

# **ADVISORY COUNCIL ON RADIATION PROTECTION**

## **Bureau of Radiation Control**

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Hilton Garden Inn Tampa Airport Westshore

Tampa, Florida

*May 23, 2017*

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ADVISORY  
COUNCIL ON  
RADIATION  
PROTECTION



Bureau of Radiation Control  
Hilton Garden Inn  
Tampa Airport Westshore  
Tampa, Florida

Tuesday, May 23, 2017  
10 a.m. - 3:04 p.m

Reported by  
Rita G. Meyer, RDR, CRR, CBC, CCP  
Realtime Reporter and Notary Public  
State of Florida at Large

1     ADVISORY COUNCIL MEMBERS PRESENT:

2     Randy Schenkman, M.D., Retired (Chairman)

3     Mark S. Seddon, M.P. , DABR, DABMP (Vice-Chairman)

4     Armand Cognetta, M.D.

5     Patricia M. Dycus, BS, RRA(R)(M), RDMS

6     Kathleen Drotar, Ph.D., M.Ed., RT. (R)(N)(T)

7     Christine Crane-Amores, RRA, RTCR

8     Rebecca Coffey McFadden, RT(R)

9     Brian Kent Birky, Ph.D.

10    william W. Atherton, DC, DACBR, CCSP

11    Mark wroblewski

12    Matthew walser, PA-C, ATC

13    Alberto Tineo, CNMT

14    DEPARTMENT OF HEALTH STAFF:

15    Cindy Becker, Bureau of Radiation Control

16    James Futch, Bureau of Radiation Control

17    Brenda Andrews, Bureau of Radiation Control

18    John williamson, Bureau of Radiation Control

19    Lynne Andresen, Bureau of Radiation Control

20    Clark Eldredge, Bureau of Radiation Control

21    Bianca Bell, Medical Quality Assurance

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1           RANDY SCHENKMAN: Hi everybody. We thought  
2 that since it's just a few minutes after 10, we'd  
3 get started. We wanted to start with introduction.  
4 We have new members; we have members who have been  
5 here for a while.

6           Maybe the best way is to start, introduce  
7 yourselves, tell us who you are, where you came  
8 from, what you do, and then we'll move around.

9           JAMES FUTCH: Favorite color.

10          ADAM WEAVER: Favorite color.

11          JAMES FUTCH: Okay. Just kidding.

12          ADAM WEAVER: Adam Weaver. I work at the  
13 University of South Florida in Tampa, St. Pete. I'm  
14 the radiation safety officer; laser safety officer  
15 at the university. We cover both campuses. And if  
16 they ever do anything in Sarasota, we'll cover that  
17 too.

18          Before that, I worked for the State of Florida  
19 for Cindy and Ray Dielman in the Tampa Inspection  
20 office. Little bit of history, I worked for the DOE  
21 Pinellas plant for ten years, which was over in  
22 Largo, Florida. It's now a private Pinellas County  
23 facility. And before that, I worked at another DOE  
24 facility up in Fernald, Ohio.

25          I guess I'm a certified health physicist and

1 been working for over thirty years.

2 RANDY SCHENKMAN: Welcome.

3 ADAM WEAVER: Thank you.

4 JAMES FUTCH: Adam is in the certified health  
5 physicist spot that Paul Burrell occupied for many  
6 years.

7 MARK WROBLEWSKI: Good morning. My name is  
8 Mark Wroblewski. I'm a BMO. I understand that  
9 there was a spot open and nobody was filling it, so  
10 they coerced me -- no. I'm happy to be here.

11 My background, very briefly, I have pest  
12 control licenses. I grew up in the pest control  
13 industry with my father. 1960s. I can remember  
14 mixing zinc phosphate rat baits at the age of four  
15 in the basement on a hot plate. If anybody knows  
16 zinc phosphate, that's not a safe thing to be doing.  
17 I can remember taking, at age eight, cyanide gas  
18 with my father out into the rat tunnels out in the  
19 Ford plant in Chicago Heights, Illinois. The fact  
20 that I'm alive is simply an accident, I guess.  
21 Absolutely.

22 So I appreciate the fact that we need  
23 regulation and I hope that through my BMO experience  
24 and office management experience, that maybe I'll be  
25 an asset to the group.

1           RANDY SCHENKMAN: well, welcome aboard.

2           MARK WROBLEWSKI: Thank you.

3           REBECCA MCFADDEN: Good morning. I'm Becky  
4 McFadden. I came from Ocala. I work as a PACS  
5 administrator, but I am a radiologic technologist,  
6 so that's my position here on this board or  
7 committee. I don't know what I was doing when I was  
8 four years old, but I've been in radiology for about  
9 thirty years and I had an opportunity to be part of  
10 this committee and so, here I am.

11           ARMAND COGNETTA: Armand Cognaetta. I'm a  
12 dermatologist in Tallahassee, Florida. I do  
13 superficial radiation on select skin cancers and  
14 been doing it for thirty years. And I'm on this  
15 board as a member at large. Thank you.

16           BIANCA BELL: I'm Bianca Bell. I am the  
17 program operations administrator within the MqA  
18 office, so I help handle all the licensure portions  
19 for the Rad Tech profession.

20           CLARK ELDREDGE: I'm Clark Eldredge. I am the  
21 administrator for the radiation machine program. I  
22 got that position in September.

23           Prior to that, I was the administrator for the  
24 radon indoor air program for the Department of  
25 Health, which was started in the radiation, Bureau

1 of Radiation Control back in '88 and so I've been  
2 working closely with rad control for that long. I  
3 do assessment for nuclear emergency response, field  
4 teamwork; things like that.

5 BRIAN BIRKY: I'm Brian Birky. I'm the  
6 Executive Director, Florida Industrial Phosphate  
7 Research Institute. And it was a state agency  
8 established in 1978. In 2012, we were moved within  
9 Florida Polytechnic University.

10 I've been with the Institute for seventeen  
11 years. I've been executive director for the last  
12 six years. And prior to that, I was at University  
13 of Florida; taught radiation dosimetry, radiation  
14 biology, health physics, health physics measurement  
15 and I've been doing radiation studies since the late  
16 '80s.

17 CINDY BECKER: Hi, I'm Cindy Becker. I'm  
18 Bureau Chief of Radiation Control and I've been  
19 there almost thirty years. And prior to that, I was  
20 in Missouri Radiation Control for seven years. So  
21 we've all been around too long.

22 JAMES FUTCH: Too long.

23 REBECCA MCFADDEN: I know, right?

24 JAMES FUTCH: I want to stick around for a  
25 while, though.



1           CINDY BECKER: And welcome everybody. I'm  
2 glad we are here together. It's a good council. I  
3 think you'll all enjoy it.

4           JAMES FUTCH: So I'm James Futch, also with  
5 the Department of Health Bureau of Radiation  
6 Control. I've been responsible for Rad Tech  
7 licensures since 1998. And in 2005 -- and we'll  
8 talk about this a little bit later -- we entered  
9 into an agreement with a sister division which  
10 Bianca represents MqA to jointly run the Rad Tech  
11 profession. I'm also responsible for the laser  
12 registration program and some emergency response  
13 duties and some other things as a health physicist.

14          RANDY SCHENKMAN: I'm Randy Schenkman. I'm a  
15 radiologist. I'm retired now. I started the  
16 women's imaging and breast imaging for Baptist  
17 Health in Miami. And I'm happy to be here.

18          MARK SEDDON: I'm Mark Seddon. I'm a medical  
19 physicist. I've been with Florida Hospital Health  
20 Systems since, twenty years now. I'm the emergency  
21 safety officer and chief diagnostic physicist for  
22 fourteen hospitals throughout Central Florida. And  
23 I represent the Board certified radiological  
24 physicists.

25          WILLIAM ATHERTON: I'm William Atherton. I'm

1 a chiropractic physician specializing in radiology  
2 based in Miami, Florida.

3 BRENDA ANDREWS: I'm Brenda Andrews with the  
4 Bureau of Radiation Control. I'm the management  
5 review specialist there.

6 CHRISTINE CRANE-AMORES: My name is Christine  
7 Crane-Amores or you can call me Christie. I'm a  
8 radiologist assistant up in Tallahassee for  
9 Radiology Associates of Tallahassee. And I've been  
10 in this position for about three-and-a-half years  
11 now and I love what I do.

12 KATHY DROTAR: I'm Kathy Drotar. I am the  
13 university department chair for Keiser University's  
14 twelve radiologic technology programs and I'm the  
15 program director at the Sarasota campus and  
16 registered and certified in radiation therapy,  
17 nuclear medicine and radiologic technology. And  
18 since we met last year, I completed my Ph.D.

19 (Applause)

20 ALBERTO TINEO: I'm Alberto Tineo. I'm from  
21 the east coast. Halifax Health. We have a, program,  
22 radiologic program in the hospital base. I'm an  
23 administrator. My background is nuclear medicine.  
24 I'm one of the administrators of the hospital,  
25 so the radiology program falls under my jurisdiction.

1 And, I'm the hospital representative for the council.

2 LYNNE ANDRESEN: I'm Lynne Andresen. I'm the  
3 enforcement coordinator for the radiologic  
4 technology program within the Bureau of Radiation  
5 Control. I work for James Futch and with Kelly  
6 Nesmith, who's the CE coordinator for the program.  
7 She's not with us today.

8 I handle possible violations of state  
9 radiologic technology laws, regulations or policies  
10 and participate in probable cause meetings and  
11 application review meetings with MqA and other  
12 program staff; assist with medical event  
13 investigations and kind of serve as liaison between  
14 the radiologic technology program, other bureau  
15 inspectors, MqA staff and ARRT and radiologic  
16 technologists, themselves.

17 MATTHEW WALSER: I'm Matt Walser from  
18 Gainesville, Florida. I work at the University of  
19 Florida in the department of orthopedics. I'm a  
20 physician assistant. Coordinate all of our PAs and  
21 nurse practitioners within our department.

22 My background is athletic training, actually.  
23 I've been in Gainesville for about twenty years. I  
24 was the athletic trainer of the football team.

25 Sorry, James. I know --

1 JAMES FUTCH: We can't all be --

2 MATTHEW WALSER: I know. So I also teach an  
3 introduction to radiology class to the physical  
4 therapy school that stands from May to December.  
5 You know, physical therapists have direct access and  
6 can order studies as they feel necessary, so I help  
7 educate those guys as well.

8 RANDY SCHENKMAN: Well, we welcome everybody,  
9 especially our new members. We hope you enjoy being  
10 on the board. And we're going to turn it over to  
11 James.

12 BRENDA ANDREWS: We have one more person to  
13 introduce.

14 RANDY SCHENKMAN: Oh, I'm sorry. I'm sorry.

15 JOHN WILLIAMSON: I'm John Williamson. I'm  
16 the administrator of the environmental radiation  
17 section of the Bureau. I handle all things  
18 environmental and emergency response for the Bureau.

19 JAMES FUTCH: So I like to also point out in  
20 addition to FSU and, of course, University of  
21 Florida, we now also have the other major state  
22 University, USF. When it comes time for football  
23 season in the October meeting, we'll have a few  
24 things to say. Probably also talk, too.

25 And one thing I wanted to mention on,

1 Christie, do you prefer Christie?

2 CHRISTINE CRANE-AMORES: I do prefer Christie.

3 JAMES FUTCH: So Christie -- Adam is taking  
4 Paul Burress this evening; Christie, Patty Dycus was  
5 the radiologist assistant before Christie. And  
6 Lynne also, I think, neglected to mention, she's  
7 also a certified Rad Tech with some experience in  
8 MRI for the most recent past.

9 I think we have some minutes to talk about.

10 RANDY SCHENKMAN: Okay. So we need to go over  
11 to approve the minutes from the last meeting, which  
12 was 5-24-16. Does anybody have any comments about  
13 those -- that meeting, the minutes, anything?

14 BRENDA ANDREWS: I believe everyone had a  
15 chance to review them. We had only one correction  
16 that needed to be made. And I believe Dr. Birky was  
17 the one that gave us that comment, and so that was,  
18 that was changed. So I think everybody was on board  
19 with it.

20 RANDY SCHENKMAN: Okay. So do we have a  
21 motion to approve the minutes?

22 KATHY DROTAR: Make a motion to approve the  
23 minutes.

24 RANDY SCHENKMAN: Okay. Anybody second?

25 BRIAN BIRKY: I'll second.

1           RANDY SCHENKMAN: All in favor?

2           ALL: Aye.

3           RANDY SCHENKMAN: Anybody opposed?

4           (No Response)

5           RANDY SCHENKMAN: Okay. Approved.

6           BRENDA ANDREWS: Good.

7           RANDY SCHENKMAN: Okay. So next we're going  
8 on to our presentation.

9           BRENDA ANDREWS: Can I interject one thing  
10 before we get started with that?

11          RANDY SCHENKMAN: Sure.

12          BRENDA ANDREWS: I know this may be a little  
13 premature, but I want to get lunch arrangements out  
14 of the way. Of course, last year we ate out here at  
15 the Cypress at, I believe it's called, Restaurant  
16 and they're going to accommodate us again. And I  
17 put at the head of each table, a menu and a list for  
18 you to look over and record anything that you want  
19 to order. They ask that we do it this way so that  
20 if there are any orders that will take a while to  
21 prepare, they can go ahead and get it started for us  
22 so that it doesn't delay us during our lunchtime.

23           So while we're talking, if we could just pass  
24 that around. There's one on either end.

25          RANDY SCHENKMAN: Does everybody --

1           BRENDA ANDREWS: There's one there with Clark  
2 and one here with Christie.

3           RANDY SCHENKMAN: Okay.

4           BRIAN BIRKY: I'm the environmental  
5 representative on the Board and we don't have  
6 environmental events of great significance that  
7 happen very often, fortunately, so it's a good  
8 thing, but there are two of them going on right now.  
9 So this is just an update for the rest of you. I'm  
10 not requesting any kind of action. Just informing.

11           The first one -- and this happened months  
12 back. It occurred in August and the news broke,  
13 unfortunately, after a couple weeks. The incident  
14 already happened, but this was at the New Wales  
15 phosphogypsum stack and this is located about ten  
16 miles southwest, ten, fifteen miles southwest of  
17 Lakeland, to give you some bearings. So we're not  
18 that far away from it.

19           And what the industry does is they are making  
20 phosphoric acid. And for every ton of phosphoric  
21 acid they make, they make five tons of gypsum  
22 byproduct. And the EPA requires that they stack  
23 this on land because of the radium content. So they  
24 had it stacked.

25           At the top of the screen, I got it -- well, I

1 can't see it. Unfortunately, I'm color blind. I  
2 can't see the pointer, so I'm going to have to just  
3 wing it here.

4 But at the top of the screen, you can see an  
5 area that looks like it should be filled with water  
6 like the rest of the pond around it, but it is not.  
7 And that's where the sinkhole opened up, right in  
8 the center. And that is the west compartment of the  
9 stack. To give you an idea of the scale, these  
10 things are huge. That little line at the top of the  
11 screen is a road.

12 So when that small pond emptied, that was 215  
13 million gallons of water. And the water is not  
14 something that's pristine. This is low ph, high  
15 dissolved solids, high conductivity. A lot of  
16 things that are in the water. Radioactivity, to me,  
17 is one of the least distinguishing characteristics  
18 of the water, but when it hits the press, that's the  
19 most sensational thing about the water, so that's  
20 what hit the press.

21 These stack fluids, we're talking about  
22 leachate can have some higher radioactivity values.  
23 The Radium 226 in this water was similar to the  
24 highest natural wells that you would find in  
25 Florida. And we're talking a little higher than 70



1 pCi/L of Radium 226 in the water. But you do get  
2 higher gross alpha concentrations in the thousands  
3 pCi/L. So that's the concentrated water that went  
4 down. It went all the way to the upper Florida  
5 aquifer, which of course, is pretty clean water.

6 So they've been testing since the event. They  
7 haven't found any of the stack water to have  
8 migrated offsite. The nearest residential well is  
9 about 2.8 miles away from this site. And they have  
10 been testing residential wells as part of their  
11 consent order. They test out to four miles from the  
12 site. And they have found radioactivity in excess  
13 of EPA's drinking water standards for municipal  
14 water, which does not apply to private wells, by the  
15 way. But they have found those are exceeded, but  
16 it's not due to the spill. The spill hasn't reached  
17 those sites. It's just natural for a lot of  
18 radioactivity to be in the water there.

19 The thing is the -- this is exciting to the  
20 residents. They are outraged, but they had never  
21 tested their water in the first place, so they  
22 didn't know that they've always been drinking water  
23 with some things in it. Nature puts things in like  
24 arsenic and radioactivity in water and we should  
25 know what you're drinking. So that's the one thing

1 that's kind of a silver lining, if there is one,  
2 that people are more aware of what they're consuming  
3 from nature.

4 So that's where the water issue is right now.

5 RANDY SCHENKMAN: Did they test for any of the  
6 other chemicals?

7 BRIAN BIRKY: Yeah, they tested for an array  
8 because of the some of the characteristics of the  
9 water, like sulfates, can be used to see if this is  
10 from the stack or not. So they want to test for all  
11 that, whole suite of chemicals and radioactivity.

12 RANDY SCHENKMAN: Have they found anything  
13 else?

14 BRIAN BIRKY: Nothing that they've noted to  
15 me. But like I said, arsenic is not uncommon and  
16 high fluoride levels aren't uncommon because the  
17 water runs through the natural deposits that contain  
18 both of those things.

19 We have another issue that's been in the press  
20 a little more lately, and this is in Lakeland.  
21 There are a couple of developments on old mined  
22 lands. And two residents of these communities,  
23 Grasslands and Oak Bridge, have started a lawsuit  
24 with local lawyers and lawyers from New York and Los  
25 Angeles, suing Drummond Corporation that owned the

1 land and sold it for development. And there is 1500  
2 homes that are affected by this. And, of course,  
3 the lawyers are trying to use something that people  
4 can relate to, an experience in their life would be  
5 a chest x-ray. So they're using chest x-rays as  
6 kind of a dose surrogate.

7 so it started out they would say one chest  
8 x-ray per day. They eased off that to one chest  
9 x-ray per week as their dose estimate. Of course,  
10 that can span a wide range depending on what kind of  
11 a chest x-ray you're talking about.

12 So the lawsuit contends that there was data  
13 available before the community was built that showed  
14 the radiation levels were order of magnitude higher  
15 than the acceptable risk limit at that time. Well,  
16 this was taken nearly four decades ago. Not with  
17 more sophisticated equipment that we have now and  
18 before the land was recontoured for development. So  
19 that's the most important part of this.

20 Coupled with those old measurements is, in  
21 2003, the EPA had a Florida phosphate initiative  
22 where they identified specifically these communities  
23 as being concerning. And inside EPA had reported  
24 that 40,000 people would be affected by a Superfund  
25 clean up and it would cost taxpayers \$11 billion.

1 So that's why this kind of thing is very important  
2 to follow up. That's your money.

3 So in the lawsuit, they say Drummond knew of  
4 the health risk, failed to characterize it; failed  
5 to inform the home buyers.

6 At the bottom of the screen, you'll see they  
7 are quoting that the levels that they are finding  
8 are as high as five times background radiation  
9 levels. And that's from the original  
10 four-decades-old study.

11 what they failed to talk about is where's the  
12 starting point. You're five times what? So if your  
13 starting point is a penny, you're five times, you're  
14 now at a nickel. You still don't have any money.  
15 So it's out of perspective. And that's just  
16 from those measurements.

17 So where is it now? What have we got? So the  
18 first thing, what do they want? Well, they want  
19 soil removed. Contaminants in it. And they want  
20 ongoing medical monitoring of the residents and  
21 money.

22 And what does this mean for other mined lands?  
23 Well, you could have potential NORM litigation at  
24 very low soil concentrations and very low doses. If  
25 you start talking about remediation, you have to

1 have a remediation goal and EPA has a calculator for  
2 that. I'll talk about that and the things that  
3 allow this type of action to happen.

4 So, first, I want you to take a look at this  
5 map. It shows the deposits, phosphate deposits in  
6 Florida and phosphate and uranium are highly  
7 correlated, so what uranium we do have tends to be  
8 with the phosphate mineral.

9 CLARK ELDREDGE: That must be a particular  
10 depth or a certain economic value.

11 BRIAN BIRKY: It's more -- yeah, it's more of  
12 economic value when geologists make these maps.  
13 They do have maps that show the depth, but this  
14 isn't one of them. This is just, you know,  
15 transparently shows you where the deposits are. But  
16 when you do a fly over and take gamma readings, you  
17 can see those.

18 So this is one that was done by USGS and they  
19 weren't interested in the phosphate industry. They  
20 are just doing a survey of the continental United  
21 States and looking at gamma dose contributions from  
22 radionuclides in the soil. So uranium, thorium,  
23 series and potassium-40.

24 And so if you remember from the previous  
25 map -- I still can't see this. You can look at the

1 Florida enlarged over there and see where those  
2 deposits are lighting up. If you look at the entire  
3 United States and Florida, what are we, are we high  
4 or low?

5 RANDY SCHENKMAN: Low.

6 BRIAN BIRKY: We're low. We're very low. And  
7 where the deposits are, it's a little higher but  
8 still low.

9 So that's the perspective. Florida is low.  
10 Of course, when you go out and do measurements,  
11 you're also getting cosmic. So when you add in the  
12 cosmic, it really points out vividly that Florida is  
13 a low radiation background state. And that's all  
14 there is to it.

15 So that's where we're starting. Very low.  
16 The BRC uses 6 uR/hr as their default Florida  
17 background exposure rate when they manage these  
18 formerly mined lands. So they went out, John's  
19 group, and they conducted 39,849 exposure rate  
20 measurements in these communities. So now we have a  
21 lot more data, modern equipment, something we can  
22 bank on.

23 The majority of these measurements were below  
24 that 6 uR/hr level and two standard deviations below  
25 8. So this community looks like just about any

1 other community you would find in Florida. So  
2 there's nothing exceptional about it to me.

3 But the lawsuit is still proceeding. And the  
4 amended lawsuit doesn't mention radon at all. And  
5 as we know, radon is the big environmental dose  
6 contributor by far. So that's not even mentioned.  
7 I can only tell you, I haven't seen radon  
8 measurements. I did have residents in my office and  
9 they said they tested their homes and they didn't  
10 find high radon levels, so they were below the 4  
11 pCi/L action level that the EPA recommends. Far  
12 below.

13 So what allows this happen? Two things. EPA  
14 definition of TENORM. You cannot regulate nature.  
15 So if you make a definition, you can then regulate a  
16 consequence. So what they did, you can't regulate  
17 natural things, is if you dig in the ground and  
18 bring higher concentrations closer to human  
19 exposure, that is called technologically enhanced  
20 NORM. And it -- now, you can regulate that. So  
21 that's the first thing that needs to happen.

22 And then the second is that you have the LNT  
23 hypothesis. And this came from 1956. We all know  
24 this very well. It was developed right after World  
25 War II in the cold war to protect radiation workers.

1 So it is not a biological dose response model. It  
2 is a radiation protection model. Very different  
3 thing. It was there ready to pick up by the EPA, so  
4 when they picked it up, they started going close to  
5 the origin of this graph to regulate.

