYLINDRICAL PHANTOM THAT REPRESENTS A PATIENT, 30 CM, WHICH HAPPENS TO BE 12 INCHES IN DIAMETER. AND SO THE MEASUREMENT FOR WHERE IT WOULD ENTER THE SKIN, THE RATE ENTERING THE SKIN COULD BE MEASURED 30 CM OR 12 INCHES ABOVE THE TABLE TOP. WHEN IT IS COMING DOWN.

IF IT'S COMING FROM UNDER THE TABLE, HISTORICALLY IT WAS MEASURED SOMEPLACE ABOVE THE TABLE AND THEN BACK CALCULATED DOWN TO THE TABLE TOP. BECAUSE IF THAT SAME CYLINDER, LAYING ON THE SAME TABLE, IS THE ENTRANCE RATE TO THE SKIN WHERE IT CAME THROUGH THE TABLE.

IF YOU LOOK AT THE TABLE IT SAYS THE FEDERAL REQUIREMENT AND THE INSPECTION PROCEDURE, COLUMN THREE AND FOUR OR TWO AND THREE IF YOU DON'T COUNT THE FIRST ONE. IT NOW SAYS 1 CENTIMETER ABOVE THE TABLE TOP OR CRADLE. WHAT THAT MEANS IS THAT THE FDA IS TOO LAZY TO BACK CALCULATE THE MEASUREMENT THAT THEY MEASURE DOWN TO THE TABLE TOP.

WHEN I SAY TOO LAZY, I MEAN IT IS TO(O) INCONVENIENT. TO BACK CALCULATE WHAT THE DOSE RATE IS AT THE TABLE TOP, YOU HAVE TO KNOW WHERE THE FOCAL SPOT IS UNDER THE TABLE. YOU HAVE TO KNOW THAT DISTANCE. TO DO THAT, YOU HAVE TO DO A TEST, ANOTHER TEST. SO WHAT THEY'RE SAYING WE'LL PUT A PROBE 1 CM ABOVE. IT'S PRETTY DARN CLOSE TO COUNT AS THE RATE. SO THE STATE INSPECTION PROCEDURE ALSO SAYS 1 CM ABOVE THE TABLE TOP. IF I'M MAKING ANY SENSE.

NOW WE GET TO THE PROBLEM ONE. AND THAT IS, WITH A LATERAL, WHERE IT'S MEASURED LATERALLY, THE BEAM SHOOTS ACROSS THE TABLE, THE FEDERAL STANDARDS IS 15 CENTIMETERS FROM THE CENTER LINE TOWARDS THE TUBE. I HAVE THE SAME PHANTOM. I'M ON THE SAME TABLE. BUT NOW THE TUBE IS NOT POINTING STRAIGHT DOWN. IT IS POINTING TO THE SIDE. AND THE ENTRANCE RATE IS NOT ABOVE OR NOT BELOW. BUT

IF THE PHANTOM IS CENTERED ON THE TABLE, 15 CM OR HALF OF THAT DISTANCE BACK TOWARDS THE TUBE THAT IS THE DIRECTION THE BEAM IS COMING FROM.

IT SHOULDN'T BE A PROBLEM. BUT IT IS. BECAUSE PART OF IT IS SEMANTICS AND PART OF IT IS THE MANUFACTURE TRYING TO QUOTE THE FEDERAL RULES, THAT DON'T REALLY SAY WHAT THEY WANT IT TO SAY BACK TO US. BUT WE'RE TRYING TO RESOLVE IT. TRYING TO RESOLVE THIS PROBLEM. THERE IS A DEFINITION IN THE FEDERAL GOVERNMENT AND IN THE STATE CALLED C-ARM. WE CHANGED THE DEFINITION A COUPLE OF YEARS AGO IN THE STATE RULES TO SAY “MOBILE C-ARM” TO CLARIFY. BECAUSE AT THE TIME THAT THESE RULES WERE WRITTEN, THERE WAS NOT A MOBILE C-ARM. ALL THE C-ARM'S WERE MOBILE. I PUT IT BACKWARDS.

AND SO IF YOU HAVE SOMETHING THAT YOU'RE MOVING AROUND AND YOU DON'T HAVE A TABLE TOP AND LIKE WHERE AM I GOING TO MEASURE THIS THING, THE EASIEST THING TO DO IS MEASURE 30 CM FROM THE INPUT SURFACE OF THE C-ARM. WHICH IS JUST AN X-RAY TUBE WITH PHOSPHOR THAT MOVES, YOU KNOW, CONNECTED WITH A BIG "C".

SO THEY'RE GANG. BY THAT WAY THE X-RAY FIELD IS RESTRICTED TO THE INPUT PHOSPHOR AND

LIFE IS GOOD. AND WE STILL DO THAT. BUT WHAT IS HAPPENING TO US NOW IS WE HAVE SPECIAL PROCEDURES LIKE CARDIAC CATH AND INTERVENTIONAL STUDIES OR WHATEVER HAVE GOTTEN AWAY FROM BI-PLANNAR UNITS.

SO WE HAVE A MACHINE THAT SHOT UP AND DOWN, A MACHINE THAT SHOT SIDEWAYS AND USE CUT FILM FOR A LONG TIME. AND THEN THEY SWITCHED TO DOING DIGITAL. THEY'VE CHANGED. WHAT THEY CHANGED TO IS USING C-ARMS. OKAY. AND THEY TAKE THE FEED OUT OF THAT AND THEY CAN TAKE THE IMAGE OFF OF THE C-ARM AND USE IT FOR YOUR INTERVENTIONAL STUDIES.

NOW, WE SAID WE STILL, AS THE STATE OF FLORIDA RADIATION CONTROL, WANT TO MAKE SURE THAT YOU DO NOT EXCEED THE 10 R PER MINUTE MAXIMUM ALLOWABLE DOSE TO A PATIENT. WHETHER IT IS COMING FROM ABOVE OR BELOW OR SIDEWAYS. THIS IS HOW WE WANT TO MEASURE. IF YOU LOOK AT THE C-ARM LATERAL TO THE TABLE, 15 CENTIMETERS FROM THE CENTER LINE OF THE TABLE THE DIRECTION OF THE SOURCE WITH THE SPACER POSITION AS CLOSELY AS POSSIBLE TO THE POINT OF MEASUREMENT.

THAT IS THE LITERAL STATE REQUIREMENT RIGHT NOW. THAT IS NOT VERY WORKABLE. WHAT THEY'RE SAYING PUSH THE X-RAY TUBE AS CLOSE AS YOU CAN. THAT IS NOT GOOD IMAGING. BUT THAT WOULD BE THE

SAFETY LIMIT.

ACTUALLY, AND IF YOU LOOK AT THE FEDERAL REQUIREMENT, IT SAYS THE SAME THING, 15 CENTIMETERS FROM THE CENTER OF THE X-RAY TABLE AND THE DIRECTION OF THE SOURCE AND THE BEAM-LIMITING DEVICE OR SPACER POSITIONED AS CLOSELY AS POSSIBLE TO THE POINT OF MEASUREMENT.

SO THE FEDERAL GOVERNMENT IS REALLY SAYING THE SAME THING. IT'S STILL NOT VERY WORKABLE. PEOPLE HAVE TROUBLE WITH THIS. AND SO WHAT WE DID, IF YOU LOOK OVER HERE ON THE VERY LAST COLUMN OF THAT ROW, IT SAYS REQUEST THE OPERATOR TO SET UP THE UNIT -- THIS IS OUR INSPECTION PROCEDURE -- REQUEST THE OPERATOR TO SET UP THE UNIT, AND MAKE SURE THERE ARE METHODS TO REPRODUCE THAT SET UP EXISTS. IT IS WRITTEN VERY BADLY. BUT IT IS SHORTHAND.

SO THEY HAVE A METHOD THAT REPRODUCES THIS GEOMETRY OR SET UP. IF THAT EXISTS, THEN COME 15 CENTIMETERS TOWARDS THE TUBE FROM THE CENTER LINE OF THE TABLE, MAKE YOUR MEASUREMENTS THERE. SO DON'T PUSH THE X-RAY TUBE BACK UP AGAINST WHERE THE DOSAGE RATE IS HIGH. LET THE FACILITIES SET UP THEIR EQUIPMENT AS THEY WOULD IN CLINICAL USE AND THEN MAKE SURE THAT THEY'RE NOT EXCEEDING THE

SKIN DOSE, ENTRANCE DOSE, WHICH IS 10 R PER MINUTE.

THIS IS US BEING REASONABLE. NOW, US BEING REASONABLE GIVES US SOME TROUBLE WITH THE LAWYERS, BECAUSE THE RULE SAYS SHOVE THE TUBE UP THERE. AND SO WHAT WE'RE ACTUALLY DOING WITH OUR INSPECTION PROCEDURES DOES NOT FOLLOW OUR ACTUAL RULE. SO WE SAID OKAY NOT ONLY ARE WE GOING TO BE REASONABLE, BUT WE'RE GOING TO FIX OUR RULE.