6 So if you have a graph, you can estimate risk.  
7 So that's what they do. But you have issues with  
8 that. And you can see on this chart where the data  
9 points are, way up in the high dose, high dose rate  
10 region. And we're talking about low dose, low dose  
11 rate region where we don't have data.

12 So the health physics society weighed in.  
13 They said, they recommend against quantitative  
14 estimation of health risks below an individual dose  
15 of 5,000 millirem in a year. And then they say  
16 below these doses, risk estimates should not be  
17 used. They are citing NCRP on that. And they say  
18 that, however, substantial scientific evidence that  
19 this model is an oversimplification and that people  
20 who drew it up knew that.

21 But we have a lot of science that's taken  
22 place since 1956. And this is from Lovelace  
23 Respiratory Research Institute and they have  
24 documented all of these beneficial effects of low  
25 dose, low-LET radiation. So we know that we're



1 probably dealing with an actual biological response  
2 that's well below the line. That would mean much  
3 less risk. But the gamma component of this lawsuit  
4 continues. And if you actually get traction with  
5 that and we go to a clean up, then they have to set  
6 preliminary remediation goals. And they'll use  
7 an EPA calculator that's been recently revised.  
8 It is a screening, conservative screening tool.  
9 They acknowledge that. It's not intended for clean  
10 up standards, but that's what you're going to use.

11 So it's intended for Superfund sites. The  
12 radionuclide, target radionuclide of concern here 13  
would be Radium 226 on these lands. They contend 14  
that when you calculate a remediation goal based on 15  
the 10<sup>-4</sup> to 10<sup>-6</sup> risk level, that it will be  
16 measurable, so I did that. I went into the  
17 calculator and the result I got is on the far right.  
18 A soil clean up goal of 1.82 times 10<sup>-3</sup> pCi/g. That  
19 is measurable, but it's extremely low. It's far  
20 below the background level for that soil. So you  
21 would say, yes, we get background. We're going to  
22 add this to it and it would be hard to distinguish  
23 this level.

24 So in summary of the whole thing, back to the  
25 stack, sinkhole. It's scheduled to be completely

1 filled within the next few weeks. The water is  
2 being recovered by adjacent wells from the Floridan  
3 Aquifer. It moves really slowly, so they can do  
4 that.

5 The well monitoring around the site is  
6 continuing, according to the consent order. And on  
7 the mined lands, that lawsuit is active. I'm going  
8 to a town hall meeting on June 6 where we're  
9 expecting 3 to 400 residents and I will tell them  
10 what I told you, and a little bit more. And if you  
11 prefer, since these are in progress, I can give you  
12 an update at the next meeting if you want it.

13 So that's all I have. Questions?

14 WILLIAM ATHERTON: One question. On the map,  
15 the highest areas of radiation in the United States  
16 were, looked like they were in the mountainous  
17 regions. Is that because of the elevation?

18 BRIAN BIRKY: Some of it is. On the one with  
19 the cosmic radiation included, that's true. The  
20 other one, of course, takes that out so you can get  
21 a better idea what's just from the radioactivity  
22 that's deposited in the ground. So that's the one  
23 with the cosmic and you see like Denver, the mile  
24 high effect, higher cosmic radiation and then in  
25 this one, you can see where that's removed.

1 WILLIAM ATHERTON: That's just soil then.

2 BRIAN BIRKY: That's just what's in the soil.  
3 Of course, if you've seen the old Lucy shows where  
4 she goes out prospecting for uranium, that's where  
5 she's headed is out west. And we all remember that.

6 CINDY BECKER: I was going say Clark and I  
7 were at the conference of radiation control program  
8 directors out in Scottsdale a couple weeks ago, just  
9 last week, I know time goes by. One of the  
10 presentations was that New Jersey or Pennsylvania  
11 where it's 6,000 pCi/L radon was in a home?

12 CLARK ELDREDGE: It's New Jersey.

13 CINDY BECKER: It's New Jersey. Some  
14 perspective.

15 CLARK ELDREDGE: well, the folks in Polk will  
16 be happy to know that Tallahassee currently ranks  
17 highest in terms of a radon problem. It's verified  
18 by the Department of 300 pCi/L of radon in  
19 Tallahassee.

20 BRIAN BIRKY: And I didn't put radon up there  
21 but there's a similar map of the United States done  
22 by Lawrence. I think it's Lawrence Berkley or  
23 something like that. Yeah, I don't use that one very  
24 often. It's just a radon potential. I actually  
25 complained to them directly about that because you

1 really need to test home by home.

2 CLARK ELDREDGE: Home, yeah. The problem with  
3 radon, it's not just the soil, it's the design of  
4 the structure and how effective it is in transport.  
5 We wouldn't have radon problems in Florida if it  
6 wasn't for that.

7 BRIAN BIRKY: So I didn't use it. If we had  
8 the original design where the houses were off the  
9 soil, you remember those? Then you've got  
10 equilibration in the background.

11 ARMAND COGNETTA: Was it the cement or drywall  
12 in that house that caused all that? There was  
13 something about that house in New Jersey.

14 CLARK ELDREDGE: It's the soil.

15 ARMAND COGNETTA: In New Jersey, it was the  
16 soil?

17 CLARK ELDREDGE: Yeah. It's just the nature  
18 of the fracture granite type, whatever subsoil area  
19 that they're in. The easy airflow carrying stuff.  
20 Yeah, you see stuff like that in various mountain  
21 regions. You actually have radon -- the air will  
22 radon transport from the ground so easily that in  
23 the winter, when the air is rising in the mountain,  
24 that radon problems at the top of the problem. In  
25 the summer, when the air sinks in the mountain,

1 because it's cooler, the radon problems are at the  
2 bottom of the mountain.

3 It's just, you know, we have -- now we do have  
4 problems in Florida in highrise condominiums for  
5 concrete. You know, forty percent of the homes down  
6 in -- the condos down in the Naples, Fort Myers area  
7 have radon problems in the penthouses and things.  
8 And it's -- we build houses so tight in Florida,  
9 that radon comes out of the concrete in trace  
10 amounts, but there's no ventilation rate and it  
11 builds up above the actual level for it.

12 KATHY DROTAR: And having lived in New Jersey  
13 and built a new house there in about '88, and they  
14 came around with a little radon detector that we had  
15 to put in the basement and close the door and you're  
16 not supposed to go down to the basement and for,  
17 like, I don't know. I think it was a month and they  
18 came back and read it and gave us whatever the  
19 reading was and we said, well, what do we do? And  
20 they said open your doors. So, you know, but that's  
21 New Jersey problem.

22 CINDY BECKER: Thank you. John is being awful  
23 quiet down there. James and I are whispering. Did  
24 you want to comment anything on the surveys?

25 JOHN WILLIAMSON: The number, the number of

1 measurements, we've actually done more than that.  
2 we've done twenty-four individual homes or  
3 apartments as well. And we haven't had issues with  
4 any of them, including one that lawyers for the  
5 plaintiffs had measured the day before at twenty  
6 plus microns per hour. We measured it, I think we  
7 achieved measurements of about eight.

8         There's -- the biggest concern that we  
9 actually see in the community now that were from the  
10 residents, is they are very, very upset and even to  
11 the point angry about the decrease in their home  
12 values. Grasslands is a half million dollars and up  
13 neighborhood. And we've, we've heard reports that  
14 they are having trouble selling their homes. Some  
15 banks are refusing to lend money because of the  
16 uncertainty whether there is environmental  
17 contamination and we also will be at that same  
18 public meeting with Brian, giving what results are  
19 that we have. And we continue to take additional  
20 requests for home surveys. I think we have about  
21 ten more, I think we promised to do over the next  
22 week to two weeks.

23         BRIAN BIRKY: I can't stress how important it  
24 is to, John's office, BRC is doing this work because  
25 there are a lot of guys out there swinging meters

1 and taking measurements who don't necessarily  
2 understand the techniques and the results that they  
3 are getting. But you can rest assured that when  
4 John's office does the measurements, they are done  
5 correctly. And you can see the data and interpret  
6 it after that knowing that you've got something  
7 that's good.

8 MATTHEW WALSER: How did the lawsuit start?  
9 what initiated the lawsuit?

10 BRIAN BIRKY: I don't know exactly.

11 JOHN WILLIAMSON: My understanding is that the  
12 primary person involved in the lawsuit lost a spouse  
13 to cancer.

14 BRIAN BIRKY: I don't know the details. I've  
15 heard that. But what went from that event to a  
16 lawsuit, I don't know. But there's a local law firm  
17 that's involved, so that's probably the connection.  
18 But it goes wider than that.

19 But these communities aren't very old. So if  
20 you have a cancer in the community, you have to also  
21 consider, well, what's the latent period for that?

22 CLARK ELDREDGE: I will say that if the  
23 reports about low radon for this community are  
24 actually correct, the filters might finally be doing  
25 something about it there because generally, the

1 houses in that area, 30, 40 percent in that area,  
2 probably have radon problems. So they might  
3 actually -- again, might have actually done  
4 something by this time.

5 ADAM WEAVER: Has anyone measured radon in any  
6 of these homes to your knowledge?

7 CLARK ELDREDGE: I have not actually seen  
8 reports other than word of mouth. I've not seen any  
9 rough data other than what we had for the whole --  
10 what we split the radon program put together for the  
11 whole area.

12 JAMES FUTCH: Brian, when I first heard about  
13 this, there was an old report that was being -- that  
14 had confused micro and milli that was --

15 BRIAN BIRKY: Right.

16 JAMES FUTCH: -- that was in the press. It  
17 was some part of it. Has that been properly vetted  
18 and everybody understands that that's just an  
19 incorrect use of the --

20 BRIAN BIRKY: Yeah, I wouldn't say that  
21 everybody understands. I did have residents that  
22 came to my office and they looked at it and said, we  
23 think this should be micro and not milli. And these  
24 were just, this is a well educated community. I  
25 said, yes, you're absolutely right. I saw that,



1 too. And it was just somebody's handwritten units  
2 on a page. So it went back to the original  
3 measurements that Harlan Keaton did. Late 70s.

4 JAMES FUTCH: I saw that. I saw the name pop  
5 up. Of course, it's only a factor of a thousand  
6 different --

7 BRIAN BIRKY: Yeah.

8 RANDY SCHENKMAN: That's all?

9 JAMES FUTCH: Yeah.

10 RANDY SCHENKMAN: Anything? Any other  
11 questions? No? Thank you very much.

12 REBECCA MCFADDEN: That was great.

13 RANDY SCHENKMAN: Okay. So we're going to go  
14 into the BRC presentations. Cindy?

15 CINDY BECKER: Okay. Well, those of who have  
16 been with us probably have seen this before, so I  
17 apologize for that. It's pretty close to the same  
18 slide, but it does provide an overview of what our  
19 bureaus do, so I'll go through it really quickly  
20 because the experts are here.

21 we have Clark here for our x-ray machine and  
22 we have John for our environmental and we have James  
23 for our technology program. So if you have any  
24 questions, I'll end up probably deferring to them.

25 I wanted to welcome you all here to the

1 advisory council and the new members, I think you'll  
2 find it a really interesting and worthwhile group.  
3 You all are here for your expertise. Your subject  
4 matter expertise is something we could not do  
5 without and we really appreciate it. So thank you  
6 first for coming.

7 And this is just a, I thought a funny slide  
8 because Godzilla happened to be released about the  
9 first time that Congress passed the Atomic Energy  
10 Act in 1954. We all love Godzilla.

11 This is the State Board of Health in 1960.

12 JAMES FUTCH: In Jacksonville.

13 CINDY BECKER: In Jacksonville, yes. And in  
14 1964, we also became the seventh agreement state,  
15 which means that the Nuclear Regulatory Commission  
16 has us monitor and regulate all of the radioactive  
17 material in our state program.

18 China also tested the first A-bomb and our  
19 statewide emergency network was established as well  
20 as the registration of x-ray machines began. I  
21 can't believe it was that long ago, but 1964.

22 1968 -- I love this picture. John maybe can  
23 recognize the lab. The people have since moved on  
24 and retired. But this is staff at our lab down at  
25 our environmental facility in Ocoee, near Orlando.

1           And this is -- isn't this Jerry Akins?

2           JOHN WILLIAMSON: It is possible.

3           CINDY BECKER: It's possible. I always heard  
4 that. I wasn't sure. I couldn't tell. He's since  
5 retired as well. But this is one of our staff doing  
6 some radiation level sampling at Cape Kennedy during  
7 one of the rocket launches.

8           And we have five sections in the bureau. We  
9 have our Environmental Radiation section with --  
10 which John takes care of down at the lab, and that  
11 includes emergency response.

12           We have James with the Technology Standards  
13 and CE. We have Charlie Hamilton. I don't know if  
14 you guys knew that Paul Boss retired a couple years  
15 ago and Charlie Hamilton moved into that position.  
16 In our Radioactive Materials section.

17           Our x-ray machine section, as Clark said, he  
18 used to be in our radon section and moved into the  
19 X-ray Machine registration. And then the  
20 Nonionizing, that's part of really what James does  
21 as part of the technology section and also the  
22 nonionizing radiation. Mainly just the high-powered  
23 medical lasers.

24           And part of the Bureau sections now have all  
25 these eight operational programs, which the

1 inspection program, we have about thirty plus  
2 inspectors around the state that get all of their  
3 assignments from these other sections. So they go  
4 out and do all the radioactive material inspections  
5 and you guys are very familiar with all this being  
6 in the community. And you see them show up for that  
7 and for the x-ray inspections.

8 We also have a TqA section, which puts  
9 together training modules for our staff. And they  
10 are there in Tallahassee. And then all the  
11 sections, our programs to the right, are everything  
12 that is under John's section there at the lab.

13 And our X-ray Machine section, Clark is going  
14 to talk a little bit more about this on his  
15 presentation. But, of course, we register the x-ray  
16 machines and collect the fees and issue the x-ray  
17 certificates. And then we also do all the  
18 inspections.

19 One of the inspections we do do is for the  
20 Food and Drug Administration, we do special  
21 mammography inspections, about 550 of those a year  
22 for them.

23 And Radioactive Material Licensing Section, of  
24 course, we license all the radioactive material  
25 users and collect the fees. That includes

1 everything from medical, industrial, educational.  
2 we also respond to any emergencies which involve  
3 radioactive materials. And we coordinate that  
4 response, our field staff, for the ones that usually  
5 go out and do the response since they are located  
6 all around the state.

7 And this is Environmental Radiation Section.  
8 of course, we do the nuclear power plant drills. We  
9 inspect low level radioactive waste shipments. We  
10 do lab services, we do radiological training for  
11 first responders and we calibrate and repair  
12 equipment mainly for the county health departments.

13 And we also do population monitoring training.  
14 Part of the Medical Reserve Corp. is the Radiation  
15 Response volunteer corp. And I have a picture of, a  
16 few more pictures at the end which you can see that  
17 being done. And we investigate, of course, anything  
18 lost or stolen or abandoned.

19 we support the NASA launches and then we have  
20 our PRND, training and operations. So all the  
21 special events we're there to monitor and survey the  
22 areas, usually prior to the events, to make sure  
23 that nothing has been pre-planted there in the way  
24 of a dirty bomb, so to speak. And we support other  
25 agencies with our radiation sources whenever they do

1 their exercises. Law enforcement is a big part of  
2 who we work with.

3 This is a picture of some of our staff  
4 responding to incidents out in the field.

5 This is staff again doing x-ray inspections at  
6 a hospital.

7 This is Robert Latham is still around. You  
8 guys from the central area will recognize him.

9 And that's Jerry Bai, a much younger Jerry  
10 Bai, doing an inspection of a portable gauge.

11 And the fishing. Yeah, he looks very happy to  
12 catch that fish. I'm sure he did that with his bare  
13 hands. I just know that that happened. So this is  
14 nuclear power plant monitoring the air and the soil  
15 and the water around the power plant.

16 And our Mobile Emergency Radiological  
17 Laboratory, MERL. We can take this where we need to  
18 and do some laboratory analysis with that, with that  
19 equipment. I don't know what that expression is on  
20 him.

21 This is some inspection of low level waste  
22 shipments that is going through and past our state.

23 And this is our lab down in Ocoee, Orlando  
24 area.

25 And this is some training of first responders

1 that we do and there again, you see the Sheriff bomb  
2 squad and the Hazmat emergency response. So we do  
3 train a lot of the first responders from, from the  
4 fire department to Hazmat to local law enforcement.  
5 And John has two staff that do that almost, almost  
6 full time.

7 This is just an idea of the group of  
8 organizations that we do help train.

9 And we also calibrate and repair services,  
10 like I said, for the county health departments and  
11 for others.

12 And this is training going for the Radiation  
13 Response Volunteer Corp. to help us in the event of  
14 a large-scale event. We can run people very quickly  
15 through the portal monitor, to determine a fast  
16 screening tool to determine if further monitoring is  
17 needed.

18 And lost, stolen, abandoned sources, some of  
19 you might remember the FedEx crash in Tallahassee  
20 that was carrying, I think it was just technetium to  
21 the local hospital.

22 And we also support some of the NASA launches.

23 And here we're doing some of the PRND training  
24 and exercises. We also participate in aerial  
25 exercises and also on, on the boat exercises.

1           You see some of our equipment, radiation  
2 protection equipment up there on the right and the  
3 aerial maps down there on the left.

4           And this is some of examples of some of the  
5 operations we participated in and continue to  
6 participate in every year.

7           And our radiation support for the exercises  
8 that's done around the states.

9           That was real quick, because I know some of  
10 you have seen it. But any questions?

11           All right. I'll give this to Clark.

12           CLARK ELDREDGE: No, wrong one. If you want  
13 to talk now, I can go next.

14           JAMES FUTCH: Apparently, it was numbered two  
15 incorrectly.

16           CLARK ELDREDGE: Currently, the group has  
17 eight full-time employees. 54,000 x-ray tubes  
18 registered. That does not include 2500,  
19 approximately, that are registered in a stored  
20 status. Those are active. About 19,000 facilities  
21 and to date, in the fiscal year 16-17, we collected  
22 about \$2.6 million in fees from registrants.

23           So our core things this program does,  
24 registering the machines. Creating the workloads.  
25 what needs to be inspected next for the field



1 inspectors. Enforce the radiation machine  
2 requirements. Conduct investigations and, of  
3 course, collect the money.

4 These is kind of a distribution of the types  
5 of machines and group. I'll tell you why there's a  
6 little, these pop outs. I'll get into that a little  
7 bit later.

8 But this is the dental, this is medical, which  
9 is, you know, a doctor's office. Urgent care type  
10 facilities. And then -- I can't even read all the  
11 little things. But kind of distribution of what the  
12 slides are.

13 So we, again, register the machines, take the  
14 money, issue the regulations. That's all done in  
15 Tallahassee. Coordinating inspections by the staff  
16 is actually done by one of the staff that's  
17 currently a teleworker out of Jacksonville area.  
18 And we manage the agreement with the U.S. FDA for  
19 the mammography inspections since it's a federal  
20 program.

21 we register vendors. Those folks who actually  
22 service radiation machines. They have to be listed  
23 with us. It's free for them. They only have to do  
24 it once, but it is in the statute. We are again,  
25 contact, discussion for people to call and have

1 questions on our rules, regs. Working with the  
2 inspectors on enforcement issues and coordinate with  
3 the other sections.

4 Reportable medical events. Basically, this is  
5 related strictly to therapy, although it is possible  
6 CT and others, but its focus is primarily therapy  
7 where doses are delivered by wrong mode of  
8 treatment. Wrong site, wrong person type thing and  
9 when the dose given is outside a particular range  
10 that's been prescribed by the physician.

11 Big changes to the program. It was moved from  
12 Orange Park to Tallahassee effective the first of  
13 last year. July 1st. The underlying support staff  
14 is completely changed over. All new folks. Coming  
15 up for the first year anniversary for the first one  
16 that was hired.

17 we have reduced staff. One technical position  
18 was lost during the move. And of the technical  
19 staff, four out of five have changed or rotated  
20 around.

21 The previous administrator is actually a  
22 teleworker out of Miami supporting the program with  
23 a violation corrections and, and then our teleworker  
24 out of Jacksonville area, Mr. Burgess, he's the only  
25 person who stayed in his position doing the same

1 job. In fact, we've actually had continued turnover  
2 in staff since then.

3 But -- so this is the goals that were set for  
4 the move, or the traditional goals of this program  
5 were get all the registrations out in 30 days.  
6 Making sure all violations are corrected in 90 days.  
7 Perform all the radiation -- make sure all the  
8 investigations, inspections are performed properly  
9 in a timely manner.

10 Now, current status. We're still suffering  
11 hiccups from the move, including the changeover  
12 about -- the move over, the changeover. Since then  
13 we've had a -- one of the support staff move and  
14 then one of the technical staff who jumped ship as  
15 soon as James had a position open. And the guilty  
16 party is in the room.

17 JAMES FUTCH: What can I say. Grass is  
18 greener.

19 CLARK ELDREDGE: Grass is greener.

20 The renewal period back in October went very  
21 well, considering all things. No significant issues  
22 there. We have had significant delays in inspection  
23 entry since you can consider, since people were told  
24 they are losing their jobs, January, about January  
25 1st of 2016, the productivity, et cetera, we

1 actually had some significant period of months where  
2 very little support work was being done in the  
3 program. We're currently under a project to catch  
4 up on the inspection entries.

5 The delays in the registration processing was  
6 up to three months. We're down to about six weeks  
7 at this point. So we're pretty close to getting in  
8 with the four weeks, the month standard of the  
9 program.

10 We've had a hiccup in the MQSA contract  
11 renewal. How to say, the lawyers found an issue  
12 that they hadn't seen before in twenty years and the  
13 contract hadn't necessarily changed and so we're  
14 currently in a -- it's been out of, what's the --  
15 how long have we been without the contract now?

16 CINDY BECKER: April 30th.

17 CLARK ELDREDGE: April 30th. So it's not too  
18 bad. We hope to get it in play shortly. But -- and  
19 there's some delays in the medical investigation  
20 reports and getting them out the door. Again, it's  
21 staff shake up. Things kept happening as you went  
22 and filled new positions and hopefully, we'll get  
23 all that tied up shortly.

24 Now, some things I want to let you all know  
25 about and not necessarily any comments today or

1 anything, but these are possible things that we'll  
2 be coming to you looking for guidance. Telling us  
3 how to approach these issues. Got some rules update  
4 issues and also some device issues; use issues.

5 So, as you all are quite aware, that radiation  
6 machines now are including computer controlled with  
7 nice computer interfaces. Yet our rule currently  
8 requires that you have a technique chart that  
9 basically tells you where to set the knobs and  
10 switches before you push the button.

11 So we're looking at verbiage right now that  
12 would actually, besides having technique charts is a  
13 list of requirement near a machine, an SOP for  
14 actually navigating the menus on the machine and how  
15 to identify where the techniques charts are in it.  
16 The goals of this, of course, is to make sure when  
17 somebody is unfamiliar with the machine comes in,  
18 they can quickly use the machine. If you have a  
19 temp technologist come in or something like that,  
20 that there's a reference ready for them to properly  
21 use the machine by the orders provided. So that is  
22 something we'll be circulating.

23 Renewal dates. As of right now, we have the,  
24 you know, six weeks, eight weeks disaster where we  
25 pretty much freeze up from getting anything done but

1 renewals. And we're trying to spread that out.

2 If you look to those pie charts that were  
3 really easy to read, you'll -- this is actually how  
4 they're -- they are broken up into. So we're  
5 currently looking for the fact that dental  
6 machines -- that's a typo. That is supposed to be  
7 11, not 22.

8 The breakout of machines, let's see. Is my --  
9 so the color, the shading isn't showing there.  
10 Anyway, we're looking at splitting it into four  
11 periods where dental would be put -- most of the  
12 dental would be put into one group. The reason,  
13 because if the dental were all together, it would be  
14 forty percent, and we're not really spreading the  
15 load that well. So about, what we're considering is  
16 about a third of the registrations, thirty percent  
17 of the registrations representing a large group of  
18 the dental, all of them except for Dade, Broward,  
19 Palm Beach would be done in the current October  
20 renewal period.

21 Then medical and mammography would be put  
22 together. And they would be -- since they -- that  
23 work is about twenty-three percent. Those folks  
24 would be done in a separate window.

25 veterinary, chiropractic, industrial,

1 education, radiography and industrial accelerators  
2 would be put together as another group and then  
3 podiatry, hospitals, non-accelerated therapy,  
4 accelerator therapy, brachi-therapy, diagnostic  
5 imaging centers, mobile facilities and the bulk of  
6 the south Florida dental would be put into another  
7 window.

8 The question of the -- to consider here is  
9 does this make sense for the groups that are being  
10 affected. Do we somehow group them in a way that  
11 the people would not cause undue confusion. There  
12 are groups that own multiple types of facilities.  
13 And I don't necessarily want to have two wide a  
14 range where they have to worry about too many rules  
15 at different times of the year.

16 So looking at that association and does it  
17 make sense that they kind of clump together in the  
18 folks that own these multiple facilities might keep  
19 it simple enough for them so it doesn't cause any  
20 confusion when things are supposed to actually be  
21 paid.

22 Medical events. Something that's come up with  
23 the question from, actually a, a facility was while  
24 they went through all the standard language in our  
25 codes, they were off, in one of their treatments, it

1 wasn't that they missed the site. It was that the  
2 site, instead of being in the center, was off by --  
3 was off center. And so, the surrounding tissue got  
4 a much higher dose than was planned for.

5 Now, the tissue always gets dosed, right? And  
6 the fact that we're going to the new modalities or  
7 we've been in new modalities with rotating heads and  
8 other ways of dosing the tumors from multiple angles  
9 and things, actually reduces the dose to the healthy  
10 tissue. You're no longer going through one single  
11 beam from one side of the body to the other.

12 So the question comes up that maybe looking to  
13 move forward, explore further is when this occurs,  
14 is there some point where the excess dose to the  
15 healthy tissue -- again, this is not in our -- the  
16 rules don't really address this issue. Would there  
17 some case that if you do miss a little bit, and you  
18 consider the dose to the surrounding tissue, at what  
19 point does that become a real concern. Within the  
20 industry, so to speak, when they look at it and say,  
21 no effect, they're always discussing deterministic.  
22 You know, did it -- did the dose to other tissues  
23 pass any sort of.

24 JAMES FUTCH: Critical organ limit.

25 CLARK ELDREDGE: Critical organ limit. Thank



1 you. And so there is, again, we're -- so we're  
2 worried about, we're worried about some concern or  
3 some standard that we need to look at that if there  
4 is -- if you, if you had had a plan for a particular  
5 dose of the surrounding tissue and you exceeded it  
6 by a factor of three or four, but you were still  
7 under the critical dose, is that a significant event  
8 that needs to be addressed or not. So we may be  
9 looking for, you know, going forward getting, asking  
10 your guidance questions, thoughts on that type of  
11 evaluation.

12 JAMES FUTCH: So you're saying, if I  
13 understand you, in that instance, not to look at  
14 just the acute deterministic, but also the  
15 stochastic, long-term cancer induction  
16 possibilities.

17 CLARK ELDREDGE: Stochastic -- right.

18 MARK SEDDON: I think what the industry wants,  
19 because I raised this question I think with Cindy  
20 and Yvette in the past, is right now for HGR  
21 materials were very specific on a percent error in a  
22 dose limit. But for machine based, it's just a  
23 simple statement of wrong human site, without any  
24 type of qualifier. So that's really what most of  
25 the physicists in register colleges would like to

1 know is, what would be considered specifically like  
2 a yes/no. They want more black and white. Give  
3 them some guidance on when it is, when is it  
4 considered a medical event. When is it considered  
5 just a -- I mean, as long as there's still an error  
6 involved, when is it considered a negligible event  
7 or portable.

8 CLARK ELDREDGE: Yeah, that's the language  
9 right now, you know, it's wrong site. But the  
10 clarification what's the wrong site, since the  
11 proper site was treated and received the proper  
12 dose. It's just the window was shifted a little  
13 bit.

14 MARK SEDDON: Exactly. You drop a couple  
15 millimeters or a centimeter, you know, for one  
16 fraction out of twenty-six fractions. Does that  
17 qualify as a medical event or not.

18 CLARK ELDREDGE: Then it's like is there some  
19 threshold that, right. But this was, this was most  
20 of the treatment, I think, rather than just the one  
21 fraction.

22 RANDY SCHENKMAN: But isn't that going to be  
23 determined by the type of radiation that's given? I  
24 mean, if it's proton beam therapy, it's going to be  
25 different than if it's regular radiation therapy. I

1 mean, they're all different now as far as -- as how  
2 specific they are as to what tissue they treat and  
3 how much of the surrounding tissue they're supposed  
4 to affect or not.

5 CLARK ELDREDGE: Right. So I'd say, yeah.  
6 And then, but that could all be included in a  
7 particular standard of if you exceed dose to the  
8 surrounding tissue by a factor or a percentage or a  
9 margin. Then it would auto-include all those things  
10 like, what's the particular therapy, what's -- what  
11 is the inherent error allowed; that type of thing.

12 JAMES FUTCH: Okay. So do you want discussion  
13 on any of these or do you want to wait until the end  
14 and throw it altogether or do you want to just lay  
15 the seed for --

16 CLARK ELDREDGE: I'm laying the seed for  
17 future thought.

18 ADAM WEAVER: So these are future proposals or  
19 plans to look into.

20 CLARK ELDREDGE: Right.

21 JAMES FUTCH: So one thing to keep in mind  
22 about that is when we get to the point where we put  
23 something together into a notice of proposed rule  
24 development, we stop being able to talk about this  
25 in this environment. Because the lawyers are

1 concerned that it be considered to be a possible  
2 rule hearing.

3 So you've been through this before. In fact,  
4 later on this afternoon, I'm going tell you about  
5 rules that have gone past that we kind of hinted  
6 were happening and couldn't discuss when they  
7 actually were happening. So if you, if you do want  
8 that, don't --

9 CLARK ELDREDGE: AS I say, I'm free for  
10 anything. If anybody has any light bulb moment,  
11 please share.

12 JAMES FUTCH: Well, one question for this  
13 would be, you know, we hate to reinvent the wheel.  
14 Is another state doing something that everybody  
15 likes or is there a national standard or a national  
16 group that has a standard that might be used in this  
17 instance that we could borrow.

18 MARK SEDDON: There are. So the NRC has a  
19 qualifying web page that talks about their medical  
20 event and justification behind it and why they have  
21 certain percentages in place.

22 And then I believe, I think it was Rhode  
23 Island, one of the states, a couple states actually  
24 put out information on, basically, to clarify  
25 specifically the wrong treatment site. Again, with

1 some more clarification.

2 So there's a couple states out there that have  
3 position papers and which might be something,  
4 instead of rule making for this, it could be  
5 information notice to clarify what that means.

6 CLARK ELDREDGE: Right.

7 MARK SEDDON: If you want to make it not as  
8 cumbersome, as far as making a major change.

9 JAMES FUTCH: Unfortunately, Dr. Williams, our  
10 resident radiation oncologist, is not able to be  
11 with us today. He may have some thoughts on this as  
12 well.

13 ARMAND COGNETTA: Who would report the wrong  
14 site? I mean, in medicine, we have wrong site,  
15 surgery sites, I mean, and we have to report them  
16 ourself. And so that's a big onus on, would the  
17 physicist report it or --

18 MARK SEDDON: The facility has the  
19 responsibility to report.

20 ARMAND COGNETTA: The facility.

21 MARK SEDDON: So it's the registrant. So what  
22 happens is they have a -- hypothetically, they have  
23 a table shift or something happens and they treat  
24 for one fraction or the wrong site. Then the  
25 question usually comes back is, well, how much was

1 that and does that qualify as a medical event.

2 In the case of like an HGR or materials, it's  
3 more quantified. If you look at the medical event  
4 definitions, there's like, A through F as far as  
5 qualifier. For this, it's a simple statement.  
6 Wrong site.

7 So I have a feeling that there's, for Clark,  
8 you may be receiving or Yvette, I'm sure is  
9 receiving, you may be receiving a lot of extraneous  
10 reports or it may have the opposite happening where  
11 a lot of physicists don't report because they feel  
12 that it's not significant. That's probably what's  
13 happening nor frequently.

14 MS. DROTAR: Also, the technologist has a duty  
15 to report if they've done -- if they've know that  
16 there's been an issue and, you know, you can have a  
17 patient move or that the patient's size changes and  
18 now you're still delivering dose essentially to the  
19 correct area, to the treatment area, but it falls  
20 outside of, of the actual treatment area, which  
21 becomes the wrong site. And it's dose to possibly  
22 normal tissue, as Dr. Schenkman said, but if it's in  
23 soft tissue, it might not be considered as  
24 detrimental as if it's over a liver or a heart or,  
25 or a whole lung or something.

1           So it's -- it comes down to very specifically,  
2 almost exactly the energy that was done and what the  
3 original prescription was, and then what was that  
4 total dose and how much of that total dose was  
5 outside of that area that was supposed to be  
6 included.

7           MARK SEDDON: As you were mentioning, when you  
8 have a treatment plan, you have your target tumor  
9 volume, but then you also have certain tissues are  
10 receiving radiation during the treatment. And so,  
11 it just happens, in general, what it will do, the  
12 physicist will go back and rerun, if there's a shift  
13 or something happened, they will go ahead and, if  
14 they agree that it's significant, they will redo a  
15 treatment plan to compare pre and post and see what  
16 the difference was and how that impacts the overall  
17 treatment; if there's any need to make adjustments  
18 on the fly, in talking with the resident oncologist.

19           So there's various way the industry handles  
20 it. I think more guidance is really what the  
21 general concern I've received from other physicists  
22 and oncologists is they want to know what qualifies  
23 as medical events.

24           One of the things is during the course of  
25 regular treatment, it usually takes -- it's not all

1 in one day. In the course of weeks, patients  
2 change. They are undergoing treatment so their size  
3 changes. Every time you put them back on the table,  
4 they may not be the exactly the same position. So  
5 one of the questions is, is it normal, a normal  
6 variance versus an abnormal variance. Meaning a  
7 normal variance is that just the normal, you trace  
8 over the same area over and over again, you're going  
9 to go outside the lines. Versus an abnormal  
10 variance, there's another verbiage they use for it.  
11 But if they make a mistake. They actually forget to  
12 set the table properly or do something of that  
13 nature. So that also would be helpful in the  
14 qualifying statement.

15 CLARK ELDREDGE: whether it's inside the  
16 planned, because you can project and plan the extra  
17 dose or exposure to the surrounding area.

18 MARK SEDDON: Correct.

19 ARMAND COGNETTA: I would say that if you  
20 notify the patient and you notify the department,  
21 but in the airline industry, as long as everybody  
22 tells what happened, you know, it's a learning  
23 experience, not a punitive experience. And, you  
24 know, I mean, I'm sure that there's lots of  
25 instances that you run into where things shift



1 around and you use it to learn, you know, to improve  
2 your technique as time goes on.

3 MARK SEDDON: Yeah. Any time there's an error  
4 of any type, all facilities have their own cause  
5 analysis.

6 ARMAND COGNETTA: Yeah.

7 MARK SEDDON: Patient safety organization, you  
8 know, ROILS is what they use in radiation oncology,  
9 like the radiation oncology information learned  
10 system. So there's lots of -- any time there's an  
11 error, there's follow up. But I think what we're  
12 trying to clarify is, when you just have a statement  
13 that any wrong treatment site, it doesn't give you a  
14 lot of guidance and that's where that is requested.

15 RANDY SCHENKMAN: Where is abnormal and where  
16 is normal variance?

17 CINDY BECKER: Does the Delaware PM offer any  
18 guidance?

19 MARK SEDDON: Delaware PM does not have -- I  
20 have to check make sure nothing has changed, but  
21 when I was looking at this a year ago, they didn't  
22 have anything formally written up. The NRC did, a  
23 couple different states did. I think ASTRO actually  
24 has something, which --

25 CINDY BECKER: Maybe it was ASTRO. That came

1 up at the meeting that we were at last week.

2 MARK SEDDON: Yeah, I believe ASTRO has  
3 something written up for that.

4 KATHY DROTAR: Because back with AIEA, they  
5 had that whole -- Debbie headed up that, that one  
6 division that was looking at people reporting things  
7 that happened and having, having that truth that  
8 people, that there wasn't a punitive side to it,  
9 either. So that people would be more apt to report  
10 things that, that were an error or a suspected error  
11 so that we could move forward. And so that, so that  
12 technologists and physicians, you know, like you  
13 said before, the things that could occur, and then,  
14 you know, because none of it -- the errors aren't  
15 malicious. It's that these things happen. So  
16 prevention and then, you know, how do we go about  
17 once it's been reported, to insure that, you know,  
18 people are still going to continue to report them.

19 CINDY BECKER: Yeah, that was called Safron,  
20 and she gave a presentation on that as well. So,  
21 yeah, it had a lot of data analysis of the medical  
22 events.

23 JAMES FUTCH: I think Dr. Williams said there  
24 was another.

25 MS. DROTAR: Yeah, he addressed that at the

1 ASTRO and the ARRT annual meeting.

2 CLARK ELDREDGE: It was the therapists that  
3 report most of the events, I think, at that  
4 presentation. Not the most but the largest group of  
5 reporters.

6 KATHY DROTAR: Yeah.

7 JAMES FUTCH: I think reporting in Florida is  
8 pretty good. Usually the medical physicists, once  
9 in a while for us, if something doesn't feel right  
10 about what happened at a facility and they don't  
11 report it, the therapist will, will call us and make  
12 a complaint or at least forward some information  
13 that will eventually turn into a proper report.

14 MARK SEDDON: The therapist will actually  
15 know --

16 KATHY DROTAR: what happened.

17 MARK SEDDON: -- what happened. They are the  
18 ones who actually participate in the potential wrong  
19 treatment site. So they report up their ladder.  
20 It's just a matter where it gets reported to the  
21 state.

22 KATHY DROTAR: How high it goes.

23 MARK SEDDON: Exactly.

24 CLARK ELDREDGE: Basically, that's how this  
25 came to us and it was a question, and so I thought

1 I'd bring it here.

2 All right. The next case is, you know, DEXA  
3 is used for bone density measurements. There are  
4 groups out there using it for body fat measurement.  
5 They promote it as the most accurate body fat  
6 measurement. Marketing it to the fitness groups.  
7 Currently, there are two locations doing this in  
8 Florida.

9 Now, if you actually go look on the websites  
10 and whatnot, it turns out that the water  
11 displacement DEXA actually have equivalent accuracy.

12 Thoughts on this issue and things we're  
13 looking for questions, feedbacks on, is generally,  
14 when you apply radiation to a human for medical  
15 purposes, you're trying to get a proper diagnosis or  
16 other treatment thing and that is the most efficient  
17 method to obtain that information. And because  
18 we're trading off the risk of specific sarcastic  
19 effects in the long term with the information  
20 provided that provides immediate medical benefit to  
21 the individual.

22 So I'm not sure I clearly see the use here and  
23 were appreciate your -- because maybe you all have  
24 some ideas of appropriate -- how this fits in to --

25 JAMES FUTCH: So maybe a little more

1 background information. In this case, the  
2 particular site that we've been to, they were being  
3 administered by, you know, legally authorized people  
4 to administer radiation to human beings. Clark's  
5 regs. have a requirement that there be a proper,  
6 from a licensed practitioner before this could  
7 happen and that, apparently, was being done at these  
8 locations. But if you look at the websites and you  
9 look at the people who, you know, reported the  
10 information to us, the impression you get from that  
11 is none of that. It's not, you know, for medical  
12 diagnosis. It's for, hey, you know, let's do some  
13 body building and let's see how good we are on the  
14 body fat content and, you know, things of this  
15 nature.

16 And there's only two of them right now. And,  
17 of course, we only had a couple to look at. But we  
18 kind of see maybe this is a trend. And there's an  
19 awful lot of spas in the state of Florida. Speaking  
20 from the nonionizing side where we have absolutely  
21 no regulations about the use of lasers in the hands  
22 of people who have no medical license whatsoever.

23 There wasn't a lot of that happening fifteen  
24 years ago, either. But there's a bunch of it out  
25 there now. So from my perspective, I look at

1 this -- everybody remember to turn your phones off.

2 CLARK ELDREDGE: I thought I turned this off.

3 JAMES FUTCH: It's always a good reminder.

4 But Clark and I kind of came upon this from two  
5 different sides of things. He from the machine side  
6 and me from the licensed operator side of things and  
7 it begged the question with where does this go.

8 CLARK ELDREDGE: We have received calls from  
9 folks from Australia, that live in Australia that  
10 are looking to come and set up shops in Florida and  
11 they are wondering why it required a licensed  
12 practitioner to issue the prescription to offer the  
13 service. Currently, the DEXA fit location that they  
14 actually -- the client comes in, fills out a  
15 questionnaire; that is then faxed over to the  
16 physician who cites the script and sends it back by  
17 electronic means.

18 RANDY SCHENKMAN: So it's not used for bone  
19 density at all? It's strictly used for body fat  
20 measurement, for --

21 CLARK ELDREDGE: In these situations.

22 RANDY SCHENKMAN: -- for exercise.

23 JAMES FUTCH: I think it's accurate to say  
24 they do both. So when you do the analysis and  
25 Lynne, I don't know if you want to add anything to

1 this because you talked to the people at the  
2 facility. Different facility.

3 But when you do this, you get the bone density  
4 information, but you also, with the slight change in  
5 the way the software is configured, get the body fat  
6 information at the same time. So you can do both.

7 So you can say, yes, I have a question about  
8 my bone density and the physician can say, well,  
9 have you, you know, experienced any issues or  
10 whatever kind of communication takes place, we  
11 really don't know. The order gets written and out  
12 of it comes both of these things.

13 RANDY SCHENKMAN: But they aren't treating the  
14 bone density. They are treating --

15 CLARK ELDREDGE: No. The bone density, the  
16 practice is, you can measure a couple different  
17 joints in the body. This is a head-to-body scan.  
18 Measuring the whole body. To do a body fat  
19 analysis. So it's not just --

20 RANDY SCHENKMAN: That's different. And what  
21 is water displacement?

22 CLARK ELDREDGE: You sit in a tank of water  
23 and it sees how much it floats.

24 MATTHEW WALSER: It's actually very  
25 uncomfortable. I've done it back in the day, back

1 in my college days when I was learning about all  
2 this. You sit on basically, a scale that's over in  
3 a pool. You sit on a seat and you have to curl up  
4 in a ball and breathe all your air out. Cough all  
5 of your air out and hold it and let the scale kind  
6 of normalize and it gives you some kind of number.  
7 You plug it into a formula and then you get your  
8 body fat analysis. It's really hard to do.

9 I mean, most people to get a very accurate  
10 measurement, people don't tolerate coughing all your  
11 air out under water and holding it for twenty or  
12 thirty seconds. It's not very comfortable.

13 JAMES FUTCH: So one aspect, one thought is,  
14 are your facilities that you're associated with  
15 doing this? Anyone heard of other facilities?

16 WILLIAM ATHERTON: I've had a client ask me  
17 about it and I hadn't, at that point, I hadn't heard  
18 about it and I said, well, it doesn't sound like  
19 it's, you know, if you're just measuring body fat,  
20 it doesn't sound like, you know, it would be good to  
21 me, but then there was no -- I don't know if they  
22 are approved or not. I don't know.

23 MATTHEW WALSER: We have an air displacement  
24 unit at our facility, actually. You may have heard  
25 of it. Bod pod is something, you get into a little



1 submarine capsule little thing and they shut the  
2 door and you breathe and sit there and it's pretty  
3 easy to do. Pay fifty bucks and -- whatever it is.

4 RANDY SCHENKMAN: Is it pretty accurate?

5 MATTHEW WALSER: It's pretty accurate. I  
6 don't know where it sits with the water displacement  
7 part of it, but it's doable. You know, it's  
8 comfortable and most everybody can do that.

9 RANDY SCHENKMAN: Do you do the calipers and  
10 the scales also?

11 MATTHEW WALSER: The folks that do this, I  
12 think they do the calipers as well. The calipers  
13 are, I mean, they've been around for a million  
14 years. And it's a lot of tester reliability. So  
15 people that haven't done a lot of them and they sit  
16 there and pinch little skin folds on you, it's -- I  
17 don't know how accurate it is.

18 My question is, is how much radiation. And I  
19 know a little bit about DEXA scans. A little bit.  
20 But I don't know how much radiation somebody gets  
21 for one DEXA scan.

22 REBECCA MCFADDEN: Versus what they're doing  
23 with the head to toe.

24 ARMAND COGNETTA: Right. Versus head to toe.

25 RANDY SCHENKMAN: But you're saying that the

1 air displacement is pretty accurate?

2 MATTHEW WALSER: I think it's pretty accurate.  
3 I don't have the exact numbers on it.

4 RANDY SCHENKMAN: The DEXA isn't really  
5 necessary, especially for all the extra radiation  
6 you're getting if it's head to toe.

7 MATTHEW WALSER: For as little as I know about  
8 how much radiation goes into the body with the DEXA  
9 scan, I mean, any radiation seems like it's too much  
10 unless you're treating some significant medical  
11 problem. Whereas body fat percentage is kind of a,  
12 sort of a luxury to know, you know. It's, I don't  
13 want to call it cosmetic, but it's -- some people  
14 that are big into fitness, they want to know about  
15 that. And I think, you know, in my world, air  
16 displacement would suffice, you know.

17 MARK SEDDON: Do we know how much the -- are  
18 there any measurements of actually dose? Because  
19 I've heard of body fat measurements with CT scanners  
20 for research purposes, but not with DEXA, whole  
21 body.

22 JAMES FUTCH: I don't, I don't have the  
23 numbers. That's something --

24 ADAM WEAVER: I'm sure you can get it off of  
25 sites. But it's not that high.

1 CLARK ELDREDGE: The sites, again, the sites  
2 claim it's inconsequential.

3 ADAM WEAVER: This may have a different scan  
4 if they are going full body. Usually DEXA scans  
5 only look at the hips.

6 MARK SEDDON: Normally, a DEXA scan is a very  
7 low dose.

8 ADAM WEAVER: Right.

9 MARK SEDDON: But, like, when you're talking  
10 about a whole body with the DEXA, I mean I wasn't  
11 even aware they were able to do that. But that  
12 would take a long time.