SO THIS IS THE SECOND HANDOUT WITH THE PICTURE ON IT DESCRIBES AN END RESULT OF A MEETING WE HAD WITH PHILLIPS MEDICAL SYSTEM A LITTLE OVER A MONTH AGO, NOT MUCH, FIVE WEEKS AGO. AND WE WENT OVER THIS WHOLE THING WITH THEM AND THEIR LAWYER. AND ONE OF THEIR INDIVIDUALS. HAD A TITLE OF RADIATION SAFETY OFFICER. AT LEAST HE WAS AN ENGINEER TYPE AND HE KNEW WHAT WAS GOING ON WITH THE X-RAY EQUIPMENT WE DESCRIBED TO THEM. AND HE SAID THIS MAY ACTUALLY WORK. NOW LET ME GO BACK AND TRY TO SEE IF IT WILL WORK.

SO HE DID. AND HE COME UP WITH THIS PROCEDURE. THIS GUY, THE EIGHT STEPS ON IT. THE KEY ONE THAT THEY SET THE SID TO THE MINIMUM, OKAY, DOSE TO IMAGE DISTANCE AND MOVE THE TABLE TOP AGAINST THE IMAGING RESISTANT RECEPTOR.

WELL, THEY CAN DO EVEN BETTER THAN THIS. THEY CAN GET EVEN BETTER NUMBERS THAN THIS BECAUSE WE WILL ALLOW THEM TO PUT NOT THE SID TO THE MINIMUM, BUT THE SOURCE TO SKIN DISTANCE WHICH WOULD BE THE SOURCE TO IMAGE DISTANCE PLUS OR MINUS THE PHANTOM, THE 30 CM, PHANTOM IN THE BEAM. IF YOU LOOK AT THE PICTURE OVER ON THE RIGHT-HAND SIDE IT'S THE PHOSPHORUS AND ROD 30 CM DISTANCE. AND THEN THEY SAY THIS IS WHERE THEY'RE GOING TO MAKE THEIR MEASUREMENT. AND WHEN THEY DID THAT, THEY FOUND THAT THEY DID MUCH BETTER. THEY WENT FROM I GUESS NOT DOCUMENTED HERE, BUT IT IS DOCUMENTED IN A NOTE I HAD THAT WENT FROM LIKE A 2.6 R/min ALLOWABLE TO LIKE 6.6 R/min ALLOWABLE.

HOWEVER, EVEN THAT'S WRONG. I DON'T WANT TO GET INTO A BIG ARGUMENT. I'M NOT SURE I WANT TO GO THERE RIGHT NOW EITHER. THE REAL SKIN ENTRANCE IS THE 10 R. IT'S NOT 6.6. IT IS 10 R. JUST IN THAT GEOMETRY. WHATEVER GEOMETRY THEY HAVE THAT THEY DOCUMENTED IN A PROCEDURE WE'LL ALLOW THEM TO USE. OUR PROCEDURE ALREADY ALLOWS IT. NOW I NEED TO CHANGE MY RULE, OKAY, TO SAY THAT THEY'RE ENTITLED TO USE A PROCEDURE.

AND SO, I DON'T KNOW THAT I HAD IN "H". YEAH, IN "H" IS ACTUALLY -- THE H TAB, IF YOU LOOK AT

IT. IF YOU WANT WHAT THE H TAB SHOWS, THE GREEN HIGHLIGHT THE WORDS WE CHANGED YEARS AGO TO MAKE THE DIFFERENCE BETWEEN THE C-ARM MOBILE, MOBILE C-ARM AND THE SYSTEM THAT USED -- WHAT DO THEY CALL IT --- THE SOURCE OPERATED LATERAL TO THE PATIENT SUPPORT DEVICE.

ANYHOW, WHAT I'M SUGGESTING THAT WE DO TO FIX THE RULE, I PRINTED IT OUT. I THOUGHT I HAD COPIES BUT I DON'T. BUT IT IS ONLY ONE SENTENCE LONG. IT GOES FLUOROSCOPES WITH A MOVABLE SOURCE TO SKIN DISTANCE, SO YOU KNOW NOT SOURCE TO IMAGE BUT SOURCE TO SKIN DISTANCE, SHALL HAVE A WRITTEN PROCEDURE THAT INDICATES THE PROPER DISTANCE TO BE USED. IT SHALL BE TESTED FOR COMPLIANCE AT THAT DISTANCE.

I'M GOING TO STICK THAT INTO E UNDER WHERE IT SAYS MEASURING COMPLIANCE. MEASURING COMPLIANCE OF ENTRANCE EXPOSURE RATE LIMITS AND ADD THAT SENTENCE. AND THE OUR RULES SAY COULD USE A WRITTEN PROCEDURE OR PROCEDURE WILL SAY COULD USE A WRITTEN PROCEDURE. AND THE PHILLIPS GUY SAYS, YOU KNOW, LOOKS LIKE IT WILL WORK AS PICTURED HERE. OKAY. THE INPUT PHOSPHOR WILL BE CLOSE TO THE PATIENT AS POSSIBLE, WHICH MANY TIMES WILL ACTUALLY BE THE TABLE. AND THE TABLE IS WIDER

THAN 12 CM. SO THERE WILL BE EXTRA INCHES ON THE SIDE. IT'S NOT AS GOOD AS THE C-ARM WHERE THEY PUSH IT ALL THE WAY AGAINST THE INPUT PHOSPHOR. HOWEVER, IF THEY NEED TO DO THAT, THEY PUT THAT IN A PROCEDURE, I'M GOING TO SHOVE MY PATIENT ALL THE WAY OVER ON THE TABLE AGAINST THE INPUT PHOSPHOR. WE'LL ALLOW THEM TO DO THAT AS LONG AS IT'S DOCUMENTED IN A WRITTEN PROCEDURE.

LIKE I SAID, THEY DON'T HAVE TO SET THE SID OR THE SSD, THEY DON'T HAVE TO PUSH THE EXTRA SOURCE AS CLOSE AS POSSIBLE AND PUT IT IN A MORE USABLE GEOMETRY.

GIVEN THOSE CONSIDERATIONS, I DON'T SEE PEOPLE REALLY HAVING PROBLEMS WITH THIS. THE BIGGEST PROBLEM THAT WE'RE GOING TO HAVE IS THE PROBLEM WE'VE HAD IN THE PAST, WHICH IS WHERE THEY STILL WANT TO KIND OF ARGUE WITH US, THAT THIS THING IS A C-ARM AND THEREFORE IT SHOULD BE 30 CM FROM THE INPUT PHOSPHOR PERIOD. THEY DON'T CARE WHERE THE PATIENT IS. THEY WANT TO MEASURE IT THERE. AND WE'RE SAYING WE DO CARE WHERE THE PATIENT IS BECAUSE THAT'S WHERE YOU HAVE TO MEASURE THE ENTRANCE RATE TO THE PATIENT. IT’S WHERE THE PATIENT IS. NOT SOMEPLACE ELSE. ANY QUESTIONS?

MR. FUTCH: I HAVE ONE. THE WHOLE THING WITH

PHILLIPS TRYING TO COMPLY WITH THIS WAS THIS FLORIDA WAS GETTING COMPLAINTS. WHAT WERE THEY GETTING? I DON'T SEE ABOVE HOW FAR UP THEY WERE MEASURING IT THEIR WAY?

MR. STEINER: LIKE 30 R. I DON'T HAVE -- I DIDN'T MAKE A PICTURE BECAUSE I DON'T HAVE A COLOR COPIER. I WASN'T ABLE TO GENERATE THAT. BUT PHILLIPS THEY WERE ACTUALLY LOOKING AT OUR RULE AND DOING IT VERY WORSE CASE.

NOW I'LL STAND UP HERE AND DESCRIBE THIS THING. I'LL TURN IT AROUND WHERE YOU CAN SEE IT. I KNOW YOU CAN'T SEE IT WHERE YOU'RE AT. BUT THEY HAD THE SOURCE PUSHED AS CLOSE AS THEY COULD TO THE POINT OF MEASUREMENT, WHICH MEANT THE INPUT PHOSPHOR WAS WAY FAR AWAY FROM THE PHOSPHOR. SO THEY WERE SAYING FDA ALLOWS ME TO MEASURE HERE AND THE STATE OF FLORIDA WANTS ME TO MEASURE SO MUCH CLOSER, LIKE THREE TIMES AS CLOSE. THEY WERE VERY VERY, HIGH. THEY WERE INTERPRETING OUR RULES THEY HAVE TO MEASURE HERE AND FDA ALLOWS TO MEASURE HERE.

MR. FUTCH: THIS IS THE PICTURE.

MR. STEINER: THIS IS HOW WE SET UP. WHEN WE USE THIS GEOMETRY THE ONE IN THE PICTURE IT WORKS OR ALMOST WORKS. THIS IS FLORIDA. THIS IS THE

FDA. THIS IS FLORIDA UP AGAINST THE TUBE. THIS IS WHERE THEY THOUGHT FDA SHOULD ALLOW THEM.

NOW, IN THEIR E-MAIL AND I DIDN'T WANT TO GET UGLY WITH THE GUY BECAUSE HE WAS MEETING US IN THE MIDDLE WE'LL TRY TO GET HIM TO MEET US ON THE OTHER HALF. HE SAID WE SHOULD CONSIDER TO LET THE FACILITIES USE FLORIDA FDA. THIS IS THE SOURCE OVER HERE. THIS IS CLOSE. THIS IS FAR AWAY.