13 ADAM WEAVER: I know we've done it on animals.

14 JAMES FUTCH: We actually were getting  
15 questions about this for probably the past five to  
16 eight years from some researchers who were in  
17 universities around the state because they were  
18 having an issue of who can, who can administer,  
19 right? So they didn't have a radiographer and they  
20 could become basic machine operators and do this.  
21 But then they had to have a physician be in the  
22 facility.

23 MARK SEDDON: Right.

24 JAMES FUTCH: I think some of them started  
25 using PAs or nurse practitioners. So that was many,

1 many years ago. And I guess this is the end result  
2 is, it's starting to become a thing.

3 MARK SEDDON: Because there's a, I believe  
4 there's a metabolic research lab around the corner  
5 from one of our facilities that may have. But they  
6 are doing it for research purposes, not for body  
7 fitness types of things. For metabolic research.

8 JAMES FUTCH: So from my perspective right  
9 now, there's a little bit of a break on this, and  
10 that's Clark's statute and regs. which talk about  
11 authorized by a licensed practitioner. We still  
12 have to have that. But, you know, the flip side is,  
13 if this turns out to be minimal or whatever you want  
14 to consider, we have this question a minute ago,  
15 right, what's a low, what's a low dose? Marketers,  
16 lots of people get involved in it. And then we're  
17 right back into the whole, well, somebody thinks  
18 there's a benefit from just a little bit of  
19 radiation. And it's not medical in the traditional  
20 sense. So you get pressure to change your regs.  
21 Somebody gets pressured to change the statutes that  
22 allow the reg. to be there.

23 MATTHEW WALSER: I think the other thing to  
24 consider is usually if you're talking about body fat  
25 compensation -- composition, usually it's not a

1 one-time thing. Somebody will get an initial  
2 measurement and then they will go through the work  
3 out thing and then they will get one in a month or  
4 two months and see if they've changed and then  
5 they're going to get another one. So we're probably  
6 not talking about a one-time thing.

7 CLARK ELDREDGE: And this also has -- if you  
8 think to extend that -- this has the potential for  
9 targeted since it does the whole body scan and they  
10 are wondering, are my glutes, my lats, am I  
11 optimized in this part of my body. Do I need to  
12 change my work out routine based on that.

13 REBECCA MCFADDEN: Well, I think, sorry, but  
14 if -- it can go the other way. It's not just those  
15 people who are doing the physical fitness, but it  
16 could also be for those who are looking to lose  
17 weight. And, you know, the insurance is requiring,  
18 you know, a certain BMI. Then if they want to  
19 monitor their BMI after a weight loss surgery or  
20 whatever the case may be, it could be a tool for  
21 that. There's multiple ways this gets out and it  
22 starts going the way that it could possibly, with  
23 those --

24 CLARK ELDREDGE: If you consider the folks who  
25 might be with weight loss surgery, there's a

1 definite, you can probably measure it, a very  
2 definite medical benefit for that versus --

3 REBECCA MCFADDEN: Exactly.

4 CLARK ELDREDGE: -- the current marketing,  
5 which is all towards fitness.

6 REBECCA MCFADDEN: Is fitness, right.

7 CLARK ELDREDGE: Commercial marketing.

8 ARMAND COGNETTA: There's the indication.

9 LYNNE ANDRESEN: I wanted to share, because  
10 I've been a DEXA tech as well with my history.

11 Typically, those patients only come in once a  
12 year. So it's an annual exam. So it's a very low  
13 dose, but it's just one time. Once a year.

14 So as you were saying, you know, people that  
15 are really into fitness, they may say, well, I want  
16 to come in three times a week. You know, I want to  
17 check what my results was last week. So even though  
18 it's a low dose, now it's a low dose on a continual  
19 basis.

20 REBECCA MCFADDEN: And right now, there's no  
21 regulations at all.

22 LYNNE ANDRESEN: Exactly.

23 JAMES FUTCH: well, other than the --

24 REBECCA MCFADDEN: Other than the  
25 prescription.

1           JAMES FUTCH: The thing I think stopping it,  
2 all other factors being equal, finances and public  
3 acceptance and the rest of it, the thing that holds  
4 it back from whole scale, just what you were talking  
5 about, is, is the, yes, authorized by a physician or  
6 licensed practitioner, which is a broader thing,  
7 right?

8           CLARK ELDREDGE: As I was looking this up, I  
9 go back about five minutes. Air displacement, water  
10 displacement and DEXA were like a percent or two.  
11 Air and water. And the water and DEXA were a  
12 percent or two, air was like four or five percent.  
13 Four or small percentage as air. It was still on  
14 the scales and the calipers kind of went to quite  
15 large errors.

16           All right. Personal security scanners. We  
17 currently have internal imaging x-rays being used on  
18 folks to do for contraband detection. This is  
19 permitted only on legal detainees. And it requires  
20 that their dose be monitored. We are having an  
21 incident where the industry continues to market  
22 these devices as a fix all, cure all for security.

23           JAMES FUTCH: Courthouses.

24           CLARK ELDREDGE: Courthouses, jails, you name  
25 it.

1           RANDY SCHENKMAN: Is this the same as  
2 airports?

3           CLARK ELDREDGE: No. The airports is the back  
4 scatter surface x-ray. Right now they are the  
5 millimeter. The ones they first came out with, the  
6 backscatter, wasn't even intended to go through the  
7 skin. But these are, looks like your --

8           JAMES FUTCH: Transmission.

9           CLARK ELDREDGE: -- transmission, wonderful.  
10 Detail the internal organs type thing; bone  
11 structure. And we recently did have the Duval  
12 County Sheriff use it on all visitors for the  
13 pre-trial detention service. They bought two, put  
14 one in the inmate processing and one in the front  
15 door so if you wanted to come in and visit your  
16 cousin in jail or whatever, you had to be imaged.  
17           And the lawyers were put through it as well.  
18 The court officers. So, you know, we may be, you  
19 know, anyway.

20           JAMES FUTCH: That's another, that's  
21 another -- obviously, there's no, there's no medical  
22 authorization for the use of this device, but that's  
23 because that's where the -- there's a lot of because  
24 behind this one. But this is where I guess a lot of  
25 states are going to be; maybe already are.



1 CINDY BECKER: Yes. A lot of states did not  
2 even realize that these devices were being used in  
3 their state. We realized probably before a lot of  
4 those states and we became close to the first state  
5 to come up with an actual rule development for it.

6 And so when we were at conference, we were  
7 being asked a lot of questions about how we  
8 developed the rule and what we considered. And one  
9 of the main things we considered, of course, is for  
10 it not to be used on visitors. Can you imagine  
11 families coming in there every week and imaging  
12 children for this and we said no, it's not what we  
13 want it used for.

14 RANDY SCHENKMAN: So was it banned?

15 CINDY BECKER: No, it was not banned. What we  
16 put in place is the requirements that it be used  
17 only in sheriff's offices, not sheriff office per  
18 se, but in an actual prison. It says only on legal  
19 detainees and only in penal institutions.

20 So and -- they had to have the dose not  
21 monitoring.

22 (Stood at Ease)

23 MARK WROBLEWSKI: I'm curious. How did the  
24 Duval County Sheriff then allow this to happen that  
25 he, he went ahead and took care of all the visitors?

1 I mean, has he been told he can't do this anymore?

2 CINDY BECKER: Oh, yes.

3 CLARK ELDREDGE: They did call and ask for a  
4 variance and I said there's no variance opportunity  
5 here. Because we -- originally, there was a  
6 variance written on allowing it just for prisoners.  
7 And then it was determined it needed to be a rule  
8 and we clarified the rule. It stipulates only  
9 prisoners. No one else.

10 RANDY SCHENKMAN: So no visitors.

11 JAMES FUTCH: Actually, in a later  
12 presentation this afternoon, we talk about rules  
13 updated, Clark is going to talk about there's a  
14 summary talking about that. And that's based upon  
15 the ANSI standard.

16 CINDY BECKER: Yes, there's a specific ANSI  
17 for security scanners and that's what we based our  
18 rule on.

19 JAMES FUTCH: Thank goodness.

20 CINDY BECKER: It started off with, as Clark  
21 said, us receiving some requests for waivers. And  
22 when we got to the point of seeing quite a, quite a  
23 good deal of those waivers coming in, then we said  
24 it's time to go ahead and put a rule together.

25 JAMES FUTCH: Do waivers after. So many. No

1 need to change it.

2 CINDY BECKER: They were coming in.

3 RANDY SCHENKMAN: Good job.

4 MARK SEDDON: One quick thing for the medical  
5 events I was talking about before. The state of  
6 Massachusetts actually has the --

7 ADAM WEAVER: Medical events.

8 MARK SEDDON: -- medical events publication  
9 that they published. And then Joint Commission has  
10 a publication on one site. CRCPD has a clarified  
11 definition as well as the NRC.

12 RANDY SCHENKMAN: Does RSNA?

13 MARK SEDDON: I have not looked at RSNA. I  
14 was just looking at the regulatory agencies. They  
15 probably have something.

16 CLARK ELDREDGE: And the -- I'm trying to say  
17 here, when you look at the monitoring, the public  
18 going in these facilities and so often that the  
19 public doesn't have direct contact with the inmates  
20 and exactly how are they supposed to remove  
21 contraband from the person and pass it when they are  
22 under supervision. So there's certain parts of this  
23 that just don't make sense why they would even want  
24 to spend the money to use it.

25 ADAM WEAVER: Are these devices regulated or

1 do you register these devices?

2 CLARK ELDREDGE: They are registered, yes.  
3 They weren't registered by Duval. They didn't  
4 bother to tell us they are there. They are now.

5 ADAM WEAVER: Okay.

6 CLARK ELDREDGE: Any other?

7 JAMES FUTCH: There are actually other --

8 CLARK ELDREDGE: You have to split the slide  
9 for you to start talking again.

10 JAMES FUTCH: You can't stop me. It's  
11 impossible.

12 There are other devices out there that aren't  
13 used on people that the law enforcement agencies  
14 and, and other folks in the security industry, have  
15 had for a long time. There are actually portable  
16 fluoroscopes that the bomb squads have. Maybe we  
17 should have somebody come in and talk about those.

18 There's the portable fluoroscopes out there,  
19 battery operated, which we see fairly frequently  
20 when we do the special events. That you can -- you  
21 can put over a package to see, of course, what's  
22 inside the package. Is there something ticking, is  
23 there a cell phone connected to wires, et cetera, et  
24 cetera, et cetera and they are pretty spiffy on  
25 output, like 25R per minute. You can't operate them

1 for long periods of time because the battery doesn't  
2 allow you, the device doesn't, but there's a lot of  
3 non-medical devices out there that put out a lot of  
4 radiation that can be used for positive events.

5 RANDY SCHENKMAN: Do they use them on people?

6 JAMES FUTCH: Curiously enough, one of those  
7 bomb squad type devices that's marketed, a lot of  
8 them are like U-shaped and here's an imaging screen  
9 on one side and here's the tube on the other. It's  
10 kind of fixed. Does it fit over the package or not.  
11 You stand over the package and stand away.

12 There are some have that a removable imaging  
13 screen and they go on the end of a paddle. The idea  
14 is one guy on one side of the wall uses the x-ray  
15 tube and the other guy with the paddle and screen,  
16 puts it on the other side of the wall. And the two,  
17 at some point, meets up so you can actually see an  
18 image. But it's a nice long paddle to keep the  
19 operator out of the way of the beam shooting through  
20 the wall.

21 RANDY SCHENKMAN: What about people? I mean,  
22 like, do they fluoroscope people?

23 JAMES FUTCH: They are not supposed to. And  
24 I'm sure they've never done that.

25 RANDY SCHENKMAN: Oh, sure.

1 CLARK ELDREDGE: Nobody has ever said, watch  
2 this.

3 There's also a newer one of these type of  
4 devices based on backscatter for the, for the soft  
5 material backscatter measurements. The idea is they  
6 can search the -- a single hand-held thing so you  
7 can look inside of a tire or into cushions in a car,  
8 something like that. For hidden contraband.

9 JAMES FUTCH: Did you want to divide up the  
10 registrations into quarters of the year?

11 CLARK ELDREDGE: Not really. I don't know if  
12 anybody has quick thought on that.

13 JAMES FUTCH: I had a thought. Clark's  
14 proposal was to basically, you know, to go from once  
15 a year to break up the workload, so that response  
16 times are good to the registered parties or improved  
17 to the registered parties.

18 CLARK ELDREDGE: Right now, nothing happens in  
19 the office except for renewals for eight weeks or  
20 so. We can't do any new registrations. We can't do  
21 any inspection data entry, any of that. So it's  
22 kind of.

23 JAMES FUTCH: And this would, obviously,  
24 spread the workload according to the type of, type  
25 of tube, I guess.

1 CLARK ELDREDGE: Type of register.

2 JAMES FUTCH: Type of register. You all work  
3 for various facilities that have tubes. Some small  
4 numbers, some large numbers of tubes. What do you  
5 think? Discussion? Any ideas, good idea?

6 MARK WROBLEWSKI: The only thing, the only  
7 thing I can see if it's done yearly and all of a  
8 sudden, I have to have one done six months instead  
9 of year, I'm paying an extra fee.

10 CLARK ELDREDGE: Actually, you're not. I've  
11 done it so it's revenue neutral.

12 MARK WROBLEWSKI: Perfect.

13 CLARK ELDREDGE: Now, we are limited by the  
14 maximum number of fees and so it will be, for the  
15 one that comes out at let's say at five months  
16 between the October renewal and the five months  
17 later, the first ones, they will be at the minimum.  
18 But for the next year, it will be below the maximum  
19 to make up the difference for it to be -- so it  
20 works out that way. And people, just to make sure  
21 and the guys who stay in October won't see a change.  
22 But for everybody else, I calculated that out to  
23 make sure it's neutral over the adjustment period.

24 MARK WROBLEWSKI: That would be my only  
25 concern.

1           ADAM WEAVER: So you're not changing the  
2 educational one, is that the way I read that? Is it  
3 going to stay October?

4           CLARK ELDREDGE: No. No. The dental is  
5 probably the one that stays October because they are  
6 the dentists and --

7           ADAM WEAVER: The educational one changed, you  
8 just need notice because it has to be --

9           CLARK ELDREDGE: Everybody will be --

10          ADAM WEAVER: -- state system like you guys.

11          CLARK ELDREDGE: No. Everything will be  
12 mailed out. An announcement of how the changes will  
13 occur when this goes into effect; all that kind of  
14 stuff.

15          ADAM WEAVER: So we can put it in the budget.

16          CLARK ELDREDGE: Budget.

17          MARK SEDDON: You may have some confusion for  
18 those sites, like hospitals to have a mixed type of  
19 registrations.

20          CLARK ELDREDGE: Right. That's the question  
21 I'm trying to limit that. That's what I really need  
22 to know how to limit that. The problem is I can't  
23 see a way how to move mammo and medical because of  
24 how large they are.

25          MARK SEDDON: Yeah.



1 CLARK ELDREDGE: I know there's probably some  
2 diagnostic imaging centers that have, that might  
3 have a mammo as well or hospitals that have mammo  
4 and, but all their medicals, or they have a -- they  
5 own a separate site.

6 MARK SEDDON: Or there's a mammo, mobile  
7 mammos also.

8 CLARK ELDREDGE: Mobile mammo would be under  
9 the mammo. That's the mobile and the, the  
10 positioning one for, I can't say the acronym for it  
11 or the right -- but there's also the, there's only a  
12 few in the state. The guidance for biopsy and/or  
13 whatever they are under the mammo class.

14 RANDY SCHENKMAN: Minimally invasive biopsy.

15 CLARK ELDREDGE: Excuse me?

16 RANDY SCHENKMAN: Minimally invasive biopsy  
17 machines.

18 CLARK ELDREDGE: Yes, those. There only a few  
19 handful of those in the state that's included in  
20 that as well.

21 KATHY DROTAR: I have a question. For the  
22 people that stay in October, it's one thing. But if  
23 my, if my registration expires in October and then I  
24 don't get reinspected for six months, or I don't get  
25 a certificate for six months, and I have an

1 accreditation issue, how do I, how do I know that I  
2 maintain that?

3 CLARK ELDREDGE: In this case, the  
4 registration on October will be issued on October.  
5 And it will expire instead of, it will expire in six  
6 months and at six months, it will be good for a  
7 year. So it will just be --

8 KATHY DROTAR: Okay. So it's a sequence.

9 CLARK ELDREDGE: Sequence. Just shifting  
10 sequencing and spreading out the workload on the  
11 department.

12 KATHY DROTAR: Thank you.

13 JAMES FUTCH: And inspections are independent.

14 CLARK ELDREDGE: Yeah, inspections are  
15 completely independent. Yes, you will have your  
16 certificate for the joint commission.

17 RANDY SCHENKMAN: Are you going to have enough  
18 people to do all of that?

19 CLARK ELDREDGE: well, actually, this makes it  
20 more efficient to have the people that we do. This  
21 will be easier for us to maintain.

22 JAMES FUTCH: We did something similar with  
23 the technologists in 1999, 2000. Because we -- all  
24 of this used to be handled on a mainframe computer  
25 for all the professions in the 1980s. And in fact,

1 that's where the JR and the JX, those destinations  
2 all came from, that was how they kept them separate  
3 on the main frame.

4 But so, in order to balance the workload back  
5 then, all the technologists expired at December 31st  
6 of every year, which was you think if October is  
7 bad, try December. But then, but that's how you  
8 inherited October.

9 So in 99-2000, we did birth month expiration  
10 dates. So we took however many it was and divided  
11 it by 24, and everybody got a prorated initial and  
12 then from that point on, it was every two years.  
13 And it was a little bit challenging, you know, to do  
14 that first, that first cycle to get everybody on the  
15 new cycle. Extra phone calls and the rest of it.  
16 But very beneficial for both the staff trying to  
17 process and the people who would hate to mail in a  
18 renewal in the Christmas season. With all that  
19 mail.

20 CLARK ELDREDGE: In fact, there's, there's a  
21 reason -- it's not planned -- these were not going  
22 to be quarterly. Intent to avoid the Christmas  
23 holiday and to -- so we won't actually start the,  
24 you know, the first renewal would be more like  
25 March. Excuse me. February, March in order to, and

1 spaced, you know, six to eight, I don't like to do  
2 math in my head. Ten weeks apart rather than  
3 thirteen.

4 JAMES FUTCH: Okay. Anything else? Any other  
5 discussions? Brenda, when are we going to lunch?

6 BRENDA ANDREWS: We're scheduled at 12.

7 JAMES FUTCH: Okay.

8 BRENDA ANDREWS: We just turned in our  
9 requests, so --

10 RANDY SCHENKMAN: I think we have time for  
11 you.

12 BRENDA ANDREWS: We still have some time for  
13 another presentation.

14 JAMES FUTCH: Okay.

15 RANDY SCHENKMAN: We'll visit yours next.

16 JAMES FUTCH: Yeah, surprisingly enough.  
17 Okay. So, like Cindy's, this is one you saw, I  
18 think a year and a half ago, those of you who were  
19 on the council.

20 So for the new folks, this is a little bit of  
21 a focus on the technology standards and CE part of  
22 the Bureau of Radiation Control. And this also  
23 leads into some of what Bianca is going to talk  
24 about. Kind of where the bridge occurs.

25 So in technology certification, or in this

1 program inside of Bureau of Radiation Control, we do  
2 the higher level functions of technologists  
3 certification, either for diagnostic use or  
4 radiation therapy, therapeutic use, nuclear med  
5 techs, et cetera, et cetera.

6 Our particular program in the Bureau also  
7 handles some non-technologist related things, which  
8 is the State of Florida's laser registration  
9 program. And I have a few staff who also provide IT  
10 support to the Bureau.

11 So let's talk first about radiologic  
12 technology. It was enacted in 1978. It's housed in  
13 the Florida Chapter 468 IV. And the rule is 64E-3.  
14 There's been many changes over the years. I took it  
15 over about twenty years after it was enacted. And  
16 we've seen some significant modifications. We'll  
17 talk about a little bit of that.

18 In 2005, the department determined that we  
19 would take advantage of the division Medical Quality  
20 Assurance that handled all the other health care  
21 professions, licenses, the doctors, the nurses and  
22 the rest, because they have a tremendous operation.  
23 Lots and lots, I think it was 800 people at one  
24 point. I can't remember how big it is now. It's  
25 pretty big all through the state of Florida. And

1 they have economies of scale that can be taken  
2 advantage of and were able to do things that we  
3 could not do, like have online renewals and  
4 abilities to talk to even more people than we have  
5 to help with certification.

6 So we say it was in-sourced. We took eight of  
7 our staff and they were given to the sister  
8 division. We kept four. And they have been  
9 handling the day-to-day operations. The application  
10 comes in, you talk to one of their folks in a call  
11 center. It's certified by one of their processors.  
12 When you graduate students, the school list go to  
13 MqA and we perform. We kind of act like the board.  
14 We handle the statutes and the regulations.  
15 Discover practice questions. We determine probable  
16 cause when there's an expect filed against someone.  
17 We run the advisory council, which is this council  
18 is actually housed in the Rad Tech statutes.  
19 Although it was modified many years after '78 to  
20 include environmental member, certified health  
21 physicist member and broadened to use just beyond  
22 technologists for the whole Bureau of Radiation  
23 Control.

24 And the numbers on the bottom are approximate  
25 numbers. Bianca I think has better numbers. These

1 are probably a year and a half old. But, roughly,  
2 just under 30,000 or so, technologists active. To  
3 give you a perspective, Bianca, I think it's what,  
4 like 60,000 EMTs and paramedics, something like  
5 that?

6 BIANCA BELL: About 63.

7 JAMES FUTCH: About half the size of the EMT  
8 paramedic population numbers. So the different kind  
9 of technologists. There's two different types of  
10 basic machine operators. To be a basic, you don't  
11 have to attend the formal program. You can be a  
12 high school graduate. Review a study guide and if  
13 you pass the test with a 65 percent or higher, you  
14 would be licensed.

15 The rest of the folks, the general  
16 radiographers, nuclear med techs, radiation therapy  
17 techs, we call them CRTs, certified radiologic  
18 technologist, you can see the biggest category is  
19 the radiographers. Nuclear med techs and therapy  
20 techs kind of swapped over the years. There used to  
21 be a lot more therapy techs and -- the advent of PET  
22 and PET CT has kind of turned that trend around.

23 And then a few years ago, in 2012 we got the  
24 authority to certify additional kinds of specialty  
25 technologists like CT techs, mammographers, Rad

1 assistants and magnetic resonance imaging techs but  
2 that's another story that we're going to go into in  
3 a second. We no longer do that. We don't have the  
4 authority.

5 Curiously enough, if you look at number of  
6 technologists by number of licenses, there are, of  
7 course, more licenses issued because people have  
8 multiple licenses.

9 And the number of CE providers, continuing  
10 education, which we also handle for the profession,  
11 is at the bottom of the screen and we certify and  
12 approve courses, not at the provider level, but at  
13 the course level. So there's standards.

14 And when we approve a course, we follow the  
15 national standards so that someone who is both  
16 nationally certified and Florida certified, the CE  
17 that they take in Florida, to renew their Florida  
18 license, can be used to renew their national  
19 certification. And that's mostly because we abide  
20 by the same standard.