THEY WERE SAYING FLORIDA SHOULD CONSIDER ALLOWING THE FACILITIES TO USE THE FDA RATE IF THEY NEEDED TO. BUT THERE IS NO FDA RATE. IT'S STILL 10 R. IT'S JUST WHERE THEY SAY THEY'RE MAKING THEIR MEASUREMENT AT. MAY BE SEMANTICS. OR MAYBE THEY WERE TRYING TO SAY LET US USE THE FDA GEOMETRY OR MAYBE EVEN SIMPLER PUT, LET US USE THE MOBILE C-ARM GEOMETRY IF WE HAVE TO PASS OUR INSPECTION. WE WERE LIKE, NO. THE WHOLE FUNCTION OF US EXISTING AND HAVING A LIMIT TO REDUCE THE RATE TO THE PATIENTS, YOU KNOW, IN THE STATE OF FLORIDA SAYING YOU CANNOT EXCEED THIS LIMIT. AND THE TRUTH -- I'M SORRY. I WAS GOING TO SAY THE TRUTH IS THEY DON'T OPERATE ANYWHERE CLOSE TO THESE LIMITS NORMALLY. THEY PROBABLY OPERATE IT WAY LESS THAN HALF OF THESE LIMITS.

MR. SEDDON: RIGHT.

MR. STEINER: ON A ROUTINE BASIS. EVEN ON A VERY LARGE BASIS. TO DRIVE THIS THING UP TO MAX, THE PATIENT WOULD NOT REALLY FIT IN THE EQUIPMENT. THERE ARE SOME PATIENTS THAT DON'T FIT IN THE EQUIPMENT. SO I'M NOT SAYING THEY DON'T.

MR. SEDDON: I THINK YOU KNOW THE VENDORS THEY POINT TO THE RULE FROM THE FDA FROM LIKE 1978 OR '79 WHICH IS BACK BEFORE WE REALLY HAD C-ARM TYPE OF SET UP IN INTERVENTIONAL LABS. AS YOU'RE DESCRIBING THE FIXED BY PLAIN SET UP. WHEN THE INTERPRETATION COMES TO THE VENDORS DESIGN THIS PRODUCT, THEY DESIGN FOLLOWING THE C-ARM GEOMETRY MEASUREMENT 30 CM FROM THE INTENSIFIER. WHERE WE HAD COMPLAINTS FROM THE VENDORS, WE ACTUALLY DO FOLLOW THE PROCEDURE ON AT OUR FACILITIES AND THAT PROCEDURE AND THAT WORKS. I'M HAPPY WITH THAT. OTHER PHYSICISTS AREN'T SO HAPPY.

BUT THE VENDORS HAVE COMPLAINED IN THE PAST THAT WHEN -- YOU'RE RIGHT THAT IS MEDICINE. IT'S NOT CLINICAL. BUT WHEN YOU HAVE THE MAXIMUM ARM BECAUSE OF THE WAY THE NEWER SYSTEMS CALIBRATED, THEY AT TIMES HAVE DIFFICULTY TRYING TO CALIBRATE THE SYSTEM TO MEET THE MAXIMUM ARE REQUIREMENT WITH THE GEOMETRY WE SET UP. I CAN'T RECALL, I THINK GE MORE THAN PHILLIPS. BUT I KNOW ONE OF

THE VENDORS TO LIE TO THE SYSTEM TO TRY TO MAKE IT PASS THIS PARTICULAR GEOMETRY AS YOU'RE DESCRIBING HERE AS PHILLIPS TO MAKE THAT MATCH. SO HAVE YOU TALKED TO THE OTHER VENDORS AT ALL?

MR. STEINER: NO. PHILLIPS MEDICAL SYSTEM HIRED A LAWYER WHO SENT A LETTER TO OUR LAWYER WHO GOT US, YOU KNOW, TALKING TOGETHER WITH OUR LAWYERS PRESENT. WE WERE TRYING TO SMOOTH IT OVER WITH THEM FIRST, MAKE THEM HAPPY AND THEN WE WERE TRYING TO GET THE REST OF THE VENDORS INVOLVED.

MR. SEDDON: THAT IS THE BIG THING. THAT IS THE CONCERN WE HAVE IS MORE, YOU KNOW, IF THE ENGINEERS ARE HAVING TO KIND OF LIKE CHEAT THE SYSTEM TO MAKE IT PASS, IT'S NOT REALLY CLINICAL, NECESSARILY A CLINICAL IMPACT FOR A PATIENT DOSE. THEN WHAT TYPE OF -- BECAUSE NOW IT'S SO COMPLICATED WITH THAT CATH LABS FILTERS COMING IN AND OUT AND CHANGING EVERYTHING AS FAR AS HOW THEY'RE ACTUALLY SETTING UP THE SYSTEM.

SO THAT IS THE CONCERN THAT HAS BEEN EXPRESSED TO US, PHYSICISTS, WHEN WE TELL THEM, NO, WE WANT YOU TO REDUCE YOUR MAX DOSE. HOW DOES IT IMPACT THE NATIONAL CALIBRATION OF THE SYSTEM. NOW ALMOST EVERYBODY HAS THE FLAT PATENT OII QUITE DIFFERENT HOW IT USED TO BE.

THAT IS MY SUGGESTION TO MAKE SURE WE HAVE ALL THE VENDORS ABLE TO CALIBRATE. BEFORE IT WAS REALLY UNIQUE IN THE INTERPRETATION OF THE GEOMETRY. MOST OTHER STATES MAKE REGULATIONS. I WORKED IN GENERAL 15 CM SPECIFY MORE SPECIFICALLY THE FIX LATERAL BI-PLANNAR OR THE FIXED TABLE TOP. IT'S NOT AS WE INTERPRET HERE IN FLORIDA WHICH IS ANYTHING THAT PUT IN LATER ROTATION. THAT IS THE FAVORABLE POINT RIGHT THERE IS THE INITIAL TANDOM FEDERAL RULE. THE LATERAL FIXED ORIENTATION. THIS IS MORE CLINICAL USE.

MR. STEINER: THE ONLY RESPONSE TO THAT, YOU KNOW, REALLY IS THE IDEA THAT IF YOU KNOW WHAT YOU'RE DOING, YOU'RE PROBABLY NOT GOING TO HURT YOUR PATIENTS. BUT IF YOU DON'T KNOW WHAT YOU'RE DOING, AND YOU DON'T SET THE LIMITS, YOU KNOW, WE DON'T GO IN AND INSPECT THE MAX LIMITS, AND PEOPLE WILL PUSH THEIR PATIENTS AWAY FROM THERE AND PUT PHOSPHORUS, AND A DOSE WILL BE, YOU KNOW, TWO OR THREE TIMES WHAT THEY WAS GETTING THE DAY BEFORE BECAUSE THEY DON'T HAVE A REPRODUCIBLE GEOMETRY OR THEY DIDN'T LIMIT THEIR MAX RATE, YOU KNOW, TO THE CLOSEST GEOMETRY.

SO THAT IS WHAT WE'RE TRYING TO AVOID AT OUR LEVEL. THE BUREAU IN MY OPINION HAS BENT OVER

BACKWARDS, SO TO SPEAK, TO TRY TO MAKE ALLOWANCES FOR THE STUFF TO WORK. WE DIDN'T GO IN AND DOGMATICALLY SAY WE'RE GOING TO SET THIS UP WORSE CASE GEOMETRY AND HASN'T PASSED OR YOU CAN'T USE YOUR EQUIPMENT. WE'VE NEVER BEEN THAT WAY.

MR. SEDDON: RIGHT.

MR. STEINER: WE DO HAVE A PROBLEM. AND THAT PROBLEM IS AS WE'RE TALKING TO THE LAWYERS SAYING NO, NO, NO, THIS IS NOT HOW WE ACTUALLY MEASURE IT. HE SAYS WELL, THAT DOESN'T MATCH YOUR RULE. AND OUR LAWYER SAYS OKAY, WE HAVE TO FIX THIS RULE LIKE RIGHT NOW. SO THEY'RE WORKING ON IT.

MR. SEDDON: AS YOUR RULE IS CURRENTLY WRITTEN, ITEM NUMBER 5, E-5, STATEMENT, TABLE TOP AS CLOSE AS POSSIBLE TO EXTRA SOURCE. ARE YOU CHANGING THAT PARTICULAR SENTENCE OR ADDING THAT ADDITIONAL COMMENT?

MR. STEINER: THE TABLE TOP WILL BE MOVED ON THOSE THAT HAVE THE FIXED SOURCE TO THE DISTANCE TO THE TABLE TOP MOVES UNLESS THEY HAVE A PROCEDURE, YES. SO STARTS OUT IF YOU HAVE A PROCEDURE YOU MEASURE, YOU DON'T NECESSARILY MEASURE. I GOT THE NEXT ONE, TOO, I THINK.

MR. FUTCH: YOU HAVE THE PROTECTION.

MR. STEINER: OH, FOR PROTECTION. ACTUALLY,

WHAT I HAVE NEXT IS TWO DRAFT INFORMATION NOTICES. ONE IS FOR MINIMIZING RISK OF CT AND THE OTHER IS FOR MINIMIZING RISK FOR FLUOROSCOPY. ONE SHOULD SAY CT ON THE TOP BOX AND THE NEXT ONE SHOULD SAY FLUOROSCOPY. I'LL DO FLUOROSCOPY SINCE WE'RE TALKING ABOUT FLUOROSCOPY.

THE LAST MEETING THAT WE WERE AT WE WERE TALKING ABOUT WE SHOULD TRY TO BRING SOME INFORMATION NOTICES BACK FOR REVIEW BY THE BOARD. AND THIS IS KIND OF A ROUGH STAB. IT SAYS DRAFT ALL OVER IT. IT'S FOR MINIMIZING RISK DURING FLUOROSCOPY. IT TALKS ABOUT THERE IS ENOUGH RADIATION FROM THESE MACHINES TO LEAD TO SKIN INJURIES OR OTHER SHORT TERM EFFECTS.

SO WE WANT TO -- WE SHOULD TAKE INTO CONSIDERATION THE FOLLOWING: THAT THE PHYSICIAN PERFORMING PROCEDURES ARE TRAINED AND CONVENTIONALIZED, STANDARD OPERATING PROCEDURES, CLINICAL PROTOCOLS ARE ESTABLISHED. PROVIDE THE STAFF OF GEOMETRY AND PROTECTIVE WEAR AND MEASURES SUCH AS APRONS AND SHIELDS. AND THE STAFF SHOULD UNDERSTAND THE USE OF THOSE, YOU KNOW, ITEMS. THE QAQC TO ENSURE THE FLUOROSCOPY FUNCTIONS CORRECTLY. AND PART OF THIS PROGRAM SHOULD THEY DEVELOP OUTPUT OF THE SYSTEM AND THE

MODE OF OPERATION IS CHARACTERIZED TO ALLOW THE RECORDING OF AN ESTIMATED PATIENT DOSAGE.

WHAT'S HAPPENING I GUESS YOU GUYS SAW CALIFORNIA PASSED A REGULATION THAT SAYS FOR EQUIPMENT THAT IS CAPABLE OF DOING IT, RECORD THE DOSAGE. FLORIDA IS NOT LIKE THAT. IT'S NOT A RULE. IN FACT, THE BOTTOM OF THIS SAYS IT'S NOT A RULE. BUT FLORIDA WOULD LIKE THE FACILITIES TO KIND OF KNOW WHAT THEIR DOSES ARE WHETHER THEY HAVE THE BUILT IN MAGIC CALCULATOR OR NOT. IF THEY KNOW THE TECHNIQUE TO DO AND AMPERAGE THEY ARE PULLING A MINUTE, THEY CAN DO A GUESTIMATION OF ENTRANCE DOSE. AND THEN I HATE TO USE THE WORD GUESS.

THEY HAVE AN IDEA. THEY HAVE A RANGE OF WHAT THEY THINK IS ACCEPTABLE DOSES AND START INVESTIGATING IF THEY HAVE TROUBLE. I DON'T UNDERSTAND THAT. SO TYPICAL DELIVERED DOSES FOR PROCEDURES TO BE DETERMINED AND INVESTIGATED -- SHOULD JUST READ IT INSTEAD OF TRYING TO THINK OF IT.

AND THEN WHILE MAINTAINING ADEQUATE IMAGE QUALITY USE EFFORTS TO MINIMIZE DOSAGE. THIS IS THE PART WHERE I KIND OF HEARD THE COMMITTEE SAY YOU NEED TO SUGGEST TO THEM SOME IDEAS TO REDUCE DOSE OR AT LEAST BE THINKING ABOUT WAYS TO REDUCE

DOSE IF OPERATING A FLUOROSCOPE. SO WE CAME UP WITH COLUMN A, BEAM TO THE SMALLEST SIZE, USING HIGHEST KPP AND LOWEST MA. USING LAST IMAGE HOLD AND OTHER TECHNIQUE OR MACHINE ADJUSTMENTS TO MINIMIZE THE BEAM ON TIME OR OUTPUT. SOUNDS LIKE A RUN-ON SENTENCE TO ME, BUT.

YOU KNOW SOME OF THE THINGS THEY CAN ACTUALLY DO. AND THE LAST ONE WAS KEEPING THE IMAGE INTENSIFIER AS CLOSE TO THE PATIENT AND X-RAY TUBE AS FAR. THAT IS WHERE WE'RE GETTING THIS PREVIOUS ISSUE FROM. IF THEY STRESS THAT RIGHT, THEN WE SHOULDN'T BE RUNNING INTO SOME OF THE PROBLEMS WE'RE HAVING.

AND THEN THE LAST BULLET WAS HAVING A PROCESS IN PLACE LIMITING THE USE OF HIGH DOSE RATE MODE. I DON'T THINK FLORIDA HAS A LOT ON HIGH DOSE RATE MODE SYSTEM. DON'T SEE THEM THAT OFTEN WHEN I'M REVIEWING THE INSPECTIONS. SO EITHER THE INSPECTORS DON'T KNOW HOW TO PUT IN HIGH DOSE RATE OR THEY DON'T EXIST.

AND THEY'RE SUPPOSED TO BE ASKING THE OPERATORS. MAYBE THE OPERATORS DON'T KNOW.

MR. SEDDON: MOST OF THE SYSTEMS DO HAVE THEM.

MR. STEINER: I KNOW ALL THE C-ARM HAS THEM.

MR. SEDDON: BECAUSE THEY ARE BUILT RIGHT IN.

MR. STEINER: IT'S NOT EVEN AN OPTION. IT COMES THAT WAY. BUT FOR A WHILE IT WAS OPTIONAL. DO YOU WANT THE HIGH DOSE RATE. YEARS AGO IT DIDN'T MAKE ANY DIFFERENCE. OKAY. IS THERE SOME QUESTIONS ABOUT THAT, FLUOROSCOPY THINGS?

DR. ARMSTRONG: I HAVE A QUESTION.

MR. STEINER: SURE. IT'S NOT FINISHED, YOU KNOW IF YOU HAVE SOME MORE IDEAS.

DR. ARMSTRONG: I'VE BEEN TO THE MEETING AND THE C-ARMS USED FOR ORTHOPEDIC PROCEDURES AND SEEN THAT THE BEAM SO FINELY FOCUSED THEY DIDN'T NEED THAT.

MR. STEINER: I HEARD THAT, TOO.

DR. ARMSTRONG: WHAT IS THE STATE'S FEELING?

MR. STEINER: THE STATE'S FEELING ON THAT IS THAT YOU WOULD ISSUE THEM UNLESS ONE OF TWO THINGS HAPPENS. ONE, WOULD BE THAT THE MANUFACTURER GIVES YOU ISOTOPE CURVE TYPE OF THING THAT SAYS YOU'RE NOT REALLY IN A RADIATION AREA, YOU SHOULD BE LIKE TWO OR MORE PER HOUR. YOU'RE AT A METER, YOU KNOW, TWO OR MORE PER HOUR. FOLLOWING OFF SHARPLY AND SOME COULD AND WE USED TO CALL THEM MICRO AMP MACHINES. OR YOU DO YOUR OWN SURVEYS NECESSARY TWO MR PER HOUR OR LESS AND GO AHEAD WEAR THE APRON. DOESN'T HAVE TO BE A BIG APRON. THAT'S

THE SHORT ANSWER TO THAT.

ACTUALLY, THERE IS ANOTHER INTERESTING STORY, I THINK I'LL TAKE TWO MINUTES FOR. WHEN THE FEDERAL GOVERNMENT ALLOWED THESE MINI C-ARM PRODUCTION, THEY AUTHORIZED THEM AS SOMETHING NEW. AND THE STATE OF FLORIDA KIND OF CAUGHT ONTO THE TERM MICRO, NOT A MILLI AMP BUT MICRO AMP. AND SO IF IT PUTS OUT THAT LESS DOSE AND WE DON'T REALLY HAVE PROBLEMS, THEY CAN BE IN THEIR OWN SPECIAL CLASS.

BUT IT TURNS OUT WHAT THEY REALLY WENT BACK TO ACTUALLY READ, WHAT IT ACTUALLY SAID WAS, THE MINI C-ARMS WERE FOR EXTREMITY USE ONLY. AND WHAT THEY WERE EXCUSING THEM FROM OR MAKING ALLOWANCES FOR WAS THE SOURCE TO SKIN DISTANCE. AND THEN THE SOURCE TO SKIN DISTANCE FOR A FLUOROSCOPE, 35 CM OR SOMETHING, 35, 38 CM, BUT BECAUSE IT'S COMPACT DIDN'T MEET THAT. SO THEY WERE SAYING BECAUSE IT IS FOR EXTREMITIES ONLY, WE'LL ALLOW THEM TO DO AWAY WITH THIS REQUIREMENT FOR A MINIMUM SOURCE TO SKIN DISTANCE.

THE VERY YEAR THAT THEY CAME OUT THOUGH, THEY STARTED PUTTING THEM IN LARGER C-ARMS 12, 15 INCHES, 20 INCH THINGS. AND THEY WANTED TO USE THEM FOR BABIES, PEDS, BECAUSE THEY THOUGHT THEY COULD REDUCE THE DOSE BECAUSE THEY WERE

THINKING MICRO AMPS INSTEAD OF MILLI AMPS, AND WOULD BE LESS DOSE SO THE PEDIATRIC PATIENTS, ESPECIALLY SMALLER CHILDREN, NEWBORNS AND STUFF.