21 So when our inspectors go into a facility to  
22 inspect x-ray machines for Clark or radioactive  
23 materials for Charlie's group, they are also looking  
24 to see if the operators of those sources or devices  
25 are certified properly in the appropriate



1 categories. A lot of the complaints that get  
2 generated come from our own field people going into  
3 facilities and in thing that so-and-so's license  
4 expired six months ago. Or, hey, look, there's  
5 seven people taking x-rays and there's only six  
6 licenses on the board. I wonder why.

7 You can't really see this, but Lynne is here.  
8 Kelly was at the last meeting. The other two staff  
9 members are, excuse me, information technology crew.

10 This was just a chance for me to get a picture  
11 from a trip I just went on, on to the screen. This  
12 is me in Times Square, I think about five days  
13 before the dude with the car decided to drive down  
14 the sidewalk. I was doing some training up there.  
15 And these are the functions, all of which you just  
16 heard me talk about, that I'm handling.

17 In addition, I also do some work for John. I  
18 took over his PRND chair for one of the State  
19 Homeland Security chairs after what, about eight  
20 years you begging me to replace you? And then  
21 operations officer for nuclear power plant  
22 operations.

23 This is Kelly. Those of you who at the last  
24 meeting, Kelly was there. She is the probably the  
25 most widely known person in the Department of Health

1 for the Rad Tech profession and the Rad Tech  
2 employees because she approves the continuing  
3 education courses and more importantly, when people  
4 get off into the ditch and they are like, I can't  
5 get renewed, I can't get CEs, I don't know if it's  
6 okay and my license is expiring in two minutes. I  
7 need you to renew it.

8 Yes, we know you got your license renewal  
9 notice probably sixty days ago, but we're going to  
10 do it now. Kelly is the person who rescues people  
11 who can't be rescued by any other mechanism of the  
12 department.

13 There's Miss Lynne. Hopefully she likes the  
14 picture. Is that a new picture? I think we just  
15 took that. And Lynne used to work for this program  
16 in the Bureau back in '04.

17 LYNNE ANDRESEN: '04.

18 JAMES FUTCH: It's like Adam. Everybody who  
19 used to work for Bureau is coming back. I don't  
20 know when you're going to want to retire from USF,  
21 but you know.

22 And Kelly has a very -- excuse me, Lynne has  
23 an very important function because she is the  
24 interface to a lots of different parts of other  
25 state agencies. The national registry people who do

1 investigations, the MqA people around the state of  
2 Florida who are on ground doing investigations,  
3 asking questions like, hey, do I have to have a  
4 license to operate the DEXA machine that's used for  
5 body fat imaging or analysis.

6 And to step away from technology for a second,  
7 yes, the state of Florida has registration for  
8 high-powered lasers it has had it since 1984. This  
9 is a summary of all the statutes and regs that apply  
10 to that. There's no authority in the statute  
11 university, for inspections. It was something that  
12 was bright and new in 1984 and then it kind of got  
13 frozen in time. But we still have about 14,000  
14 lasers registered, almost 4,000 facilities, so  
15 everything that's being used for affecting the human  
16 body is registered with us.

17 Also applies to industrial stuff, laser light  
18 shows. I've seen a number of laser light shows in  
19 the course of this particular program. John and I  
20 actually got to inspect. We were at the, was it  
21 2009 Super Bowl? We were in Miami for the 2009  
22 Super Bowl and they happened to have a laser light  
23 show at the half time. And you know, it just looked  
24 like it needed to be inspected at that particular  
25 moment in time. And I didn't happen to have a laser

1 assistant with me and I said, John, would you like  
2 to go and assist with this?

3 And it was pretty cool because it was The who  
4 with the little half time show, which is an entire  
5 stage that's put together in -- I don't think you've  
6 ever seen this. It's an entire stage they put it  
7 together in like pie sections they have people  
8 sitting up underneath the stadium, crews s of human  
9 beings like horses attached to wagons ready to run  
10 these things on the field and connect up and  
11 countless number of power lines and water lines for  
12 cooling and all of rest of it in, I think it was, I  
13 think they said like ten minutes or something.

14 JOHN WILLIAMSON: Yeah. At half time. They  
15 don't waste any time.

16 JAMES FUTCH: There's nobody in the field and  
17 then the show starts. In that time, it's run on the  
18 field. It's been connected and tested, so nobody is  
19 going to get blasted on the face with a laser.

20 So the pictures you see on the screen are from  
21 Governor Chiles' inauguration in the early 1990s in  
22 the Capitol building downtown. The picture on the  
23 left in the background is the new blue green beams  
24 coming from the top of the building bounced to the  
25 top of the old Capitol where there's some bounce

1 mirrors.

2 The middle picture is some of the guys during  
3 the day setting up the bounce mirrors around the  
4 Capitol.

5 And the picture on the right is the  
6 observation deck where the lasers were mounted for  
7 the Capitol building twenty-one stories off the  
8 ground and, yes, those two guys are standing outside  
9 on the ledge. That's what they're doing.

10 REBECCA MCFADDEN: I was trying to figure out.

11 JAMES FUTCH: You see where I'm at. I'm  
12 taking the picture. I'm not outside on the ledge.  
13 There's two wild guys from Miami. Miami production  
14 company that was up there. And that little tiny bit  
15 of stuff is right to the upper left of their head,  
16 that's the bounce mirrors to bounce it down the  
17 street.

18 And Cindy mentioned that we handle questions  
19 about cell phones and AM/FM T.V. towers and I  
20 learned a lot of things over the years about all  
21 these devices.

22 So this is cell phone safety testing and it  
23 goes, the guy's saying, I am showing no increase in  
24 cancer rate, but there's a huge increase in maze  
25 accidents from the texting. Mice are doing, trying

1 to get through the maze.

2 Curiously enough, in certain parts of Florida,  
3 there are, you know, you might just want to  
4 reflexively dismiss some of the kinds of calls that  
5 we get about radiation in general. And this is no  
6 different. Hey, the neighbor upstairs is beaming  
7 radiation. My couch is glowing white, would you  
8 please come and stop it. But sometimes, there are,  
9 there are, there's situations where it sounds  
10 outlandish to begin with.

11 we had a, we had a young lady who was  
12 complaining about electromagnet interferences with  
13 some of the devices in her house and she was in  
14 Miami. So we went out and did a drive around;  
15 talked to some folks. And it turns out that there  
16 was an illegal FM radio transmitter not too far from  
17 her house. And in that part of Florida, I learned,  
18 having talked to the FCC and some other folks, that  
19 it's kind of a problem. Pirate radio stations.  
20 They actually sell advertising on pirate radio  
21 stations. And their antennas, just for economies of  
22 time and effort, not wanting to get caught, are  
23 mounted in, like, pine trees and oak trees.

24 when they want to, when they want to come and  
25 transmit for the night, whatever the, whatever the

1 things is, take the mobile equipment, connect up to  
2 the -- pull the antenna down out of the tree,  
3 connect it up and they are broadcasting for a couple  
4 hours and then they are gone. So what she was  
5 seeing actually was theoretically possible. Not too  
6 far from her house.

7 So this is IT staff. Brad Watts has coded all  
8 of the data systems used by -- or took over the code  
9 and is maintaining it for Clark's section for the  
10 x-ray machine registration, for the radioactive  
11 materials licensure group and quite a few other  
12 things. He is our general, hey, if nobody else can  
13 figure it out, ask Brad.

14 And this is Nina Alexander. She's the other  
15 IT staff person. She helps keep our inspectors in  
16 all the different parts of Florida with operational  
17 laptops, tablets, whatever the -- whatever we're  
18 using this particular year running.

19 And that's it for that.

20 RANDY SCHENKMAN: A question?

21 JAMES FUTCH: Yes, ma'am.

22 RANDY SCHENKMAN: Do you think that the lasers  
23 should have some kind of inspection process?

24 JAMES FUTCH: I'm not really so -- this is me  
25 speaking not for the Department of Health, not the

1 Bureau of Radiation Control. My personal two cents.  
2 Yes. But it's not as crucial with laser systems as  
3 it is with other types of devices that have actual  
4 controls for adjusting things like KBP and MA and  
5 all the rest of it. The lasers have safety  
6 standards that the FDA requires manufacturers to  
7 have in place. And they are all designed to  
8 basically making sure if you try and tinker with the  
9 thing, it's going to stop emitting laser radiation.

10 It's the user side of lasers that in my  
11 opinion, again, my two cents, James Futch, not the  
12 Department of Health, okay? That --

13 RANDY SCHENKMAN: Users should be certified.

14 JAMES FUTCH: Well, I get a lot of calls from  
15 a lot of people who want a person to use a device  
16 that the physicians can do it, because let's say you  
17 want to use a laser on a person for something. The  
18 physician is automatically able to do that.

19 Because of the way things work with PAs and  
20 nurse practitioners, they are also thought, of  
21 course, to practice some part of the practice in  
22 medicine. But there's no medical laser operator  
23 certification we can give them.

24 The community, from my phone calls and talking  
25 to them, really would like something like that, I



1 think.

2 And then we also get off into the no-medical  
3 but the esthetic uses of lasers, which is really  
4 wild and is, I shouldn't say wild in terms of like  
5 not in control. But there are a wide variety of  
6 things. You can do skin resurfacing with lasers,  
7 you can do removal of pigment, the lesions, you can  
8 do removal of tattoos. There are devices out there  
9 now that marry lasers with RF, which is completely  
10 unregulated at the state level. That marry the two  
11 together to do a reduction of fat, lipolysis, I  
12 think they call it. You marry the two wavelength  
13 frequencies, whatever you want to think of it.

14 The laser is penetrated in the outer level.  
15 You heat the fat tissue up, I forget the number 37,  
16 40C, whatever gets it a little bit warmer, it starts  
17 to break down and you can make cellulite look s like  
18 it's disappearing after a while. All of that is  
19 happening.

20 ARMAND COGNETTA: You can claim it.

21 JAMES FUTCH: Yeah, you can claim it. FDA  
22 approves it. This is what it is.

23 RANDY SCHENKMAN: Is that something the  
24 department should look into?

25 JAMES FUTCH: It would require a statutory

1 change. It's not something we have regulatory  
2 control over.

3 RANDY SCHENKMAN: So that's something we would  
4 have to vote on and decide if we should ask the  
5 Legislature to do.

6 JAMES FUTCH: Yeah. Yeah. That would be like  
7 MR certification.

8 RANDY SCHENKMAN: So we should wait for the MR  
9 discussion then discuss it all?

10 JAMES FUTCH: It might fold right in I guess,  
11 but there's going to have to be a lot more  
12 groundwork for that to happen.

13 RANDY SCHENKMAN: Okay. Just a question.

14 JAMES FUTCH: Brenda, are we at lunch yet?

15 BRENDA ANDREWS: I think we should go ahead  
16 and gather in there. They are already taking our  
17 orders.

18 JAMES FUTCH: Shall we adjourn for lunch?

19 RANDY SCHENKMAN: Everybody ready for lunch?

20 KATHY DROTAR: Sure.

21 RANDY SCHENKMAN: So we are adjourned for  
22 lunch.

23 (Proceedings recessed at 12:02 p.m.)

24 (Proceedings resumed at 1:32 p.m.)

25 RANDY SCHENKMAN: Okay. So let's reconvene.

1           JAMES FUTCH: So we have, we have a couple  
2 things. Bianca has a presentation to talk, as Gail  
3 Curry did in previous meetings, about numbers of  
4 things, where we're at with the status of MqA. And  
5 then there's some other parts of that presentation  
6 that relate some, some issues that we've, that we've  
7 encountered and overcome, almost all relating to the  
8 online application processing system which is used  
9 by MqA.

10           And then kind of tied into that, one of those  
11 issues you may recall from the 2012 law that gave us  
12 the ability to certify CT techs, I alluded to this  
13 earlier, the MR certification, which we had from  
14 approximately 2013 to approximately 2015 and at that  
15 point, lawyer opinions changed and we had to repeal  
16 all of that. So part of what's feeding into  
17 Bianca's presentation is the after effects of some  
18 of that.

19           And so, I think I've given a little bit, and  
20 just before we get going on the, on the  
21 presentation, just so you have some idea of what  
22 we're talking about when we talk about the online  
23 system, I just want to show you one -- if I can get  
24 to it. One or two screens from it.

25           So this is, if you apply as a brand new

1     technologist or any kind of health care practitioner  
2     in Florida, this is a screen that you see. This is  
3     the department's, we call it VO, we call it MqA  
4     online services. VO is Versa Online. That's the  
5     commercial name for the system.

6             And basically, there's a series of drop downs.  
7     And you can sort of, kind of see right here it says  
8     choose a profession and then it's choose a specialty  
9     inside the profession. So you'd pick medical doctor  
10    or you'd pick radiologic technologist.

11            And if you do that for Rad Techs, this is the  
12    next screen. And this is a vast improvement over  
13    what we had in early 2016. You can't quite read it.  
14    It's a little too small. But you see they're  
15    numbered, one through eight. The first you can  
16    apply for is basic machine operator, then you can  
17    apply for general radiographer by exam, nuke med  
18    tech by exam, radiation therapist by exam.

19            Then there's all kind of technologists by  
20    endorsements. If you have like an ARRT license, you  
21    want to come in, you can apply this way and not have  
22    to take an exam. And then there's radiologist  
23    assistant and then a couple military options  
24    depending on if you just got out of the service and  
25    you have certain qualifications.

1           So that's kind of the beginning of all of the  
2 online system. And this goes on for screens and  
3 screens and screens and it encompasses everything  
4 that used to be in the paper application. You know,  
5 where did you go to school, when did you graduate,  
6 have you had any convictions, do you have any  
7 disciplinary stuff to report. All that kind of  
8 stuff. It's all codified in many screens after this  
9 which I'm not going to bore you and show you. That  
10 all ask pretty much one-at-that-time questions yes,  
11 no, yes, no, yes, no, and they go through things  
12 sequentially.

13           This is also the same system that you see if  
14 you are an existing technologist or any kind of  
15 health care practitioner, you want to renew a  
16 license. The bottom half of the screen is what's of  
17 interest there. There's some sections on how to  
18 renew.

19           And this system actually allows the  
20 technologist or the applying student, to upload  
21 certain PDF documents of things that you used to  
22 have to mail in and go into -- I'm giving you  
23 background because, you'll see why in a little bit.

24           And let me get rid of this one and pull up  
25 this one. And if you can hand that across to her.

1 There we go. Bianca?

2 BIANCA BELL: So some of the things that I'm  
3 going to go over with you are listed here. We're  
4 going to talk about number of applications we have  
5 open currently, the number of current active  
6 licenses, our processing time that's on average and  
7 then renewal processing.

8 Currently, our staff has 809 Rad Techs, as we  
9 call them, because most of us cannot say that all at  
10 once. So all Rad Techs in our office. But 809 of  
11 them are currently open. Seven for the assistants  
12 are open.

13 This is not based on our report. There's a  
14 disclaimer at the bottom. We have an annual report  
15 that goes out within our department. This is  
16 actually numbers that are not included in that  
17 annual report. These are numbers that were run  
18 since May of last year. We wanted to give you an  
19 update from the last time you all met, not the same  
20 numbers that you probably have already seen.

21 The number of clear and active licenses,  
22 meaning those that are not delinquent, expired, are  
23 here. So you can see you have 27,191 Rad Techs and  
24 34 assistants.

25 Our average time of processing, this is for

1 initial licensure, is at 1.05 days for Rad Techs and  
2 1.67 for the assistants. Renewal processing times  
3 are, as you can tell, slower. A lot of this is  
4 based on pending documents from applicants that we  
5 are waiting on. Sometimes it can be something like  
6 a score that we're waiting on, waiting to drop into  
7 our system. So this is where those delays are  
8 created from. We are trying to work on those. And  
9 we'll discuss that in a few slides on how that could  
10 possibly be changing.

11 So as James mentioned, we have a couple of  
12 issues that we've run into but that we have worked  
13 internally with our licensure services as well as  
14 our system support services to kind of work through.

15 So the MR license change that James referred  
16 to that was done in 2012. In 2015, the lawyers  
17 said, we didn't have the right to do that. So  
18 letters were sent out to the applicants informing  
19 them of the change.

20 In 2016, it was reported that we were not  
21 issuing new licenses. It was, as you can see,  
22 refunds were issued when they were requested. It  
23 was found this year that some of these actually are  
24 still getting renewal notices and that the renewals  
25 were still being issued. This is clearly an error.

1 So we have reached out to our system support  
2 services group to work with them to fix the problem.

3 We've got -- it's like an 11-step corrective  
4 action plan that's going through our licensure  
5 services and system support services unit that they  
6 are working on different portions of to correct. We  
7 have been getting calls from applicants and we're  
8 letting them know the situation, letting them know  
9 they can indeed get refunds if requested. And  
10 additional letters have been sent out from what I  
11 understand.

12 This is going over that issue.

13 This is just more about it.

14 JAMES FUTCH: Back up a second. So there's  
15 two categories of people. There's about 132 MR  
16 techs. Significant portion I think, around 80 or  
17 so, only have MR licenses in Florida. The rest was  
18 MR plus something else. MR plus GR. So there were  
19 two different basic letters that went out.

20 For the ones who only had MR, you know, it was  
21 basically a letter saying, hey, this all this stuff  
22 that you saw that Bianca talked about, was  
23 explained. And your license status that you have  
24 right now is being set to error.

25 The other folks who had MR plus something



1 else, they took the MR off the license, sent them  
2 the same kind of letter explaining the problem.  
3 Took the MR off and are in the process of reissuing  
4 the license for the other types of certification,  
5 not showing the MR anymore.

6 RANDY SCHENKMAN: Why did they take the MR  
7 off? Why are we not licensing them?

8 JAMES FUTCH: So do you want to take that?

9 BIANCA BELL: Yeah, that was pre-me.

10 Bianca and Sophie and Erica the three levels  
11 of management in the office all started in December,  
12 January, December --

13 BIANCA BELL: I was October --

14 JAMES FUTCH: October, sorry.

15 BIANCA BELL: -- erica was December and Sophie  
16 was January.

17 JAMES FUTCH: October. So they all post date  
18 all of this particular stuff.

19 The lawyers basically, when we did the initial  
20 adoption in 2012, it was in the context of laws  
21 change. We can do specialty technologists and there  
22 are several different kinds. We looked at the most,  
23 the largest numbers. Some of you may remember this  
24 conversation. CT, MR, mammo were the big three.

25 PET was specifically mentioned in the law. We had

1 to include. The numbers are very small.

2 The law never changed the definition of  
3 radiation, which always in that statute has been  
4 ionizing radiation. Of course, as you know, MR uses  
5 nonionizing radiation. However, the first time  
6 through, the thinking was the change to the statute  
7 allows, and don't quote me on the exact language.  
8 It was along the lines of, us, as the state, to  
9 issue licenses by endorsement to anyone who  
10 demonstrates a license to practice radiologic  
11 technology in any specialty or post primary issued  
12 by, another organization, National Registry.

13 That, turns out, is much broader and includes  
14 MR quite clearly. So what I believe -- this is my  
15 two cents again -- the first time we went through,  
16 everyone was focused on everyone being the legal  
17 side of reviewing all this was focused on that part  
18 of it. That have the new statute that says you can  
19 do this. It clearly says you can do all kinds of  
20 Rad Tech certification, which includes MR.

21 Later on, a couple years later, when we were  
22 accepting MR from ARRT but not a different registry,  
23 then they looked at it again and they came up with  
24 this, well, wait a minute. The basic underlying  
25 statute says radiation is ionizing. And so at that

1 point, they said, well, this, this can't, this can't  
2 stand.

3 So in October of 2015, we issued the initial  
4 letters to approximately 130. It was never more  
5 than about 130 licenses issued in MR, give or take a  
6 couple.

7 And we all thought it was taken care of. We  
8 told the council about it or that we were going to  
9 do it at the May meeting, I think in 2015, if I  
10 remember right. Maybe not. Yeah. No. We did. It  
11 was 2016, sorry. And it had already happened. So  
12 the last time you heard about this it had already  
13 happened.

14 And for whatever reason, they -- like I tell  
15 you, you'll start to pick up on this, the computer  
16 system also changed in this time period and we  
17 started using this new VO and a lot of the things  
18 that were set up, maybe weren't set up to catch all  
19 this.

20 For whatever reason, they reissued about 130  
21 renewals. Actually, I think issued two new licenses  
22 to new MR people that hadn't been included before  
23 until we caught it a month ago, month and a half  
24 ago, something like that. So kind of feels a little  
25 bit like deja vu because we already did this once,

1 but there it is.

2 ARMAND COGNETTA: Where does that leave all  
3 these people that are --

4 JAMES FUTCH: Well, theoretically, they should  
5 have gotten notice twice now.

6 ARMAND COGNETTA: But I mean, are they  
7 operating without a license?

8 JAMES FUTCH: No. Because of the way of  
9 definition of radiation works in Florida --

10 ARMAND COGNETTA: Yeah.

11 JAMES FUTCH: -- the thing that would say you  
12 can't practice X without being certified by this, by  
13 this, is this particular statute. Because it says,  
14 you shall not apply radiation, it's okay. Just like  
15 it was beforehand for them to continue doing MR.

16 Now, some of the employers, through the  
17 technologists we've heard, you know, want the person  
18 to have some kind of license to practice some kind  
19 of, preferably imaging related profession in  
20 Florida. So the people who have the GR, they've  
21 still got something. The people who have only MR,  
22 the letter to them actually stated, if you happen to  
23 hold other certification in -- I think it even  
24 mentions an example of radiography -- you can apply.  
25 Let us know and send it in and we'll consider

1 issuing you that license.

2 But I'm sure there's some percentage of that,  
3 approximately 80, who only have MR. And they just  
4 won't -- they won't have any license. But they  
5 don't require a license to do that in Florida.

6 KATHY DROTAR: Because there's no  
7 certification for MR or for sonography in Florida.

8 JAMES FUTCH: Right. Yeah. All the different  
9 kinds of nonionizing.

10 ARMAND COGNETTA: Ultrasound.

11 JAMES FUTCH: Again, it kind of harkens back  
12 to this whole ionizing versus nonionizing. Ionizing  
13 discovered in 1895. The profession developed  
14 through the last, most of, all of the last century.  
15 Non-ionizing MR comes around and research 70s,  
16 laboratories start to get into use in the 80s and  
17 ultrasound develops on this different pathway and  
18 again, my two cents, by the time that comes along,  
19 thinking about regulations and things like that has  
20 changed since ionizing.

21 Plus, you don't have the, you know, long-term  
22 statistical percentage of possibly increased cancer  
23 in life that ionizing always has with it, you know.  
24 You don't have that with MR.

25 RANDY SCHENKMAN: So now we have -- sorry, I

1 have laryngitis. So now we have ultrasound, MR, and  
2 laser all being done with --

3 ARMAND COGNETTA: Nobody.

4 RANDY SCHENKMAN: -- nothing.

5 JAMES FUTCH: You start to see a hole there  
6 for non-ionizing?

7 RANDY SCHENKMAN: Yes.

8 LYNNE ANDRESEN: I wanted to add MR  
9 technologists are licensed because I am one, but  
10 they are licensed by the national organization ARRT.  
11 They are licensed, just not at the state level.

12 JAMES FUTCH: The same is true of ultrasound.

13 LYNNE ANDRESEN: Ultrasound as well. They do  
14 hold a license.

15 JAMES FUTCH: Of course. Right. In those  
16 cases, where, for example, CMS has set up some  
17 accreditation through ACR and they want to have the  
18 technologist component --

19 LYNNE ANDRESEN: Joint commission.

20 JAMES FUTCH: -- they will get it from ARRT or  
21 actually one of the other registries.

22 LYNNE ANDRESEN: But I also hold a general  
23 radiographer license with the state because I'm a  
24 radiographer and an MRI technologist, but to comply  
25 with my employer, ACR, Joint Commission, I also hold

1 a state license, but with the category of general.

2 RANDY SCHENKMAN: So in the state we have a  
3 hole.

4 JAMES FUTCH: Well, you might hear me say my  
5 two cents again or do you guys want to --

6 RANDY SCHENKMAN: Let's hear your two cents.  
7 Go ahead.

8 JAMES FUTCH: Well, it's kind of being  
9 covered, at least in a couple instances, by the  
10 reimbursing mechanisms wanting to have some sort of  
11 standardization and accreditation in some of the  
12 areas. I don't believe it's happened for lasers.  
13 But it's, it's there for, you know, MR, but --

14 MATTHEW WALSER: Lasers is probably a lot of  
15 cash business, right?

16 ARMAND COGNETTA: The Board of Medicine  
17 regulates that. The Board of Medicine, we are  
18 regulated by the Board of Medicine to some extent.

19 JAMES FUTCH: Right. Yeah. Okay.

20 ARMAND COGNETTA: They are not coming in and  
21 testing our lasers. But I mean --

22 JAMES FUTCH: That would be us probably, but  
23 -- if we had the authority. But curiously, you  
24 mentioned the Board of Medicine.

25 So a number of years ago, you could go to the

1 Board of Medicine's website, circa prior to 2013 or  
2 so. Probably from about 2013, and on that website,  
3 you would see a page of information about what to do  
4 if you have lasers and you were using lasers.  
5 Because people were asking the board. And at board  
6 meetings many, many years ago, they determined that  
7 the use of laser on a person is the practice of  
8 medicine. And that's what the website said.

9 It said, all of the normal people you expect  
10 to practice medicine can use the laser on a person.  
11 It included physician assistants, and it mentions  
12 special case of the one kind of laser, the one kind  
13 of health care profession that really does use  
14 lasers a lot, which is electrologists. Hair  
15 removal, basically. And it mentioned them.

16 And then when they reconfigured, about the  
17 time they reconfiged the website so they are  
18 separate websites for each of the boards, what I  
19 heard was that all of that verbiage that was up  
20 there, the lawyers who were revising the department  
21 and the profession at the time said, that's not a  
22 promulgated rule. That's not a statute. That's an  
23 unofficial opinion of that sitting board.

24 You've heard this if you've been around board  
25 meetings before. This is not an official thing.



1 It's not a declaratory statement. It's not a  
2 regulation the board ever promulgated, so they -- I  
3 think the thinking was they tried to clear all that  
4 stuff off the websites and so that's not there  
5 anymore.

6 I know because people call me up and ask me.  
7 I used to refer them to that part of that website  
8 and say, well, at least you have this if you can do  
9 that. We got a little far afield with this. Poor  
10 Bianca. Next issue.

11 BIANCA BELL: We ran into an issue in June of  
12 last year, I guess James had discovered, it was pre  
13 me -- I think it was James discovered that there  
14 were 928 Rad Tech licenses that were issued with an  
15 expiration date that exceeded 24 months.

16 When an initial license is issued, it is  
17 anywhere, it cannot exceed 24 months. You have to  
18 have longer than 12, but not over 24.

19 So an investigation was done, they discovered  
20 it was another system error. So they have been  
21 working on that again with system support services.  
22 There has been, I believe, a letter sent out and  
23 there was --

24 JAMES FUTCH: That's a different one. Back up  
25 for a second.

1           BIANCA BELL: That one.

2           JAMES FUTCH: Yeah. You're talking about the  
3 bottom part.

4           BIANCA BELL: This is the one, yes. A letter  
5 had been sent out letting them know that their date  
6 had been changed. So we should not have too many  
7 more out there that have issues with their  
8 expiration dates. As far as -- I think that one has  
9 been remedied.

10           James, do you want anything more on this one?

11           JAMES FUTCH: Just we had two populations of  
12 people: Those who have already should have expired  
13 by the time we discovered the error. In other  
14 words, their two year license; and those that had  
15 not yet come to the fictional expiration date that  
16 we had given them. So the ones who already expired,  
17 we gave them another ninety days to renew. Gave  
18 them an artificial expiration date of August 31st,  
19 2016 and explained all this in a letter. Put them  
20 in the renewal cycle so they had an opportunity to  
21 renew because that's what the problem was. Certain  
22 portion of these folks had already gone past the  
23 legally authorized renewal expiration date and so we  
24 had to do something.

25           The rest of them just got letters saying, hey,

1 you know, we said -- we know your license says  
2 you're expiring in March of 2018, but it's really  
3 March of 2017. And as long as it was more than  
4 three months in the future, we just sent them a  
5 letter and said you will be getting a renewal notice  
6 on this new date. I think we asked for the license  
7 back, too.

8 BIANCA BELL: Yes. All right. The next one,  
9 in March, there were 170 Rad Tech licenses that were  
10 past their expiration but were still showing as  
11 clear. Our system in LEADS has a block. So what  
12 happens is, it sets automatically to expire at the  
13 end of their license period. Somehow, there was a  
14 setting that was not set on in the system, so they  
15 were still showing as clear. This has been changed  
16 and now they do say expired if they are actually  
17 expired. I think -- I don't know if there was  
18 really anything more done with that one other than  
19 they just expired the licenses.

20 REBECCA MCFADDEN: So if it was a system  
21 setting, how did it affect a slight number?

22 BIANCA BELL: That's a LEADS, it's just how  
23 LEADS operate. There are several --

24 REBECCA MCFADDEN: LEADS, is that the  
25 software?

1           BIANCA BELL: That's our licensing software.  
2 There's kind of a cascading effect for some of the  
3 things that are set up in that system. I can tell  
4 you what I have noticed with it, because I don't  
5 work for system support services. But if you affect  
6 one transaction, it tends to have a cascading effect  
7 on others. And sometimes, you will have professions  
8 that all need one requirement. And if it is changed  
9 in one profession, it inadvertently changes it in  
10 the others that are attached to the same type of  
11 thing. So I think somewhere along the line,  
12 something got changed and it was turned off. But  
13 now it's on. So now they are expired. They are  
14 actually expired. So --

15           JAMES FUTCH: Yeah. It's an extremely  
16 complicated thing and it has to do with -- they call  
17 it LEADS inside the department, versus the, if you  
18 go look on the shelf from the company you buy it  
19 from, it's called versa. So there's an outside  
20 contractor. And do you remember when they  
21 transferred? It was like the latter part of '15 I  
22 think.

23           BIANCA BELL: It was before I was there, but I  
24 mean, I know they've been working with Micropac.

25           JAMES FUTCH: Micropac. Right. So it's not

1 just this profession. This is just an accounting of  
2 what's happened with us. We have gone through this  
3 now for, this December will be about two years. And  
4 there are things that we fix, and six months later,  
5 it's like, okay. It's not fixed anymore. What  
6 happened?

7 The IT people inside the department, you ask  
8 them this question, kind of scratch their head and  
9 point to the outside contractor. I think it's  
10 probably a little bit of both. But the bottom line  
11 is that they had more control in the old system than  
12 when they went to the new system. The new system,  
13 there's a lot more things in the hands of the  
14 outside contractor and it costs a fair amount of  
15 money to change something. I mean, not an error,  
16 obviously. But if you want to change something and  
17 it's not directly attributable to an error, it costs  
18 a little bit of money. So they are actually  
19 prioritizing across all the professions, the  
20 different errors they are finding and doing the ones  
21 for the, you know, the biggest bang for the buck as  
22 time moves forward.

23 I have one more thing to say. We'll let  
24 Bianca get to the end of it all before we do that.

25 BIANCA BELL: Okay. This one was, I believe,

1 just recently found. I'm not as familiar with this  
2 one unfortunately. I think I was out of the office  
3 when this one happened. But there is a -- the  
4 temporary licenses, there wasn't a way online for VO  
5 to pick up that transaction to license a temporary  
6 license. I think that James has been in contact and  
7 Sophie, who is the regulatory supervisor over the  
8 Rad Tech certification unit, has been in contact  
9 with system support services and they are actually  
10 look working on this one right now. So I know that  
11 one is happening.

12 JAMES FUTCH: Does anybody have any nuclear  
13 med techs graduating any time soon?

14 KATHY DROTAR: I think we do in August.  
15 Probably. I think the next one. But they  
16 graduated, they would've graduated in April, I  
17 think.

18 JAMES FUTCH: Hopefully it will be fixed by  
19 August. If they use the screen I showed you before,  
20 I think it's number, number three, nuclear medicine  
21 technologists by exam. If they use that, the error  
22 was we discovered that it's attached to a  
23 transaction behind the scenes, which is not the  
24 correct one. It is a nuclear medicine by exam but  
25 it's not the one that grants the temp automatically.

1 So if they want that, they are probably going to  
2 have to say that to Bianca's processors. Or we  
3 might get it fixed by then, in which case it won't  
4 be a problem.

5 BIANCA BELL: That's the hope. Let's hope it  
6 gets fixed by then. If not, they can definitely  
7 send us an e-mail through the website. Or if they  
8 call through the main line, they can speak with the  
9 receptionist and let them know and they can get them  
10 to the correct processor to make sure that that  
11 happens.

12 REBECCA MCFADDEN: Has a notice has been sent  
13 out to different programs or is it just, you try  
14 to --

15 BIANCA BELL: I think we're internally fixing  
16 it. I don't think it was something a notice was  
17 sent out about.

18 JAMES FUTCH: They should be able to fix this  
19 relatively quickly.

20 BIANCA BELL: Yeah. This one shouldn't be  
21 something that should be. It's just associating the  
22 select the application with the correct transaction.  
23 So it shouldn't be something that would take a long  
24 amount of time to correct.

25 And then another one was some -- when they

1 were applying online, they were not being charged a  
2 \$100 late fee if they were applying for renewal  
3 after their expiration date or after their renewal  
4 period. They just weren't being charged a hundred  
5 dollars. I don't think that any of the applicants  
6 applying for renewal were incredibly upset about not  
7 paying that. We found they weren't being charged,  
8 so now they are getting letters indicating there was  
9 a late fee because they were applying after the  
10 renewal period and that they are to go ahead and  
11 make payment of that.

12 Changes that we've had in our office is that  
13 as we've discussed, our executive director or who is  
14 the manager for the certification units is new. She  
15 started in December. The regulatory supervisor,  
16 Sophie Amoroso is also new. She started around the  
17 same time, late December, early January.

18 I'm new. I guess technically you probably  
19 can't call me new anymore. It's been since October.  
20 I'm sure my newness is probably starting to wear off  
21 at this point. So we do have new management as a  
22 whole within our unit.

23 We have had some staffing changes where one of  
24 our processors was promoted into another office, so  
25 we are currently moving over another individual into



1 that position which will give us a new receptionist.

2 And then as you can see, the second bullet  
3 there is that our renewal function has been  
4 relocated, which means that, any of you may have  
5 spoken with Taquita Floyd before. She's now  
6 downstairs with -- when we say downstairs, same  
7 building, it's System Support Services actually  
8 handles renewal functions for all of MqA. There's,  
9 I think, three or four professions that are still  
10 left to move down, but as a whole, all renewals are  
11 handled by System Support Services. So we have  
12 relocated Ty downstairs and she works with that  
13 unit. So now renewals are not handled by our office  
14 any longer. They are handled by the System Support  
15 Services unit.

16 So that's a change in the process that we do  
17 within my office.

18 Here again is management team. And there's  
19 our e-mail and phone numbers if you guys ever need  
20 us. Sophie is out of office until Monday. I will  
21 return tomorrow morning. Erica is out for the  
22 remainder of the week. If you have any questions  
23 about this meeting, you're welcome to e-mail me or  
24 call me. And then this is more about the relocation  
25 of the renewal functions.

1           That was everything. Albert?

2           ALBERTO TINEO: I have a couple comments or  
3 questions.

4           BIANCA BELL: Okay.

5           ALBERTO TINEO: One is the upload function of  
6 the system is not as friendly, I guess I should say,  
7 for the user. There's no feedback whether you receive the  
8 information.

9           BIANCA BELL: Was received or not.

10          ALBERTO TINEO: -- received or not. What I'm  
11 hearing from new students or renewals, applicants  
12 and even myself when I renewed, you don't know  
13 whether you have completed the application or not.  
14 So you're kind of in limbo. So I don't know if  
15 anything can be done.

16          BIANCA BELL: I'll take that to the System  
17 Support Services. They work with both online and  
18 our licensure database, so I will let -- I can reach  
19 out to them when I get back in the morning and let  
20 them know that that was brought up that it's not  
21 showing.

22          ALBERTO TINEO: I've got a question. On your  
23 one day for temporary license, is that from what,  
24 from what period of time? How do you measure one  
25 day, because that's not the experience of a new

1 student. I don't know if your students have the  
2 experienced that.

3 KATHY DROTAR: I was going to bring up the  
4 same thing.

5 BIANCA BELL: One day. James, do you know  
6 about the one day?

7 JAMES FUTCH: Yeah. Okay. So in getting  
8 ready for this meeting, I talked to Sophie a little  
9 bit. This is, I think, the slide you were talking  
10 about.

11 ALBERTO TINEO: Right.

12 JAMES FUTCH: Do you know, is this new? It's  
13 not renewals, right?

14 BIANCA BELL: This is initial licensure. We  
15 don't have the numbers for the renewal.

16 JAMES FUTCH: So that doesn't really match my  
17 experience. It takes -- we used to recommend people  
18 apply, like, you know, a month early. And I've  
19 heard some feedback from different program  
20 directors. We did a meeting with the program  
21 directors in March of this year. Bianca and Sophie  
22 and Erica all came down and had a talk prepared to  
23 give the program directors, you know, here's, here's  
24 exactly the best way for information to be exchanged  
25 so that we maximize this in the minimum amount of

1 time and effort.

2 And so the one day -- I haven't seen the  
3 report. It's a canned report that the IT people put  
4 together so that Bianca and Sophie and them can run  
5 it. Because none of us have direct access to the  
6 raw data. We kind of suffer on that point.

7 BIANCA BELL: We have a reports page.

8 JAMES FUTCH: I hear this quite a bit from the  
9 different program folks. They would like to have  
10 this number, but the report doesn't exist. They've  
11 got to go ask for the report to be generated. Or it  
12 does exist, but it's so generic that it brings  
13 things in that maybe don't apply to this profession.

14 So Sophie and I talked about this just a  
15 little bit. I finally found out which report it  
16 was. I haven't seen the code. We have to go talk  
17 to the IT people and see what it is, but in the  
18 screen on the actual report print out, it talks  
19 about something like, since the application was  
20 complete.

21 BIANCA BELL: It's a deemed qualified date  
22 versus a license date. What that means is if  
23 somebody applies and they do not provide all  
24 supporting documentation that is needed, it is not  
25 qualified. It's an open, it's an open application

1 to the point of it exists, but it's not a qualifying  
2 application. So we count it differently. Because  
3 if we have an application that is received with all  
4 supporting documents and it's processed completely,  
5 it will take exactly one day for that processor to  
6 say, okay. There's everything in here. We approve  
7 that everything meets what it should be and we can  
8 hit license. But if we don't receive all of the  
9 supporting documentation, meaning we're missing a  
10 course completion or we're missing some other type  
11 of document that may be necessary, then it's not a  
12 qualifying application. So it's not something that  
13 we count as completed in order to approve.

14 RANDY SCHENKMAN: Do they know what they are  
15 missing? Does it say?

16 BIANCA BELL: Online, no.

17 ALBERTO TINEO: That's the piece I think we're  
18 missing. Is the uploading.

19 RANDY SCHENKMAN: Online it should say what  
20 they are missing.

21 BIANCA BELL: And we've discussed that. I  
22 don't know that we've put that in yet with all of  
23 the other things that have been occurring is that we  
24 do want to try to look at getting some type of  
25 checklist so they are aware of, okay. You submitted

1 this and this, now you still need this. But it's  
2 something that is --

3 JAMES FUTCH: So what the processors do and  
4 what we used to do is, you know, by Florida Statute  
5 120, we have thirty days to determine the new  
6 application is incomplete. So that means we have to  
7 send something out from the time we receive it, back  
8 to you guys. And that's what we call usually a  
9 deficiency letter. And they're canned letters that  
10 the processors have. So if somebody is missing  
11 proof of graduation or somebody is missing, I don't  
12 know. Think of something else. They didn't pay  
13 their fees, they will get a letter and it does say  
14 these things. But it's going to travel by the  
15 normal mechanisms for --

16 KATHY DROTAR: Snail mail.

17 BIANCA BELL: We have now started doing --  
18 prior to my arrival, I was not aware that it was  
19 only being sent out by mail. So now our processors  
20 do e-mail those letters as well as mail them, which  
21 has increased the processing time as well. But they  
22 apparently before were only sending them out by mail  
23 and were not instructed to do so. So since  
24 management has changed, my thing is, I like green.  
25 I prefer not to mail them out at all. But that is a

1 big change in the process for how they operate.

2 So right now, we're doing both to kind of  
3 bridge the gaps. So they are -- that has started  
4 about a month ago that they started sending out  
5 e-mails every time there was a deficiency.

6 JAMES FUTCH: And that system, the online  
7 system, has the mechanism you were talking about  
8 just now, to upload those pieces of missing  
9 information.

10 So what we would like to have happen is, for  
11 this system to be perfectly or even closely, better  
12 calibrated to act as that conduit between your  
13 renewing techs or your students, finding out  
14 quickly, hopefully by the system at some point, but  
15 at least by e-mail right now, look, I'm missing my  
16 fee. I'm missing whatever it is, my graduation  
17 proof. And your folks saying, oh, here it is, and  
18 it goes right in. But what we saw happening, and  
19 you guys saw this, was the processors weren't  
20 hearing from the system that somebody had satisfied  
21 and uploaded a document. So there's an upload  
22 report.

23 BIANCA BELL: There is an upload report that  
24 has to be run for us to know that documents have  
25 been uploaded by applicants.

1           The way our office -- and I say this for Rad  
2           Techs, EMTs, paramedics as well as pharmacy, because  
3           I deal with all of them -- any time an applicant  
4           applies and they do put something in after they have  
5           already applied and that initial application has  
6           been received, and they submit deficiency, when they  
7           submit another document, the only way we're finding  
8           out at this point, is when we get a call from the  
9           applicant and it's been a week or two and they say,  
10          hey, we've already done that, we go, we didn't know.  
11          That's because there is, there's not a form right  
12          now, alert that appears to let us know that an  
13          applicant has supplied supporting documents  
14          required.

15                 So we do actually have to go in and run this  
16                 upload report, which we do daily at this point. And  
17                 start to notice that these things have been  
18                 received.

19                 So there's some, some things that we're  
20                 working on with our System Support Services to try  
21                 to make that a little bit more user friendly for us,  
22                 in addition to you guys.

23                 JAMES FUTCH: So you've heard us mention this  
24                 term System Support Services and IT about what,  
25                 6,000 times now? Right? So we're all, my side on



1 the Bureau, Bianca people in the certification  
2 office, we're all I hate to say it quite this way,  
3 we're all at the mercy of that computer system and  
4 the available staff to diagnose and fix whatever is  
5 wrong with it and the money to pay for it on the  
6 contractor side. We made a, we had to -- ARRT  
7 changed the way the basic exams were organized,  
8 subjects. So we had to change our upload routine on  
9 our side. And the -- well, mostly the way we  
10 display the score. And it was essentially take, I  
11 think it went from four exams to five or four  
12 sections to five sections.

13 KATHY DROTAR: Five to four.

14 JAMES FUTCH: It changed the number of  
15 sections. So it sounds like a very simple thing.  
16 Here's the screen. You're displaying an overall  
17 result and the number. What your passing score,  
18 failing score was and then your section scores.

19 I think it took us the better part of four to  
20 six months to get that coded by the contractor. And  
21 initial estimate was \$14,000 for eight hours a day,  
22 ten days worth of work. And that was all  
23 information that was already in the computer system  
24 except for one list piece of information. We didn't  
25 have the total number of sections, total number of

1 questions for the exam. So add one spot in the  
2 database so that that can be put in.

3 That's, that's -- I only give that as an  
4 example. It has nothing to do with this it's an  
5 example of dealing with the outside contractor how  
6 much it costs and how long it takes to get anything  
7 done.

8 MATTHEW WALSER: I'd be interested to see how  
9 many man hours you guys are putting in, like manual  
10 man hours to e-mail and send out hard copy letters  
11 as opposed to having the online option.

12 BIANCA BELL: It's cumbersome. It can be.  
13 And right now, we've been working since the end of  
14 February, we've been working with two processors  
15 rather than three because it has taken some time to  
16 get through the hiring process for one of our  
17 processors. But we're actually, I don't know how  
18 many of you actually call up the office, but Ryan  
19 Baker, he's the individual who answers our phones,  
20 will be moving over and processing with Barbara and  
21 Kevin. So we'll have a new receptionist coming in  
22 soon. And she worked with us before.

23 She was an OPS employee that actually helped  
24 out during graduation in December. Yes, she was  
25 there in December to help out with some of the

1 graduation influx of applicants, so she's familiar  
2 with it and she's going to be our new receptionist  
3 so we're not having to have someone in that can't  
4 answer questions for people that are calling in.  
5 Hopefully things are going to run very smoothly.

6 MATTHEW WALSER: Is this the same software,  
7 Brenda, that is the Go Travel? Are you talking  
8 about the same system?

9 BIANCA BELL: No, it's not.

10 MATTHEW WALSER: Because it sounds like --

11 RANDY SCHENKMAN: But it's close. But it's  
12 close.

13 JAMES FUTCH: It's not even the same vendor.

14 BIANCA BELL: Go Travel is not fun, either.

15 MARK WROBLEWSKI: Quick question. This is  
16 obviously trying to apply for your license. What  
17 about applying for the exams? Same system?

18 JAMES FUTCH: Same system.

19 MARK WROBLEWSKI: Afterwards.

20 JAMES FUTCH: Mark has a problem.

21 RANDY SCHENKMAN: So you don't find out for a  
22 year if you pass the exam?

23 JAMES FUTCH: Well, this also governs the  
24 renewal processing. The same system.

25 KATHY DROTAR: So from a program director's

1 side, and I understand, you know, that because our  
2 graduates, our soon-to-be graduates are applying  
3 about a month ahead of graduation. And so they are  
4 missing their, their graduation verification, which  
5 we have traditionally sent in the form of a letter  
6 for each student and been able to e-mail that to  
7 you, which we've been doing. I think hopefully.

8 But there's still a lag time from end of  
9 graduation to sometimes two, three or four weeks  
10 after. So I don't know if we can work with you to  
11 maybe try to expedite that in some way.