BUT IT GETS REAL COMPLICATED AS YOU GUYS CAN TELL, WHEN YOU GOT SHORT DISTANCES, I MEAN THE DOSE GOES UP WITH THAT A FACTOR OF TEN AND YOU ARE ONLY CUTTING BY A FACTOR OF TEN, SO YOU'RE REALLY BACK IN THE SAME RANGE. YOU'RE NOT REALLY SAVING A DOSE.

SO, WE GOT OUR HEAD SCREWED ON STRAIGHT AND SAID LOOK WE NEED TO STOP CALLING THESE THINGS MICRO AMP. YOU DON'T SEE THAT TERMINOLOGY IN THE RULES OR IN OUR PROCEDURES ANYMORE. WE CALL THEM EXTREMITY ONLY USE. FME, FLUORO MOBILE EXTREMITY, ONLY CLASS OF MACHINE.

MR. SEDDON: ANOTHER QUESTION. WOULD IT BE POSSIBLE IN THE PREAMBLE HERE TO CATEGORIZE WHAT TYPES OF PROCEDURES THAT THESE RULES WOULD APPLY TO? FOR EXAMPLE, I'M NOT MICRO OR MINI C-ARM OR IF IT'S MORE ROUTINE WHICH WOULD NEVER REALLY HAVE -- YOU'RE ONLY DOING A COUPLE SECTIONS OF FLORIDA, YOU DON'T HAVE ANY RISK VERSUS INTERVENTIONAL TABLE CARDIAC AND TEN MORE TARGETED HIGHER C-ARM CASES, YOU HAVE LONGER AND SHORTER BECAUSE THE BURDEN ON SOME FACILITIES TRACKING THE DOSE FOR

EVERYTHING MIGHT BE CUMBERSOME.

MR. STEINER: YOU'RE RIGHT. I HAVEN'T THOUGHT ABOUT IT THAT WAY. THE TROUBLE WHAT I HAVE AS A REGULATOR IS THERE IS THIS LIKE BELL CURVE OF FACILITIES AND THIS IS THE POTENTIAL PROBLEMS. BUT THERE IS THESE GUYS, YOU KNOW, OUT HERE. IF I DON'T HAVE A RULE. I DON'T HAVE A RULE. THIS IS INFORMATIONAL. SO I TEND TO AGREE WITH YOU. SINCE IT IS KIND OF INFORMATION ONLY TYPE OF THINGS, MAYBE SLANT IT MORE TOWARDS INTERVENTIONAL FLUOROSCOPY DO THESE.

MR. SEDDON: INTERVENTIONAL PAIN MEDICINE OR SURGICAL PROCEDURES.

MR. STEINER: SURE.

MR. SEDDON: ALSO, THE FIRST TARGET ARE YOU GUYS WORKING ON, I KNOW A LOT OF STATES HAVE PHYSICIAN PERFORMANCE PROCEDURES RULES ALREADY.

MR. STEINER: WE WOULD LOVE TO SEE, YOU KNOW, SOME TYPE OF CREDENTIALING REQUIREMENTS PASSED. MAYBE THEY WILL WITH, YOU KNOW, THE HEALTH CARE ACT OR WHATEVER HAPPENS DOWN THE ROAD. BUT IT IS SO HARD TO GET JUST REGULATIONS PASSED THAT DO ANYTHING, IMPACT OR IMPINGE ON THE, YOU KNOW, PRACTICE OF MEDICINE WHICH MY GUYS GET A LITTLE NERVOUS PEOPLE TALKING ABOUT SOME EARLIER RULE

SOUNDS LIKE PRACTICE OF MEDICINE. WE'RE ALL ABOUT RADIATION SAFETY, RIGHT, NOT PRACTICE OF MEDICINE.

WHAT WE DON'T WANT TO HAPPEN IS PEOPLE SAYING, YOU KNOW, I'M IMMUNE TO YOUR RADIATION SAFETY RULES BECAUSE I'M A PHYSICIAN AND I CAN DO WHAT I WANT. WE DON'T WANT TO GO THAT FAR. BUT SOMEWHERE THERE IS THE HAPPY MEDIUM.

MR. SEDDON: CREDENTIALLY IS THERE A SORT OF PRACTICE?

MR. STEINER: THERE ARE A COUPLE OF PROGRAMS THAT ARE COMMERCIALLY AVAILABLE FOR CREDENTIALING THAT USE FLUOROSCOPES. CALIFORNIA I BELIEVE HAS ALREADY INSTITUTED ONE.

MR. SEDDON: THERE IS LIKE SIX OR SEVEN STATES OUT THERE THAT HAVE. USUALLY TWO TO FOUR HOURS.

MR. STEINER: RIGHT. IT'S NOT BIG. AND IT'S NOT WHAT A LOT OF PEOPLE WISH THAT THEY HAD. BUT SOME DO AND WOULD BE SO HAPPY TO GO THAT ROUTE.

SO, AS I TAKE A STEP BACKWARDS. THIS IS AN INFORMATION NOTICE, IT IS NOT A RULE, THAT SAYS WE WOULD LIKE YOU TO CONSIDER THIS. AND WITH YOUR CAVEAT PUSH INTERVENTIONAL PAIN MANAGEMENT. WE CAVEAT THE FRONT END OF IT. ESPECIALLY THESE TYPE OF PEOPLE, RIGHT. OF COURSE, YOU ARE GOING TO GET THE COUNTER ARGUMENT. I'M THE INTERVENTIONALIST.

I KNOW ALL ABOUT RADIATION. YOU KNOW WHAT I MEAN, THE PHYSICIANS WOULDN'T WANT TO ADMIT THAT THEY DON'T UNDERSTAND RADIOLOGY.

MR. SEDDON: THE REASON I'M ASKING IS THERE IS NO PLANS OF ANY TYPE OF CONVENTIONAL INFORMATION TO FLUSH OUT RULE NUMBER ONE FOR SOME EXAMPLE FOR TYPICAL HOURS OR SOMETHING.

DR. SCHENKMAN: OR WHATEVER PROGRAMS ARE ALREADY AVAILABLE, PUT THEM IN PARENTHESIS AFTER CREDENTIALING.

MR. STEINER: YOU ARE RIGHT. THAT WOULD BE GOOD. ANYTHING ELSE? TAKING UP MY TIME.

MS. GILLEY: ARE WE STILL ON JUST FLUOROSCOPY?

MR. STEINER: ACTUALLY, I MENTIONED THE CT OR DID I NOT?

MR. FUTCH: NO.

MR. STEINER: OKAY. TRANSITION, CT.

MR. FUTCH: THIS IS ITEM I NOW, H AND I RADIATION PROGRAM. WE'RE PLACING THEM AS A PROBATION PROGRAM. WE'RE DOING THESE INFORMATION NOTICES INSTEAD OF OR AS A FIRST STEP FOR THAT. AND, DON, TRANSITION START TALKING ABOUT THE CT SIDE.

MR. STEINER: MINIMIZE THE CT --

MS. GILLEY: I JUST WANTED TO MAKE SURE WE GOT

CONSENSUS FROM THE ADVISORY COUNCIL THAT THE FIRST STEP SHOULD BE AN INFORMATION AWARENESS NOTIFICATION TO REGISTRANTS.

MR. FUTCH: ABOUT THE FLUORO, RIGHT?

MS. GILLEY: THE FLUORO. OKAY. THANK YOU.

MR. STEINER: CT NOTICE ACTUALLY IT LOOKS A LITTLE BIT LIKE THE FLUORO. PHYSICIANS APPROPRIATELY TRAINED OR CREDENTIALED, STANDARD PROCEDURES BE ESTABLISHED, PROGRAMS, QAQC PROGRAMS TO ENSURE THE CT FUNCTIONS CORRECTLY. AS ON THE SIDE, I'VE NEVER WORRIED ABOUT CT SCANS WORKING CORRECTLY BECAUSE WHEN THEY DON'T WORK, THEY DON'T WORK. ONE THING IS THE IMAGE GOES TO CRAP RIGHT NOW. THE OTHER THING IS THEY TURN THEMSELVES OFF AND SAY CALL THE REPAIR GUY. THEY'RE THAT SOPHISTICATED ANYMORE.

SO WE DON'T EVEN DO A LOT OF CHECKS WITH THE CT MACHINES OTHER THAN SCATTERED RADIATION TO OPERATORS OR THEY MAINTAIN THE QA RECORDS AND THAT TYPE OF STUFF. WE NEED TO KNOW TYPICAL DOSES DELIVERED FOR EACH PROCEDURE AND INVESTIGATIONAL LIMITS. AND HERE SOME BULLETS. I HAD A HARD TIME COMING UP WITH BULLETS FOR CT. ADJUSTING TECHNIQUES FOR THE PATIENT SIZE. WHICH MEANS IF YOU HAVE LIKE SMALL PATIENTS OR PEDS, THERE ARE

TECHNIQUES AVAILABLE ESPECIALLY FOR THEM. THEY MAKE SOME SUPERFICIAL -- SHIELDING FOR SENSITIVE ORGANS.