12 And the other problem that my grads are having  
13 is trying to upload materials. Like their, their  
14 ARRTs because after they, they graduate, and then  
15 they take their exam within a week or two. And then  
16 they get their ARRT certificate and, and score sheet  
17 that you need. And so that's something -- they've  
18 got their temporary, but to convert it over. And  
19 they are having a hard time finding where to upload  
20 those, those to.

21 BIANCA BELL: To do the uploads, it's been the  
22 same. They will go in and log in as their user that  
23 they create when they apply. They upload it the  
24 same way they would any other supporting documents.  
25 It's just, it's not going to be called anything

1 differently. So we'll have to know to go in and see  
2 that those are there.

3 That's the thing about the temporary. It  
4 works a little differently and the fact we just have  
5 to be informed that those things have been uploaded  
6 because just don't get notification of that at this  
7 point. But it's going to be uploaded the same way.

8 KATHY DROTAR: So is that something that we  
9 can, that --

10 BIANCA BELL: They would have to log in.

11 KATHY DROTAR: They have to log in. So they  
12 have to do it.

13 BIANCA BELL: That's something on their end.  
14 We're looking at changing. Right now we currently  
15 process applications as an alphabet. We have three  
16 processors for the alphabet, it's split into threes.  
17 Erica and I have had lengthy discussions about how  
18 that's probably not the most efficient manner to do  
19 that in. So we've spoken with Sophie. She's  
20 working on setting up a method for doing by school.  
21 So you will have one roster that handles one school  
22 instead of a certain number of applicants from that  
23 school. So we're hoping that that's going to  
24 alleviate some of that.

25 I know that James prefers you guys do the

1 whole 30 days out type thing. As long as you're  
2 applying that far in advance, there's always going  
3 to be a deficiency. Always.

4 KATHY DROTAR: No. That part is  
5 understandable because they can't have --

6 BIANCA BELL: The deficiency will always be  
7 there. Whether, on the three to four-week lag time,  
8 I don't know, without being within that graduation  
9 period, I couldn't tell you what the problem was.  
10 During the last graduation period, I don't think  
11 that we had that drastic of a lag time in December.

12 KATHY DROTAR: It was much better this time,  
13 so you have made significant improvements from --

14 BIANCA BELL: I worked very closely -- we  
15 didn't have a regulatory supervisor over that unit  
16 in December. I kind of took on that position in  
17 December when that came through. So during  
18 graduation time, we were running reports every  
19 morning, making sure that we knew exactly what was  
20 going on.

21 I was instructing my processors to try to stay  
22 at least around three to four days as much as  
23 possible. If someone was out sick, we accommodated.  
24 So we were working very differently this last time.  
25 I'm hoping that will continue next time as well.

1           KATHY DROTAR: Yeah. But you know, if not,  
2 we'd be, you know, if there's something we can do on  
3 our side, I know program directors would be happy to  
4 assist.

5           But so, when they upload their -- because  
6 there -- I had a student sitting at my desk doing  
7 her, trying to upload ARRT information. And we  
8 didn't -- couldn't identify where it got uploaded  
9 to. There was one place for additional  
10 certification, but there was no -- I'm --

11          BIANCA BELL: I will honestly tell you, and  
12 this is me. I'm going to do it, James. If you want  
13 my two cents, just email it to the address to the  
14 Rad Techs rather than send it through VO. Because  
15 we check that and move it over into a processor's  
16 file and they utilize that as supporting documents  
17 to get those things from to make sure they complete  
18 an application.

19          We try to provide as many methods as possible  
20 to getting those documents in. Fax, e-mail, upload,  
21 mail, whatever we can do, because we don't want them  
22 waiting. But we understand that we are working with  
23 a system that sometimes is not predictable and we  
24 don't have any control over that. So we do try to  
25 accommodate that.

1           So if they run into that problem and they feel  
2 like, okay, I uploaded this, or I'm having a problem  
3 uploading it, just have them call us and we'll tell  
4 them to send it directly to one of us and we'll move  
5 it to the processor, or they can send it by e-mail.

6           KATHY DROTAR: Yeah, because one with of -- if  
7 they already have a license, say they are  
8 radiography and then they went into nuclear medicine  
9 or radiation therapy, they can't get a temporary  
10 unless they do a paper application, is that true?  
11 That's what I've heard.

12           JAMES FUTCH: That is probably a processing  
13 things. Each of those things you saw listed is tied  
14 to a specific transaction. It would've been nice if  
15 the computer system could've started with a question  
16 and then asked, do you want a temp? Do you have an  
17 existing license? And it can certainly do that, but  
18 what it can't do is give you all the possible  
19 transactions on the back end of the processor it  
20 needs to tie it to. It can only give you one input  
21 on that screen comes out to one transaction.

22           KATHY DROTAR: Right.

23           JAMES FUTCH: So that's why we picked general  
24 radiographer by exam with a temp. So all those you  
25 saw by exam automatically are the ones that grant a



1 temp because that's what the majority of people want  
2 to do you.

3 You start talking about somebody who already  
4 has a license, you've off into, that's another  
5 probation, that's another transaction, that Sophie's  
6 people have to use and there's no way we're going to  
7 be able to code that in that system. There's always  
8 going to be a need for paper for that kind of stuff.

9 KATHY DROTAR: Okay. I wanted to be able to  
10 bring that back to them and tell them that. I have  
11 one other thing and then I'll go away.

12 The initial, on the license, when it prints  
13 out and it's got the initial licensure date, and all  
14 of them come out as January 1st, 1801.

15 JAMES FUTCH: what?

16 BIANCA BELL: Oh, that's a new one.

17 KATHY DROTAR: 1-1-1801.

18 JAMES FUTCH: which is computer speak for I  
19 don't know what date to put in the system.

20 KATHY DROTAR: It's been that way as soon as  
21 we put the initial online.

22 JAMES FUTCH: This happened when to whom?

23 KATHY DROTAR: About three years ago. Even  
24 the new ones, my newest grads, are coming up with an  
25 initial date. I think it's a default. But you and

1 I talked about there's a default in the system that  
2 was a space saver, but it's never been changed.

3 JAMES FUTCH: Right. Yeah. Can you send us,  
4 Bianca and I, examples would be great or at least a  
5 list of --

6 KATHY DROTAR: I'll give you a copy of my  
7 license. Yes. I'm not that old.

8 JAMES FUTCH: Well, I guess we can do a query  
9 for that. I have no idea why it's still there, but  
10 everybody at conversion in 2005, October 2005, it  
11 was in our system, going into the predecessor,  
12 Bianca's system.

13 If there was -- if we had not captured their  
14 initial date of certification, their system had to  
15 have a date. So we picked a date that clearly would  
16 be bogus to everybody that looks at it, which is  
17 where that came from.

18 Now, why it's still there, unless it's -- I  
19 don't think that would show up on the license, would  
20 it? The original?

21 KATHY DROTAR: It does.

22 BIANCA BELL: I'll have to contact Gwen  
23 Bailey's group because they are the ones that send  
24 out the hard copies of the licenses.

25 KATHY DROTAR: Gail offered a long time ago if

1 somebody had an issue with it, to let her know, she  
2 would get it reprinted with a corrected date. But I  
3 know for a couple of people that it's come up with  
4 an accreditation issue, because then it appeared as  
5 a bogus license to an accreditor.

6 JAMES FUTCH: This brings up another aspect of  
7 all this. Are we done?

8 So, data. Okay? Data is great if you know  
9 the queries that generated it and the conditions for  
10 which it applies. This one, if you take it at face  
11 value, one date of certify the Rad Techs and  
12 slightly longer to satisfy the people who come in  
13 only by endorsement, there's a little inconsistency  
14 right there when you look at it because the Rad  
15 assistants can only be licensed by endorsement. So  
16 they don't have to worry about going to exam or  
17 anything like that. So they should be even quicker  
18 than the Rad Techs.

19 But in terms of, in terms of data, we don't  
20 have, we being the Bureau of Radiation Control, and  
21 Sophie, on the part of MqA, that's the certification  
22 office, we don't have direct access to the data, to  
23 the raw data. We've been pushing for that and I  
24 think we're going to get that so that we can start  
25 using our own IT people to do some checking on some

1 things like that.

2           Until that happens, we can't. The only thing  
3 we can see is what you guys -- the only thing that  
4 we can easily get ahold of is the same kind of  
5 public data that's available on the public data  
6 download. So that's a limited subset of  
7 information. And typically, the people who are  
8 active, not expired people, who pop back up years  
9 later in terms of oddities, that's weird, where did  
10 that come from. Hopefully, the bureau chief and  
11 division director support, we'll have that. I think  
12 enough things that you have seen, have all happened,  
13 or have been discovered, rather, since June of 2016.  
14 It's kind of been an eye-opening thing for the  
15 bureau chief of the IT group inside MqA. She's kind  
16 of gone -- I'm paraphrasing -- oh, my goodness, we  
17 need to do a thorough review and figure out what's  
18 going on. So they are in process with that, which  
19 of course, means more work for Sophie and I, but  
20 we're happy to do it if it fixes problems.

21           This one day to certify Rad Techs, it's  
22 measuring it like the things you just talked about  
23 before.

24           ALBERTO TINEO: Right.

25           JAMES FUTCH: You're looking at people who

1 have things missing. It's not including that. It's  
2 counting day one as when that missing stuff gets  
3 into the system, and then measuring how long until  
4 Sophie's people can, can approve and issue the  
5 license. So that's partly why that looks as good as  
6 it does.

7 Now, which subset of that do you want to look  
8 at? Do you want to look at when the initial  
9 delinquent letter went out, the deficiency letter  
10 went out? We can generate some stats if you have  
11 access to the data, but we can generate some stats  
12 on that. It would be nice to generate some stats  
13 on, hey, from the day you guys send in your stuff,  
14 if we see it, how long did that take? Because that  
15 might actually be a better measure of Bianca and  
16 Sophie's processors times so they know, feedback,  
17 are they doing a good job? Are they not doing a  
18 good job? We're suffering, but we're working on it.

19 RANDY SCHENKMAN: Okay. Anybody else with  
20 questions on that or should we move on?

21 KATHY DROTAR: Just, you know, they've been  
22 very -- everybody has been very responsive. Bianca,  
23 Sophie have been, as soon as you e-mail them, they,  
24 they've -- they write back to you and letting you go  
25 know that things are being processed. So that's

1 much appreciated.

2 BIANCA BELL: I appreciate hearing it. We are  
3 trying. We do know these things are very  
4 frustrating for everybody, including us. So we were  
5 trying to accommodate as much as possible. And I  
6 think overall, this stuff is not as long a list as  
7 it was five months ago.

8 KATHY DROTAR: Much shorter.

9 BIANCA BELL: So I'm going to take it.

10 RANDY SCHENKMAN: Okay. We are now at BRC  
11 presentation. No. Sorry. Rules update.

12 JAMES FUTCH: Okay. Rules. So since the last  
13 meeting, which was May 2015 -- sorry, 2016, we have  
14 had a number of rules that Miss Brenda has very  
15 wonderfully carried through the process of -- how  
16 long has it taken them, Brenda, to get a rule? If  
17 you start a rule today, how long do you think it  
18 would take?

19 BRENDA ANDREWS: Average a year.

20 JAMES FUTCH: Okay. And during that time, of  
21 course, we have -- we're restricted from bringing it  
22 up to the council because it might be grounds for  
23 someone later on to challenge the rule because it's  
24 a, a noticed rule hearing, even though it's not  
25 really, but that's what they would consider it to

1 be.

2 So we wanted to catch up on what has changed  
3 and the first thing in the list we've touched on a  
4 little bit already. It's 64E-5 and some different  
5 parts of 64E-5. Part five, which is Clark's x-ray  
6 section.

7 And if you look in the far right-hand column,  
8 on March 21st, 2016, the securities scanner rule  
9 went into effect. So this was us no longer issuing  
10 variances for people to use the devices in the jails  
11 to scan the inmates for contraband. This was a rule  
12 based upon the ANSI standard that those registrants  
13 would have to follow.

14 And, Clark, I don't know if you want to add  
15 anything. That's the actual wording from the rule  
16 promulgation summary.

17 Maybe somebody can kill the lights and they  
18 can read it a little bit better. It's the far right  
19 hand one. Just press one of the ones further down  
20 the list or maybe the off one. Not that one. One  
21 more. One more to go. There you go.

22 So we obviously updated the registration form.  
23 And here's the ANSI standard reference, ANSI/HPS N43  
24 17-2009 version. I think that's the latest one.  
25 safety, radiation safety for personnel security

1 scanner screening systems. I'm sorry, Brenda. what?

2 BRENDA ANDREWS: Not anymore though. Unless  
3 it's a different one, it's changed again since then.

4 JAMES FUTCH: Okay. We'll go through another  
5 year's of work to update to the current ANSI  
6 standard at some point.

7 And let's see. This FDA notification form was  
8 removed since the state can't modify or regulate the  
9 form. Blah, blah, blah. So that's basically what  
10 was changed. That's the implementation of the  
11 security scanner rule. So -- and that's a good  
12 thing because we're not issuing variances anymore.  
13 We're using a national standard. And theoretically,  
14 everybody should be hunky dory taking care of that,  
15 if all the sheriffs offices abide by it. Right?

16 Clark, anything to add before I move on?

17 CLARK ELDREDGE: No.

18 JAMES FUTCH: So the rest of this I think all  
19 of them are in Rad Tech sections.

20 Scroll down here a little bit. This one right  
21 here, is 64E-3. A couple different parts. This was  
22 the repeal, this is the repeal of the MR licensure  
23 regs. The letters went out in October notifying the  
24 folks of the change.

25 And then this is the rule following up and



1 codifying what we had done. Basically pulling back  
2 all of the MR sections that were in the regulation  
3 from the 2012 law.

4 And, of course, forms have to be changed  
5 because you know, the form doesn't say MR on it  
6 anymore, et cetera, et cetera, et cetera.

7 Bone densitometry section is in there because  
8 in putting MR in place, we had, we had listed that  
9 they would not automatically be -- the group of  
10 people who would be doing bone densitometry because  
11 that wasn't in their, in their specialty to  
12 practice. So in pulling them back out, we had to  
13 pull it back out of the bone densitometry also.

14 And then in July of last year, this is really  
15 Kelly's big important section. The ARRT and some  
16 other organizations who they call Racemes (ph),  
17 these are the standards that we all follow in order  
18 to get Florida CE that's approved here accepted for  
19 ARRT license renewals. The standards basically  
20 changed at the national level. And this is  
21 implementing in our Florida regs., some of those  
22 changes in order to stay compatible.

23 So they changed some things. I'm trying to  
24 remember some examples. They, several years back,  
25 they put in a certain specified number of exam

1 questions that had to be present for X number of,  
2 you know, hours of continuing education. They  
3 relaxed that a little bit so it's not quite as many  
4 questions anymore; things along that line.

5 Of course, we had to modify all the paperwork  
6 used to approve courses and submit evidence of  
7 technologists taking approved CE. So that's all  
8 rolled up into that little 64E-3.009, Standards for  
9 Continuing Education courses.

10 And then down here, in this next section,  
11 64E-3.003, qualifications for exam, in February of  
12 this year, we repealed -- the statute had been  
13 changed for many years, since about 1984, I think.  
14 Persons who want to become certified as Rad Techs  
15 had to take a four-hour HIV/Aids course initially  
16 and then do an update at renewal. And the  
17 Legislature repealed that, that part of the statute.  
18 So we were making the corresponding changes here on  
19 the actual forms to repeal that and make it a little  
20 bit easier. It's really an extra hoop that wasn't  
21 necessary because there's an awful lot of  
22 blood-borne pathogen education that happens and has  
23 been implemented since then to cover this, to cover  
24 this information.

25 And, of course, we had to revise the forms

1 again and we also noticed, I think there was a few  
2 areas of the form on the basic that had not been  
3 updated in many years. References to online  
4 applications; things like this. The links had  
5 gotten old and out of date.

6 So we just kind of went through both forms,  
7 the basic application form and the form that's used  
8 for all the other professions and tightened  
9 everything up and cleaned it all up and made it  
10 much, much better. That was implemented in  
11 February. There's one more.

12 Oh, yes. The laser. Okay. The laser  
13 registration rule is not in Chapter 468 or Chapter  
14 404. It's in the Consumer Protection Statute,  
15 501.122, different part of the Florida Statutes.  
16 And it had been -- that law was put in place in '84  
17 and the regulation has been modified a couple times  
18 since then. And it has always tracked with the  
19 CRCPD, a national radiation protection document on  
20 suggested state regulations for this area. And  
21 that, and that, that document is based upon two  
22 other documents.

23 One is the FDA device requirements that are in  
24 21 CFR, so if you're in manufacturing, you make a  
25 laser, you have to have certain kind of things built

1 in the laser. So, for example, if you take the  
2 cover off the laser, there's an interlock that turns  
3 off the laser so you don't have raw beams going out  
4 into the space because you took the cover off the  
5 laser system. So those are device requirements.

6 The other half of the founding documents upon  
7 which we based our Florida reg, were the ANSI  
8 standard for safe use of lasers and health care  
9 facilities. C136 document. That document had been  
10 updated, as you might imagine, being an ANSI  
11 standard, a couple times, and so what this change,  
12 the substantive part of this change is to update our  
13 references and our language to the most current  
14 version of the ANSI laser safety standard, which is  
15 I think the 2014 version Brenda, wasn't it?

16 BRENDA ANDREWS: I believe you're correct.

17 JAMES FUTCH: That was, that was the, that was  
18 the substantive part that we really wanted to do.  
19 And at the same time, there was rule reduction  
20 initiative in place that we kind of got caught up  
21 in.

22 And I don't know really how to explain this  
23 without it sounding kind of odd, but over the years,  
24 when various leadership want to reduce rules, they  
25 do it in different ways. They sometimes go through

1 and say, well, we want you to cut words out of  
2 regulations and we'll count the words that you cut  
3 out.

4 And sometimes they will go through and they  
5 will say, we want you to cut out lines of  
6 regulations and we'll count the numbers of lines  
7 that have been reduced. So in this case, it was  
8 suggested that we take the laser regulations and  
9 pull them out of the regulation and put them into a  
10 document incorporated by reference.

11 So that is what it sounds like. A word  
12 document that has all the stuff in it that was in  
13 the rule before. It still says all the same things,  
14 but it's not a rule anymore. It's a document  
15 incorporated by reference.

16 So the number of lines of actual regulation  
17 decreases quite a bit. And instead, in the very  
18 first regulation up here in the top, you'll see how  
19 it's been changed. It used to be just Registration,  
20 this is 64E-4.001. Now it says Registration and  
21 Laser Radiation Requirements.

22 well, if you go in and look at the section  
23 which does still exist as a regulation, this is  
24 where it says, you shall register within certain  
25 number of days and you shall follow the laser

1 radiation requirements in the document incorporated  
2 by reference, which is, you know, about yay thick.

3 And when you look in there, you'll see stuff  
4 about definitions, stuff about laser safety  
5 officers, stuff about out-of-state laser radiation  
6 sources, maximum permissible exposure, general  
7 optimal requirements for the safe operation of all  
8 facilities, et cetera, et cetera, et cetera, et  
9 cetera.

10 So Adam, Mr. LSO, you'll be happy to know that  
11 we're up to date with the ANSI standard. If you go  
12 to the Department of State's website and you look on  
13 the regulation page --

14 ADAM WEAVER: Good.

15 JAMES FUTCH: -- for 64E-4, you will see this  
16 is there. And when you look next to all of these,  
17 in parentheses next to all the subsections it will  
18 say repealed. Okay? Notice the laser registration  
19 requirements and operation of laser devices are not  
20 repealed. The regulation is repealed. But if you  
21 look in that incorporated by reference document, you  
22 will still see all the actual things that you were  
23 doing before are still there.

24 I say this because one of the first things  
25 that one of my former co-workers, who's working in

1 another federal facility in Florida, said to me at  
2 the last HPS meeting was, hey, James, I heard you  
3 repealed the laser registration. I said, no, that's  
4 not true at all.

5 We are now -- my bureau chief is not sitting  
6 here. We're attempting to go back -- but Brenda is  
7 sitting here. We're attempting to go back and put  
8 some explanatory text somewhere in this because the  
9 regulated entity needs to understand this. Right,  
10 Adam?

11 ADAM WEAVER: Yep.

12 JAMES FUTCH: Okay. And I assume the sense of  
13 the council would be that that would be something  
14 that we should do so that people understand that  
15 there's still requirements for laser regulation.

16 I see nods of heads. Okay. I will, I  
17 will --

18 RANDY SCHENKMAN: Take a vote.

19 JAMES FUTCH: Yeah, would you like to take a  
20 vote on that?

21 RANDY SCHENKMAN: Okay. So the vote is -- you  
22 make the --

23 JAMES FUTCH: The motion would be that we  
24 amend 64E-4, and put explanatory text so that the  
25 regulated public understands that the requirements

1 for laser registration and use are not repealed.

2 RANDY SCHENKMAN: All in favor, say aye.

3 COUNCIL MEMBERS: Aye.

4 RANDY SCHENKMAN: Opposed?

5 (No Response)

6 JAMES FUTCH: Good. Thank you.

7 BRENDA ANDREWS: Were you able to get that  
8 language in the minutes?

9 THE COURT REPORTER: Yes.

10 JAMES FUTCH: So that is it for that.

11 BRENDA ANDREWS: The other thing, all the  
12 history is gone, too.

13 RANDY SCHENKMAN: And, Clark, do you have  
14 anything to say on any of this because you're  
15 supposed to be speaking about 64.

16 CLARK ELDREDGE: My part was that first  
17 paragraph.

18 JAMES FUTCH: I asked him if he had anything  
19 to say. He said no.

20 RANDY SCHENKMAN: Okay. Just checking.

21 MATTHEW WALSER: Ready for lights?

22 JAMES FUTCH: Yes, please.

23 RANDY SCHENKMAN: So do we have any old  
24 business? Brenda, is there anything we need to  
25 bring up that you know of?



1           BRENDA ANDREWS: The only thing we had that  
2 was voted on last time was the MR language, which I  
3 gather is still in pending. Remember when we had  
4 the vote.

5           JAMES FUTCH: Yeah. So the old business  
6 was -- and you made reference to this earlier. When  
7 the repeal happened before, we had a discussion,  
8 Mark made a presentation about the hazards of MR.  
9 We learned, surprise, there's still there. And the  
10 council had, as I recall, had basically voted to  
11 support certification of MR and for us to be able to  
12 take whatever steps we could to see that that  
13 happens, which of course, is the statutory change.  
14 And we are -- Cindy knows that and we're taking that  
15 into account and we're working that into it whenever  
16 we can.

17           RANDY SCHENKMAN: Okay. So that doesn't have  
18 to come before our board yet.

19           JAMES FUTCH: No.

20           RANDY SCHENKMAN: It goes --

21           JAMES FUTCH: This goes --

22           RANDY SCHENKMAN: It's a statutory change.

23           JAMES FUTCH: This goes to us when the  
24 opportunity arises, as it does usually in July,  
25 August. Somewhere around then. When they ask about

1 anything that needs to be changed statutorily, we  
2 make our suggestions and it filters its way up  
3 through the various needs and important things that  
4 the department has to do. And if we're lucky, it  
5 comes up at the top and they say, oh, yes, go seek a  
6 sponsor or, you know, maybe the Governor's office  
7 will support it or something like that.