THE ONE THAT'S MADE A LOT OF IMPACT LATELY SEEMS TO BE THE BREAST SHIELDS. THEY NOW HAVE SHIELDING MATERIAL STUFF THAT THEY CAN USE, OR THE MACHINE ITSELF IF YOU TELL IT TO TURN OFF WHEN ENTRANCE SIDE OF THE BEAM IS GOING THROUGH THE BREAST AND STILL GIVE YOU FULL THREE-D IMAGING. RESTRICT THE SCAN TO THE AREA OF INTEREST. WE HAD SO MUCH TROUBLE COMING UP WITH IDEAS, WE EVEN LEFT AN EMPTY BULLET. WE WERE HURTING FOR --

MR. SEDDON: IS THAT TO CURRENT MODULATION?

MR. STEINER: TO CURRENT MODULATION. YES, BECAUSE YOU DON'T HAVE TO LOOK AT THE IMAGE WHILE IT'S BEING RECORDED. MODULATION. BILL, MY BOSS, PASSETTI, HE EVEN WENT SO FAR AS TO SUGGEST THAT IF THE COMMITTEE SO DESIRED, THAT THEY MIGHT WANT TO MAKE A SUBCOMMITTEE --

MR. FUTCH: SUBCOMMITTEE.

MR. STEINER: -- TO LOOK AT CT IN PARTICULAR.

MR. FUTCH: WORKING GROUP SUBCOMMITTEE, WHATEVER YOU WANT TO CALL IT.

MR. STEINER: YOU CAN CALL IT WHATEVER YOU WANT. ESPECIALLY IN THE PHYSICIST SIDE OF THE

HOUSE. THERE WAS PEOPLE INTERESTED IN WORKING ON THAT. IT GETS A LITTLE ODIOUS WORKING AS A COMMITTEE THAT IS PART OF ANOTHER COMMITTEE, AND YOU CAN'T TALK TO EACH OTHER ABOUT COMMITTEE BUSINESS WITHOUT IT BEING RECORDED.

SO, BUT HAVING SAID ALL THAT, IF THERE IS AN INTEREST, BILL WOULD BE INTERESTED. OR IF YOU CAN TELL HIM, YOU KNOW, HEY FORGET IT.

MR. FUTCH: BEFORE YOU START OUT BY ASKING IS THERE INTEREST. DON'T WORRY ABOUT THE MECHANICS ON HOW WE MAKE IT WORK.

MR. SEDDON: THERE IS INTEREST FROM THE MEDICAL PHYSICIST SIDE TO BE INVOLVED IN IT.

MR. FUTCH: WE HAVE INTEREST FROM THE DEPARTMENT OF CORRECTIONS, MEDICAL PHYSICISTS FOLKS. AND DEBBIE MAY SPEAK TO THIS OR DON WOULD. WE'RE PRETTY MUCH SAYING, YES, WE WANT TO HELP YOU RIGHT THESE THINGS. SO THAT WE CAN FOLD THAT IN. THERE IS NOT LIMITATIONS TO RESTRICTIONS ON THEM TALKING TO US BECAUSE THEY'RE NOT ONE OF THE COUNCIL MEMBERS. THE ONLY THING IS IF TWO OR MORE OF YOU FOLKS BECOME PART OF THE GROUP, WE JUST HAVE TO DO THE SAME KIND OF STUFF WE DO NOW, WHICH IS NOTICE FAW AHEAD OF TIME. NO BIG DIAL. RECORD THE MINUTES. AND FOR THAT REASON, YOU KNOW, AUDIO

TYPE TELECONFERENCE MIGHT WORK PRETTY WELL. AND OUTSIDE PARTIES CAN PARTICIPATE ALSO. IT HAS TO START WITH IS THERE INTEREST ON BEHALF OF THE COUNCIL MEMBERS WHO SHALL WE MENTION THEIR NAMES. RAISE THEIR HANDS. MARK SEDDON, DR. JANOWITZ, KATHY. DO WE NEED A MOTION TO FORM A WORKING GROUP OF FOLKS TO LOOK AT?

MS. GILLEY: I WOULD DO A MOTION.

MR. FUTCH: ANYBODY MAKE A MOTION TO FORM A WORKING GROUP TO LOOK AT THE CT ISSUE AND ASSIST WITH LOOKING AT RIGHTS AND REGULATIONS FOR CT?

MR. SEDDON: MAKE A MOTION.

MS. DROTAR: SECOND.

MR. FUTCH: ALL IN FAVOR?

BOARD MEMBERS: AYE.

MR. FUTCH: SO WE HAVE MARK, KATHY AND DR. JANOWITZ. THAT'S GOOD. ARE YOU DONE?

MR. STEINER: YES, I AM.

MS. DROTAR: IN HERE YOU HAVE ADJUSTING TECHNIQUES FOR PATIENT SIZE. TO ME THAT IS A BIG PATIENTS. SO MAYBE AGE APPROPRIATE TECHNIQUES.

MR. FUTCH: SHOULD WE SAY APPROPRIATENESS IN THERE?

DR. SCHENKMAN: I HAVE A QUESTION. WHATEVER HAPPENED WHEN WE DISCUSSED LAST TIME A LETTER FROM

THE SURGEON GENERAL.

MS. GILLEY: YOU WANT TO ANSWER THAT OR ME?

MR. FUTCH: THIS IS THE TRANSITION BY THE WAY.

MS. GILLEY: WE DID. WE HAD THE LETTER. IT WAS APPROVED BY THE ADVISORY COUNCIL. IT WAS SENT UP THROUGH THE RANKS AND FOLLOWED THROUGH THE HIERARCHY AT THE DEPARTMENT OF HEALTH AND THE ATTORNEY. THE SURGEON GENERAL DID NOT FEEL COMFORTABLE SIGNING THE LETTER.

SO THE LETTER IS IN LIMBO. WE COULD OPEN UP OTHER APPROPRIATE WAYS OF HANDLING THAT. IF THE ADVISORY COUNCIL HAS ANY RECOMMENDATIONS. WE'VE CONSIDERED SEVERAL THINGS SUCH AS HAVING THE LETTER COME FROM THE ADVISORY COUNCIL, IF THAT IS WHAT YOU ALL WOULD LIKE TO DO. WE CAN OF COURSE HAVE BILL SIGN THE LETTER, FOR WHAT VALUE THAT HAS.

SO TELL ME WHAT YOU THINK WOULD BE THE BEST WAY TO GET THE INFORMATION OUT?

DR. SCHENKMAN: DOES SHE HAVE ANY SPECIFIC THING THAT SHE --

MS. GILLEY: NOT THAT I WAS TOLD.

MR. FUTCH: WE MENTIONED THAT ONE.

MS. GILLEY: WE CONSIDERED AN INFORMATION NOTICE. WE'VE CONSIDERED A TRI-FOLD. WHAT WE

NEED TO DO IS SOME MECHANISM TO GET THE INFORMATION OUT. NOT NECESSARILY TO THE PHYSICIANS THAT ARE READING THE EXAMS, BUT THE PHYSICIANS THAT ARE ORDERING THE EXAMS. AND THAT WAS THE FOCUS. IT WAS PUBLIC INFORMATION AND INFORMATION GOING TO REFERRING PHYSICIANS WHO WERE ORDERING THESE EXAMS.

MR. FUTCH: I DON'T WANT TO GET US BOGGED DOWN IN THE MECHANISMS OF HOW WE SEND IT OUT. I MEAN, I THINK THE REASON THAT THE COUNCIL OR THE BUREAU, I FORGET WHICH CAME UP WITH THE IDEA OF GETTING THE SURGEON GENERAL TO SIGN IT, WAS TO GIVE IT WEIGHT. IT'S A LETTER FROM THE SURGEON GENERAL STATE OF FLORIDA, OH, THAT'S GOOD.

IF YOU'RE GOING TO BE INCLINED TO READ IT, MAYBE YOU WILL BE A LITTLE MORE INCLINED TO READ IT. I DON'T KNOW AT THAT POINT. THAT IS NOT HAPPENING. SO THE NEXT BEST THING WOULD BE MAYBE A LETTER THAT SAYS STATE ADVISORY COUNCIL RADIATION PROTECTION, ATTACH A LIST OF THE MEMBERS AT THAT PARTICULAR POINT IN TIME. WE SENT IT OUT THROUGH WHATEVER MECHANISMS WE WANT. WE WOULD LIKE TO FIND OUT IF THAT'S WHAT YOU WOULD PREFER. I DON'T WANT TO TELL YOU MY TWO CENTS. BUT WE DO A LOT OF INFORMATION AND HERE THEY ARE. NOT

PARTICULARLY, YOU KNOW, AWE INSPIRING.

MR. STEINER: I HAD NO COLOR PRINTS.

MS. GILLEY: NO OFFENSE.

MR. FUTCH: BUT WE COULD AT LEAST SAY WHEN WE SEND IT OUT, OH, YES, THIS IS SOMETHING THE STATE OF FLORIDA ADVISORY COUNCIL RADIATION PROTECTION IS VERY MUCH IN FAVOR OF. HERE IS THE MOTION WHERE THEY REQUESTED THE BUREAU SEND THIS OUT WITH THEIR SUPPORT.

MS. GILLEY: AND WE CAN LOOK AT THE INSERTS INTO THE RENEWAL OF LICENSES FOR PHYSICIANS. WE CAN LOOK AT GETTING THE INFORMATION OUT ON OUR WEBSITE. OUR INSPECTORS CAN GIVE THIS INFORMATION OUT WHEN THEY'RE OUT DOING INSPECTIONS. SO WE'VE KIND OF GOT THE VEHICLE FOR DOING THE OUTREACH, WE JUST DON'T HAVE THE PIECE OF PAPER THAT WOULD GIVE US THE BIG BANG FOR OUR BUCK.

DR. SCHENKMAN: I DON'T THINK YOU CAN REACH THOSE PHYSICIANS WITH THE INSPECTORS. THESE ARE THE ORDERING PHYSICIANS.

MS. GILLEY: BUT SOMETIMES THE ORDERING PHYSICIANS ARE ALSO THE ONES THAT HAVE THE EQUIPMENT THAT WE ARE INSPECTING.

MR. FUTCH: I DON'T WANT TO CUT OFF ANY ANGLE. BUT ONE OF THE THINGS WE CAN DO IF WE EVER GET THE

DOCUMENT IS PUT IT IN THE BOARD OF MEDICINE NEWS LETTER. I'VE DONE THAT BEFORE. I'VE DONE IT WITH LASERS IN THE PAST TO INCREASE THE AWARENESS OF LASERS. WHATEVER METHOD OF COMMUNICATION BESIDES THAT THEY HAVE. LIKE THEY HAVE A LIST SERVER ALSO, BLAST THEIR LIST SERVER WITH A PDF DOCUMENT. WE CAN USE OURS FOR THE THREE PEOPLE WHO ARE CURRENTLY REGISTERED.

DR. JANOWITZ: SEEMS LIKE KIND OF A MOM AND APPLE PIE ISSUE.

MR. FUTCH: IT'S HARD TO DO DEFINITION OF SAFETY.

MS. GILLEY: YEAH, WE WERE QUITE SURPRISED, LET'S JUST PUT IT THAT WAY, IT DID NOT HAVE THE WEIGHT WE EXPECTED TO HAVE WITH THE SURGEON GENERAL.

MS. BONANNO: ESPECIALLY WITH THAT, ALL THE PUBLICITY AROUND.

DR. SCHENKMAN: I WOULD BE IN FAVOR OF GIVING, YOU KNOW, HAVING THAT INFORMATION GET OUT THERE TO ORDERING PHYSICIANS BECAUSE I THINK MOST OF THE THEM REALLY HAVE NO CLUE.

DR. ATHERTON: I WOULD ALSO SUGGEST EITHER TRYING AGAIN OR NEXT WE HAVE A NEW SURGEON GENERAL JUST TRYING TO AGAIN TO GET IT THROUGH.

MR. FUTCH: PRETTY SURE --

MS. GILLEY: I'M SURE WE'LL PROBABLY DO THAT. BUT IN THE INTERIM WE HAD THIS LETTER PREPARED FOR A YEAR AND WE CAN'T SEEM TO GET IT OUT.

DR. SCHENKMAN: PEOPLE ARE GETTING HIGH DOSES OF RADIATION FOR RELATIVELY NO REASON.

MR. FUTCH: SO ANYONE HAVE A MOTION?

MS. BONANNO: I MOVE THAT WE DO GET THIS OUT WHICH EVER WAY IS BEST AND SIGNED BY THE COUNCIL OR APPROVED.

DR. SCHENKMAN: SECOND.

DR. JANOWITZ: ANY FURTHER DISCUSSION? ALL IN FAVOR?

BOARD MEMBERS: AYE.

DR. JANOWITZ: ANYONE THAT DOESN'T WANT THEIR NAME IN THERE?

MR. FUTCH: TOO LATE, WE'VE ALREADY VOTED.

MS. GILLEY: THANK YOU. WE'LL DO OUR BEST TO GET THAT LETTER OUT VERY QUICKLY BECAUSE WE'VE JUST BEEN WAITING ON SOMEBODY TO SIGN IT. THANK YOU.

DR. JANOWITZ: HAVE WE ALL SEEN A COPY OF THE LETTER?

MS. GILLEY: WERE GLAD TO SEND YOU ANOTHER COPY OUT. WE JUST NEED TO CHANGE THE SIGNATURE

BLOCK.

DR. JANOWITZ: WE WILL HOLD OFF UNTIL WE DO.

MR. SEDDON: I HAVE A QUESTION. THE TWO INFORMATION NOTICES GOING OUT, IS THIS PART TALKING ABOUT THE PROTECTION PROGRAM?

MR. STEINER: I'M SORRY. THOSE TWO INFORMATION NOTICES SHOULD SAY DRAFT INSIDE THE TOP BOX. THEY'RE NOT GOING OUT.

MR. SEDDON: WOULD THAT BE PART OF THE REVISION, LIKE A REVISION TEXT PURPOSE. I THINK LAST TIME WE DID VOTE ON THAT OR DISCUSS IT AT LEAST.

MR. STEINER: WELL, LIKE I SAID, LAST TIME I ACTUALLY DID SOME WORK ON A RADIATION PROTECTION PROGRAM FOR THE FLUORO. AND I GOT KIND OF BOGGED DOWN. THE MAJOR REASON BEING IN SEMI-LITIGATION WITH PHILLIPS ABOUT, YOU KNOW -- SO REALLY WORKING ON IT.

THE OTHER THING THAT HAPPENS, I HATE TO SOUND LIKE A BROKEN RECORD, BUT PEOPLE DON'T LIKE US PUTTING THINGS INTO OUR DOCUMENTS, AND EVEN THOUGH RADIATION PROTECTION PROGRAM THAT DON'T HAVE A BASIC RULE. SO AND THEN THE STUFF WE PUT IN INFORMATION NOTICES THAT ARE SUGGESTIONS OR HELP THEM FIND THINGS IN EXISTING RULE, THEY WANT YOU

TO TURN THEM INTO A REGULATION AT YOUR FIRST OPPORTUNITY.

AND SO I THOUGHT, YOU KNOW, MY SPIN ON THE WAY THE COMMITTEE SUGGESTED THAT WE COME UP WITH A RADIATION PROTECTION PROGRAM FOR FLUOROSCOPES WAS BASED ON THE MEASUREMENT ISSUE THAT WE JUST TALKED ABOUT TODAY THAT I'M HOPING TO GET RESOLVED. AND I LOST MY MIND -- ANYHOW.

WE REALLY JUST BEEN WAITING TO SEE IF I CAN'T FIX THIS REGULATION AND I CAN COME UP WITH A -- I'LL KNOW WHERE I STAND BECAUSE I CAN POINT RIGHT TO THOSE RULES FOR THE REQUIREMENT FOR A RADIATION PROTECTION PROGRAM.

THE THING THAT WE'VE DONE OR WE HAVE DONE IN THE PAST, I KNOW THIS IS BEING RECORDED, BUT WE'VE KIND OF ASKED PEOPLE TO COME UP WITH A POLICY REGARDING SOMETHING. WE DON'T TELL THEM HOW TO DO IT. WE ASK THEM TO TELL US HOW THEY'RE GOING TO DO IT. AND THEN THEY'RE KIND OF COMMITTED TO DO IT. ALTHOUGH IT WOULD BE HARD TO ENFORCE IT BECAUSE I DON'T HAVE A RULE. BUT WHAT I GOT IS SOMETHING THAT THEY SIGNED THAT SAYS THEY'RE GOING TO DO IT. SO THE RESPONSIBILITY, YOU KNOW, TO FOLLOW THROUGH ON THOSE ACTIONS WOULD BE ON THEM, IF IT GOT BROUGHT INTO LITIGATION.

WE'RE NOT GOING TO BRING IT TO LITIGATION. BUT SOMEBODY ELSE, ONE OF THE PATIENTS, MIGHT BRING IT TO LITIGATION. YOU CAUSED ME HARM OR FOUL BECAUSE YOU DIDN'T DO THIS PART OF THE RADIATION PROTECTION PROGRAM THAT YOU AGREED TO DO AND SIGNED AND SUBMITTED TO THE STATE OF FLORIDA. IF I'M MAKING ANY SENSE AT ALL. I FEEL LIKE --

MR. SEDDON: THERE'S CURRENT MOD PROCEDURES FOR PROTECTION WE HAVE A POLICY IN PLACE THAT ADDRESS THIS ISSUE. SO FOR CT IN PARTICULAR, SINCE I KNOW WE WANT TO HAVE SOME TYPE OF CT REGULATIONS IN PLACE, THAT SEEMS TO BE MAYBE NOT FOLLOWING CALIFORNIA. I PREFER NOT TO. BUT SOMETHING IN PLACE IN FLORIDA. IF WE CAN HAVE THE RPP AND RPP RECOMMEND INITIALLY AND EVEN THOUGH A WORKING GROUP I GUESS PUT THAT TOGETHER WITH THAT, WITH THE INTENT THAT WITHIN TWO YEARS, HOWEVER LONG IT TAKES TO PROPAGATE THE REGULATION, HAVE THOSE ACTUALLY FLUSHED OUT TO BACK UP RPP.

MR. STEINER: IF WE HAD AUTHORITY IN FLORIDA TO MAKE A RULE RIGHT AWAY.

MS. GILLEY: I THINK YOU DO HAVE SOME AUTHORITY WITH THE RADIATION PROTECTION PROGRAM REQUIREMENTS.

MR. STEINER: THERE IS SOMETHING THAT SAYS YOU

MUST HAVE A RADIATION PROTECTION PROGRAM.

MS. GILLEY: AND I THINK THIS IS JUST ONE SUBSET OF THAT RADIATION PROTECTION PROGRAM. AND I THINK THAT THE REGULATORY AUTHORITY IS THERE. IS IT NICE AND CLEAR AND NEAT LIKE WE DO THE REST OF OUR REGULATIONS. NO. BUT I THINK THE REQUIREMENT IS THERE WITH THE RADIATION PROTECTION PROGRAM.

MR. SEDDON: BUT THE INTENT THAT WE'RE ALSO COMING UP WITH THAT ACTUALLY WRITTEN REGULATION WITH THE YEARS AND THAT ALSO IS A PIECE.

MR. FUTCH: I THINK THIS IS A STARTING POINT. WE HAVE MEETINGS TWICE A YEAR. IT IS GOOD TO HAVE A WORKING GROUP TO TALK TO, EVEN THOUGH THERE ARE SOME LIMITATIONS ON THE GROUP INTO THE NEARLY TRYING TO GET TOGETHER FACE TO FACE. TWICE A YEAR DOES WORK. I THINK BILL'S INTENTION IS TO MOVE IN THAT DIRECTION.

MS. GILLEY: THERE ARE OTHER STATES THAT ARE DOING LEGISLATION RIGHT NOW. SO IT'S REAL EASY FOR US TO LOOK AT WHAT THEIR LEGISLATION IS. AND THE CONFERENCE OF RADIATION CONTROL PROGRAM DIRECTORS HAS A LOT MORE INFORMATION ON CT AND THE FLUORO ASPECT THAT THE COMMITTEE CAN USE TO KIND OF BUILD THEIR PROGRAM.

MR. SEDDON: IS THERE A STATE REGULATION ON CT?

MS. GILLEY: WORKING ON IT. BUT THERE ARE SOME INSPECTION PROTOCOL PROCEDURES, WHICH WILL EVENTUALLY BE USED TO DEVELOP REGULATIONS.

MR. BURRESS: THIS IS PAUL. MOST OF THE X-RAY PRODUCING MACHINES WE HAVE DON'T FALL UNDER THE MODEL RPP THAT YOU SENT Out, BUT YOU'VE HELD OUR FEE FOR A WHILE NOW. FOR INDUSTRIAL MACHINE YOU MADE US SUBMIT THE INITIAL RPP FOR APPROVAL. YOU DIDN'T TELL US WHAT WE HAD TO DO, BUT WE HAD TO SUBMIT --

MR. STEINER: COVER THESE ITEMS.

MR. BURRESS: AND THEN WE CHANGED IT, WE HAVE TO RESUBMIT. IT IS PRETTY BROAD LANGUAGE THAT WOULD APPLY. I IMAGINE THAT FOR CT MACHINES, THE PRECEDENCE HAS BEEN SET.

MR. STEINER: THAT'S WHY I SAID WE'VE BEEN DOING THIS FOR A WHILE. AND I DON'T WANT TO ARGUE. WE DON'T HAVE SOME AUTHORITY UNDER THE RADIATION PROTECTION IS BROAD. BUT MOST OF THAT STUFF, I DON'T KNOW HOW TO SAY THIS, I'LL JUST BLURT IT OUT. WHEN I SAY YOUR RADIATION PROTECTION PROGRAM MUST ADDRESS THIS AREA, I GOT RULES THAT TALK ABOUT, YOU KNOW, SAFETY PROTECTION IN THAT AREA.

I CAN MAKE AN ARGUMENT FOR YOU HAVING TO ADDRESS AS PART OF YOUR SAFETY PROCEDURES THIS AREA.

IF I WRITE ONE THAT SAYS THIS IS PREAPPROVED, I GOT TO BE ABLE TO POINT BACK TO A REGULATION. OR IF I WRITE ONE THAT SAYS YOU MUST DO THIS, I HAVE TO POINT BACK TO A REGULATION. THAT IS WHERE IT GETS A LITTLE HARD WHEN PEOPLE SAY I WANT YOU TO WRITE ME A MODEL RPP BECAUSE IF I DON'T HAVE A REGULATION TO POINT BACK TO.

THE BEST I CAN KIND OF DO IS I'M GOING TO DO THIS OR I'VE GOT MY OWN SET OF WRITTEN PROCEDURES THAT I'M GOING TO FOLLOW. WE LOOK AT THOSE TO SEE IF THERE IS A HOLE IN THOSE OR SAYING SOMETHING WRONG. YEAH, I'LL SHUT UP.

MR. BURRESS: I GUESS THE STICKY POINT IS YOU'D BE PUTTING SPECIFIC LANGUAGE IN THERE FOR CT MACHINES THAT AREN'T ALREADY IN THE RULES.

MR. STEINER: I CAN'T OR SHOULDN'T.

MR. BURRESS: IT'S MORE THE RADIATION LEVEL AROUND THE INSTRUMENT.

MR. STEINER: WELL, SAY IT BACKWARDS. IF I WROTE A VERY SPECIFIC INDUSTRIAL RADIOGRAPHY RPP, YOU'D BE LOOKING AT ME GOING WHERE DOES IT SAY THAT. WHY DO I HAVE TO DO THAT. WHEREAS, IF YOU LOOK AT SAY WELL COMMON SENSE TELLS ME I SHOULD BE

DOING THIS, THIS AND THIS. AND IT SAYS I SHOULD BE DOING THIS, THIS AND THIS. YOU KNOW, EVERYWHERE I'VE EVER WORKED, YOU KNOW, WE'VE DONE THIS AND THIS. THEN YOU GIVE THOSE TO ME. YEAH, THAT LOOKS GOOD. WE CAN LIVE WITH THAT. THEN EVERYBODY IS HAPPY. HAPPY IS NOT THE RIGHT WORD. EVERYBODY IS SATISFIED.

DR. JANOWITZ: ARE THERE ANY MEMBER ISSUES WE NEED TO DISCUSS? I GUESS IT'S TIME TO DECIDE NEXT MEETING. DO YOU HAVE A SUGGESTION?

MS. GILLEY: UH-HUH.

MR. FUTCH: SOMETIME IN MAY. SO WE'RE LOOKING AT MAY 3RD, 10TH, 17TH, 24TH. ANY SOCIETY MEETINGS OR OTHER --

MS. GILLEY: MAY 1ST THROUGH THE 5TH. BUT I'M NOT A KEY ELEMENT HERE.

MR. FUTCH: FIRST WEEK OR TWO IN MAY. ANYWAY BILL HAS OBLIGATIONS WHICH IS THE EARLY, CRCPD WHICH IS THE EARLY PART OF MAY. ANY TERRORISM ACTIVITIES? I CAN'T THINK OF ANY.

MS. GILLEY: JAMES, WE HAVE A BIRTHDAY IN MAY, WHEN IS THAT?

MR. FUTCH: SO THE 17TH, 10TH. ANY OBJECTION? WHY DON'T WE SEND IT OUT AND WHEN EVERYBODY GOT BACK TO THE OFFICE, YOU CAN FIGURE IT OUT.

MS. LIVINGSTON: WHAT ABOUT LOCATION. WHAT'S THE PREFERENCE?

MR. FUTCH: ORLANDO VERSUS TAMPA OR MIAMI. I DON'T KNOW. WE ALL ENJOY THE MIAMI AIRPORT SO MUCH.

DR. SCHENKMAN: THIS WAS NICE.

MR. FUTCH: TRY ORLANDO AGAIN. WE'RE OPEN TO SUGGESTIONS.

MS. LIVINGSTON: IS THERE ANYBODY WHO REALLY DIDN'T LIKE ORLANDO FOR SOME REASON?

MS. GRANT: THIS IS MUCH NICER.

MR. FUTCH: WE'LL SAY ORLANDO AND TAKE A LOOK AT THE 17TH OR 10TH. AND, JANICE, YOU COLLECT THE FINAL DATE THERE.

DR. JANOWITZ: THANK YOU EVERYBODY.

MS. GRANT: THANK YOU.

MR. FUTCH: REMEMBER WORKING GROUP MEMBERS, NO DIRECT COMMUNICATION WITH EACH OTHER, BY E-MAIL OR THROUGH ME, ANYTHING ELSE UNTIL WE GET IT ALL SET UP.

MR. SEDDON: OTHER PEOPLE OUTSIDE?

MR. FUTCH: YOU CAN TALK TO ANYBODY YOU WANT TO. THANK YOU FOR COMING.

(THEREUPON, THE MEETING WAS CONCLUDED AT 2:30 P.M.)

CERTIFICATE OF REPORTER

STATE OF FLORIDA)
COUNTY OF ORANGE)

I, KARA E. REYNOLDS, STENOGRAPHIC REPORTER, CERTIFY THAT I WAS AUTHORIZED TO AND DID STENOGRAPHICALLY REPORT THE FOREGOING PROCEEDINGS AND THAT THE TRANSCRIPT IS A TRUE AND COMPLETE RECORD OF MY STENOGRAPHIC NOTES.

DATED THIS 23RD DAY OF OCTOBER, 2010.

_____
KARA E. REYNOLDS
STENOGRAPHIC REPORTER
COMMISSION # DD956381
COMMISSION EXPIRES: ONE-27-14