8 That is, that is a hard thing to do. It's,  
9 you know, you try for, like, five years and you  
10 might get some of it done. Unless there are any  
11 societies or associations that feel strongly enough  
12 about it that want to talk to their own people about  
13 making a statutory change to have this, this kind of  
14 thing happen.

15 Obviously, I as a state employee and Bianca  
16 and the rest of us, we cannot do that because we  
17 cannot lobby the Legislature, but --

18 KATHY DROTAR: I think one of the things that  
19 was said at that meeting where we had, like a two or  
20 three-hour discussion on MR, were concerns for  
21 patient safety and that it was agreed that the  
22 person most likely to be able to protect the patient  
23 the most, or that had the access to the patient, was  
24 going to be the technologist. And that the council  
25 was concerned that the people that were doing that

1 procedure would be somebody -- would be a  
2 technologist who are certified and licensed in some  
3 fashion.

4 Because even though at a hospital where you  
5 might be, where you might have more oversight of  
6 certification and licensure, that that doesn't  
7 happen at the many freestanding facilities that are  
8 there. And that was also, I think, a concern from  
9 the, from the council in moving forward.

10 RANDY SCHENKMAN: Okay. Anybody else have any  
11 other comments about it?

12 JAMES FUTCH: I had one more thing, since --  
13 with everybody's consent, including the Chair. We  
14 have twenty minutes or so.

15 Occasionally, we run across some things in the  
16 different programs, where we kind of wonder where  
17 the council might be if we were to ask you as a  
18 body. What do you think about this?

19 Clark went into some of those in his area. We  
20 don't have any regulations for this.

21 But we were, a month or two ago, we had  
22 occasion to look at the issuance of temporary  
23 licenses. And I wanted to mention, if I have a few  
24 minutes from you folks.

25 So when it comes to issuing temps, or when it

1 comes to being certified in Florida, we have no  
2 statutory and no regulatory law or regulation in  
3 place that definitively says you must apply X number  
4 of months or years once you graduate from a Rad Tech  
5 program to be able to sit for exam for a department.  
6 We also have no regulation in place that says you  
7 can only issue a temp if someone has graduated  
8 within X number of months or whatever time frame  
9 when they apply to us.

10 So what we have traditionally done on the  
11 temps, I think is use like a one-year time period,  
12 which I'm not sure how far that's been implemented  
13 with your folks. The vast majority of people who  
14 applied through those mechanisms you saw have just  
15 graduated, either from a program like at Halifax or  
16 Kathy's many campuses of Keiser around the state.

17 But you know, when you think about it, at any  
18 point in time we can be challenged on any of that.  
19 And if we do get challenged on any of that, there's  
20 not a statute, there's not a regulation, we pretty  
21 much lose, right?

22 So I wanted to ask, I guess, the two-fold  
23 question of the sense of what you think. If we were  
24 to implement a time period for how long someone can  
25 sit for exam, be eligible to sit for exam after they

1 graduate from an approved program, would that be a  
2 good idea, would that be a bad idea, and what time  
3 frame do you think would be reasonable.

4 And then the same kind of question for, if  
5 we're going to be issued temps, should I be issuing  
6 a temp to somebody who graduated a year ago or just  
7 six months ago? Or I mean, the presumption when  
8 they come out of your programs, you've signed off on  
9 the clinical competencies. You've signed off on the  
10 didactic competencies. You've got the mechanisms  
11 using by ARRT so they are supposed to know what  
12 they're doing, right?

13 So I wanted to give you a, a little bit of  
14 background. We talked a few of the other states. I  
15 can't find a state -- New Jersey doesn't issue  
16 temps. New York and Illinois do. They don't seem  
17 to have a specific number of, number of months or  
18 whatever, since a person graduates for which to  
19 issue the temp. So the assumption is they use the  
20 fact that whether they accept someone who graduated  
21 at a certain time in the past at all they probably  
22 grant a temp for.

23 So both of those states use three years, which  
24 is what ARRT uses. If you graduated -- what's  
25 today? 2017. So if you graduated in 2014 on May

1 23rd, you can sit for exam in New York and New  
2 Jersey and with ARRT and if you're a day behind, you  
3 can't. So three years.

4 KATHY DROTAR: I think they changed that to  
5 one. 365 days.

6 JAMES FUTCH: Kelly, I think, just went out  
7 and did a survey. It could be a long bit wrong.  
8 The state's probably a little bit behind ARRT. If  
9 ARRT changes, they might do the same in a certain  
10 period of time.

11 what do you think of the basic question?  
12 Should we limit --

13 MARK WROBLEWSKI: Are you talking about RT  
14 only? What about BMO?

15 JAMES FUTCH: The BMO, since they don't have  
16 to graduate from an approved accredited school in  
17 the way we think of it, even though obviously, many  
18 people do, they can, they can check a box on the  
19 form and say, yes, I have reviewed the study guide  
20 and we're going to accept them because that's the  
21 way the statute is set up. So in this context,  
22 we're probably only talking about the CRTs.

23 By the way, that's an escape valve if you want  
24 to think of it that way. That BMO has been used for  
25 that in the past. If you, if you exceed the number

1 of attempts, for example, in Florida, or if you went  
2 to a school that's not an accredited by U.S.  
3 mechanisms, maybe went to school in, I don't know,  
4 T. Moore, you know something like this, you may not  
5 qualify for us over here, but while you go back to,  
6 to try and obtain that certification, you can sit  
7 for and take the basic and if you pass it, you will  
8 be certified.

9 So to answer your question, this is really  
10 addressed toward the CRTs.

11 RANDY SCHENKMAN: What's your opinion, Kathy,  
12 since you deal with them probably the most.

13 KATHY DROTAR: Well, there definitely needs to  
14 be a limit. As far as a temporary license, because  
15 a temporary license is usually given while they are  
16 waiting to take the registry. And then it becomes,  
17 I think, a question of are they still competent six  
18 months later without having had that verification of  
19 cognitive transfer as it was.

20 But there's -- you can apply for three months  
21 prior to graduation for license. And I wonder if  
22 you can use that as within three months after  
23 graduation to apply for a temporary. And other than  
24 that, we would be open to sitting for the registry  
25 exam and passing, passing and then applying for the

1 license based on -- by endorsement. Because it's  
2 not that you're -- it's a license that's being  
3 withheld.

4 JAMES FUTCH: Yeah. And another factor that I  
5 forgot to mention this. We started hearing from  
6 different technologists and some of the program  
7 directors that some of the employers aren't letting  
8 people work on temps. In fact, Patty Dycus, her  
9 son, by the way, congratulations to Patty and her  
10 son, just graduated with a BS in nuclear medicine  
11 technology and Bianca's people just licensed him a  
12 little while ago. And he was stuck in that NMT, you  
13 know, the online application that doesn't grant a  
14 temp. By the time Kevin, Kelly and I found out  
15 about it, we actually asked and he said, don't worry  
16 about issuing the temp because the place I want to  
17 work doesn't take the temp anyway.

18 KATHY DROTAR: I actually have heard that from  
19 one or two employers in our area because of  
20 accreditation and reimbursement and that could  
21 potentially be a problem there.

22 JAMES FUTCH: So the temporary, if we issue  
23 it, it harkens back to the paper and pencil days.  
24 well, 1984, I think. And we changed from that in  
25 '99, 2000. But I think the original purpose of the



1 temp was to cover the time period between when you  
2 can be scheduled for an exam that's offered, what  
3 three times a year?

4 KATHY DROTAR: It was, at that time it was  
5 three times a year.

6 JAMES FUTCH: And then get the result back,  
7 which they didn't do that quick on a computer.

8 ALBERTO TINEO: which is another two, three  
9 months.

10 JAMES FUTCH: So the Legislature --

11 RANDY SCHENKMAN: How often do they offer it  
12 now?

13 KATHY DROTAR: It's a computerized testing, so  
14 any time.

15 RANDY SCHENKMAN: Any time.

16 KATHY DROTAR: Any time, yeah.

17 JAMES FUTCH: Six days a week.

18 KATHY DROTAR: And the license is issued much  
19 more quickly. So that was, you know, it's just  
20 that, that time lag in between those couple of weeks  
21 while you're waiting to get word back from the  
22 registry and being able to produce that document  
23 that says that, that you have the endorsement.

24 JAMES FUTCH: Yeah. And we can't -- from  
25 talking to lawyers about this, we can't issue it for

1 less than a six-month period. Probably makes sense  
2 to do that, but it's kind of hard coded in there.  
3 But, of course, we're talking about how far from  
4 when somebody graduated.

5 If, by the way, if they take the exam and fail  
6 it, the temporary automatically expires by statute.  
7 If they fail to show for an exam or fail to take a  
8 scheduled exam or fail to schedule for an exam,  
9 their license or the temporary license expires.

10 RANDY SCHENKMAN: So what we're talking about  
11 right now is to make sure they have the temp by  
12 three months, and then if they don't take a regular  
13 exam and get certified by six months, then the temp  
14 expires, everything expires. They have to start  
15 again.

16 JAMES FUTCH: Right. The second half of what  
17 you said is already in, in the statute. In reg and  
18 we can't really change that. It's the first part,  
19 the three-month time period.

20 RANDY SCHENKMAN: But if at six months it  
21 expires, can they take the temp again?

22 JAMES FUTCH: No.

23 KATHY DROTAR: It's only issued once.

24 JAMES FUTCH: The purpose for issuing the  
25 temp, there's a presumption that they know what

1 they're doing because they've come out of accredited  
2 programs taught by accredited instructors who have  
3 put them through both clinical and didactic tests to  
4 make them show, similar in fact, to the exam they're  
5 going to take, to make them show they know what  
6 they're doing. And the temp is just to cover the  
7 time period from when Kathy gives the letter and  
8 says, yes, you graduated on this date. From that  
9 date, we can issue the temporary. I mean, if all  
10 other things are lined up to go.

11 RANDY SCHENKMAN: Can they retake the regular  
12 exam after six months if they fail it?

13 KATHY DROTAR: If they fail the registry exam,  
14 then they have to go through the reapplication  
15 process. Let -- there's a letter that comes from  
16 the registry within about, within two weeks of when  
17 they've taken the test. And they can apply to take  
18 it approximately a month later. So they have a  
19 three time attempt in three years to, to do that.

20 JAMES FUTCH: Yeah, there's many mechanisms  
21 for them to, to not fall through the cracks and pass  
22 if they can.

23 KATHY DROTAR: A lot of what happens is for  
24 employment so that they can actually, with the  
25 temporary, if it's been issued --

1           RANDY SCHENKMAN: Start right away.

2           KATHY DROTAR: -- can actually start the  
3 following Monday. Graduate on Friday. The letter  
4 gets sent to the state and, because we used to, back  
5 in the days of paper, we also used to be able to  
6 affect that change and have that, have that license,  
7 the temporary license issued that following week.  
8 And a lot of my students have jobs waiting for them  
9 when they graduate.

10           So that's sort of like throughout the state,  
11 any program director that you work for has somebody  
12 that's waiting to be hired or that somebody, a  
13 facility held a position until that person graduates  
14 so that they can come to work for them.

15           RANDY SCHENKMAN: Okay. Does anybody have any  
16 other comments about --

17           JAMES FUTCH: So three months.

18           RANDY SCHENKMAN: -- any longer, shorter than  
19 three months?

20           REBECCA MCFADDEN: I think if that's the  
21 standard with ARRT, the three months, what do  
22 they --

23           RANDY SCHENKMAN: There is no standard.

24           JAMES FUTCH: On that point, there's no  
25 standard from ARRT because ARRT doesn't issue

1 temporaries.

2 REBECCA MCFADDEN: But if the ARRT allows them  
3 how much time from the end, from the time they  
4 finish the program, to take --

5 JAMES FUTCH: To graduate. Three years.

6 REBECCA MCFADDEN: They are doing three years.

7 KATHY DROTAR: They have to apply. That's  
8 what the 365 is. They have 365 days from the point  
9 of graduation to apply for the initial, for the  
10 initial exam and then they have a three-time attempt  
11 in three years.

12 JAMES FUTCH: And according to what Kelly  
13 found with New York and New Jersey, they use three  
14 years, although it could be they may be similar to  
15 how the three years is applied. So, so we just look  
16 at the temporary.

17 REBECCA MCFADDEN: You would have to look at  
18 the different circumstances, though. You may have  
19 an individual who graduates, who knows what could  
20 happen to them. They could be in, you know, ICU for  
21 two months. I mean, and then now they're recovered  
22 and now you're saying three months, now we're not  
23 going to be able to, you know, maybe they have to  
24 restart the process over. And I mean, there's going  
25 to be -- and then there's states that don't require

1 the state licensure, so as long as they pass the  
2 national registry, then they can go to that state  
3 for six months and then work and then come back to  
4 Florida.

5 JAMES FUTCH: Keep in -- this is the way I  
6 think about it. The temporary really is a special  
7 privilege.

8 REBECCA MCFADDEN: Yeah.

9 JAMES FUTCH: It really only should cover the  
10 time period from when you, I think when you've  
11 demonstrated that you know what you're doing until  
12 when you ought to have taken the test. And if -- so  
13 let's say we use three months. Okay? You can  
14 simply see an argument for, like, six months because  
15 that's how the long the temp would be in effect. So  
16 you can kind of say, well, the thing is only going  
17 to be in effect for six months, so we'll let it be  
18 applied for a period of six months or three months.  
19 I mean, I don't know how to rationalize.

20 ALBERTO TINEO: I think it's going to take  
21 care of itself because some people are not going to  
22 allow students to be on temporary license for a long  
23 time. So it's up to the individual to take the test  
24 very quickly because they're not going to get the  
25 full-time job.

1           MATTHEW WALSER: In the PA world where I live  
2 all the time, you can get a temporary license, but  
3 you have to prove that you've already signed up for  
4 the test.

5           KATHY DROTAR: That's in the verification  
6 letter that we send in.

7           JAMES FUTCH: That's the same with us.

8           MATTHEW WALSER: Send in a verification saying  
9 I've signed up for the test, here's my date, I've  
10 paid my money to take the test.

11          JAMES FUTCH: Right.

12          MATTHEW WALSER: I just need a temporary  
13 license so I can start working. Here's my letter of  
14 graduation; all that stuff.

15          JAMES FUTCH: That's true for us.

16          MATTHEW WALSER: And so, you graduate Saturday  
17 and on, I think they give us three days. They say  
18 three days. But on Saturday, they are FedExing our  
19 copies of diplomas and certificate of whatever to  
20 Tallahassee to you guys, or to your friends.

21          BIANCA BELL: To my friends.

22          MATTHEW WALSER: So that we can have a  
23 temporary license. Once we prove that we've passed  
24 our national certification and board exam, the T on  
25 the end of my license goes away and I keep my same

1 number.

2 JAMES FUTCH: Yeah. And we would, we would  
3 obviously have to have somebody applying for the  
4 exam. The temporary is an adjunct on top of the --  
5 at least the way we did it earlier.

6 RANDY SCHENKMAN: So should we make a motion  
7 to have the temporary license exam be taken within  
8 three months of graduation? The temporary license  
9 application?

10 JAMES FUTCH: If it's okay with you, we'll  
11 just leave it with the discussion right now --

12 RANDY SCHENKMAN: Okay.

13 JAMES FUTCH: -- and we'll work on something  
14 and maybe talk to a few more states. See what we  
15 do.

16 REBECCA MCFADDEN: I was just going to ask  
17 around in our area if we hire them with temporary  
18 licenses because I mean, I think --

19 JAMES FUTCH: That would be very, very useful.

20 REBECCA MCFADDEN: If it has to do with  
21 reimbursement, most -- I mean, is the temporary  
22 license even anything that we should be doing and is  
23 it --

24 JAMES FUTCH: Right.

25 REBECCA MCFADDEN: -- a cost effective thing



1 for the state to even have to manage.

2 KATHY DROTAR: Yeah.

3 REBECCA MCFADDEN: If it's not really going to  
4 work in most places.

5 JAMES FUTCH: If you wouldn't mind going back  
6 to your facilities or to your association, whoever  
7 it is that you consult with, and see what they are  
8 doing with temps. I'll be surprised here.

9 REBECCA MCFADDEN: Yeah. I'll just ask our HR  
10 manager to find out, even in nursing, are we hiring.

11 MATTHEW WALSER: Shands would not let you  
12 practice medicine with a temporary.

13 JAMES FUTCH: what about x-ray techs? what  
14 about rad techs?

15 KATHY DROTAR: Nursing has changed. A lot of  
16 places don't hire graduate nurses.

17 REBECCA MCFADDEN: I don't think they hire  
18 with temp license at all, no.

19 KATHY DROTAR: But outpatient facilities and  
20 urgent care, they're under a different umbrella. So  
21 they, you know, they are being hired there.

22 JAMES FUTCH: And real quick, because I know  
23 we want to get out of here on time.

24 what do you feel about just taking and  
25 allowing -- this is a bigger question. Allowing

1 somebody who has graduated a number of, you know, a  
2 year, two, three years ago, allowing them to sit for  
3 the exam? This is a bigger question because now  
4 you're being a gatekeeper.

5 And if they are -- you're not necessarily  
6 saying, you can't do it at all. You might say you  
7 have to go back to the program and do whatever we're  
8 calling advanced placement these days.

9 KATHY DROTAR: If I have a student that comes  
10 back to my program that's been out more than a year,  
11 I make them -- our policy is they repeat from the  
12 beginning.

13 JAMES FUTCH: See, now that --

14 KATHY DROTAR: But the longer you're out, you  
15 know --

16 RANDY SCHENKMAN: The more things change. The  
17 more --

18 KATHY DROTAR: Yeah.

19 JAMES FUTCH: Any sense --

20 RANDY SCHENKMAN: I don't think three years is  
21 reasonable.

22 REBECCA MCFADDEN: If you want to go back to  
23 work, you're going to make them retake the program?  
24 As long as they kept their license.

25 JAMES FUTCH: How about we do this? If we

1 were to implement a time frame for eligibility for  
2 Rad Techs once they graduate and sit for the exam, a  
3 show of hands who think that three years is too long  
4 or too short.

5 REBECCA MCFADDEN: Three years of what?

6 JAMES FUTCH: If you wait more than three  
7 years, do you want the department to not allow you  
8 to sit for the exam, raise your hand.

9 REBECCA MCFADDEN: But you continue your CEs  
10 on a national level?

11 JAMES FUTCH: No.

12 KATHY DROTAR: I think you're talking about  
13 not having a registry to begin with or not having --

14 RANDY SCHENKMAN: Not having anything.

15 JAMES FUTCH: You dropped off the face of the  
16 planet.

17 RANDY SCHENKMAN: They haven't taken the exam.  
18 They haven't done anything for three years.

19 KATHY DROTAR: I don't want them taking my  
20 x-rays.

21 JAMES FUTCH: So you think three years is --

22 REBECCA MCFADDEN: I think it's too long.

23 KATHY DROTAR: Too long.

24 BIANCA BELL: I'm going to tell you EMTs and  
25 paramedics have two years. They have two years to

1 sit for the examination. If they do not sit and  
2 pass their examination within two years of course  
3 completion, they have to go back and redo the  
4 courses.

5 RANDY SCHENKMAN: And you feel one year, so we  
6 could do either one year, eighteen months or two  
7 years.

8 KATHY DROTAR: And one year I think would be  
9 the same as would be mirroring the ARRT. Applying  
10 within 365 days of your graduation date.

11 JAMES FUTCH: Okay. Thank you for that  
12 discussion and those comments.

13 RANDY SCHENKMAN: Okay. We have to pick a  
14 date for our next meeting. Do we have any idea  
15 how --

16 BRENDA ANDREWS: I don't know what's  
17 happening.

18 RANDY SCHENKMAN: How far that is?

19 JAMES FUTCH: When is the HPS meeting, do you  
20 know? Adam, when is the HPS meeting?

21 ADAM WEAVER: For the Florida chapter?

22 JAMES FUTCH: Yeah.

23 ADAM WEAVER: It's Friday the 13th.

24 JAMES FUTCH: Friday the 13th. Is this the  
25 year the national is coming down?

1 ADAM WEAVER: No. National doesn't come until  
2 2020, I think.

3 BRENDA ANDREWS: That leaves a lot open.  
4 September, October. Anything going on in September?

5 RANDY SCHENKMAN: Do you want to do it after  
6 that meeting?

7 JAMES FUTCH: No, no. We were going to do it  
8 in October. I wanted to make sure I knew when it  
9 was. Association meetings, anything happening in  
10 September, October to avoid? AAPM. ASTRO?

11 KATHY DROTAR: ASTRO is in September.

12 BIANCA BELL: Sophie will not be able to do  
13 the first week of October.

14 KATHY DROTAR: ASTRO is in September, so  
15 October would be good.

16 RANDY SCHENKMAN: And I won't be able to do  
17 the third week.

18 BRENDA ANDREWS: Do you want to go down to the  
19 fourth week for October?

20 JAMES FUTCH: No.

21 BRENDA ANDREWS: In September?

22 JAMES FUTCH: Yes.

23 ADAM WEAVER: Too much to call.

24 BRENDA ANDREWS: What about the third week of  
25 September? 18th through the 22nd.

1 RANDY SCHENKMAN: Any problems?

2 KATHY DROTAR: Looks like ASTRO is the 24th  
3 through the 27th.

4 JAMES FUTCH: So we stick to Tuesday again.  
5 It would be the 19th?

6 RANDY SCHENKMAN: The 19th would be okay.

7 BRENDA ANDREWS: The 19th of September.

8 MATTHEW WALSER: wednesday?

9 ALBERTO TINEO: Tuesday.

10 ADAM WEAVER: Tuesday.

11 RANDY SCHENKMAN: September 19th, Tuesday,  
12 right?

13 BRENDA ANDREWS: And where? Do you all want  
14 to meet back here again?

15 RANDY SCHENKMAN: Back here seems fine. Is  
16 okay.

17 JAMES FUTCH: Anybody have any trouble getting  
18 here this time?

19 RANDY SCHENKMAN: I just came the night  
20 before.

21 JAMES FUTCH: John says he likes traveling I-4  
22 back and forth.

23 RANDY SCHENKMAN: That's what I did. I came  
24 the night before. I had to. The flights are  
25 ridiculous. Bill, I'll tell you, the flights are

1 ridiculous. It's a 6:30 flight.

2 WILLIAM ATHERTON: The Marriott is one less  
3 step for people flying.

4 BRENDA ANDREWS: Yeah, it's a --

5 WILLIAM ATHERTON: I don't know if it's a  
6 difference in price, though. The whole building is  
7 less convenient and the parking.

8 RANDY SCHENKMAN: Bill, come the night before.

9 WILLIAM ATHERTON: I figured there was a  
10 reason.

11 BRENDA ANDREWS: The reason why we even  
12 started coming here was because we could not get the  
13 Marriott for the price we needed. They were over  
14 200 something dollars.

15 WILLIAM ATHERTON: I understand that. I had  
16 the issue with them before.

17 BRENDA ANDREWS: So we just repeated coming  
18 here again. It seemed to be convenient for most  
19 people.

20 WILLIAM ATHERTON: It's fine.

21 RANDY SCHENKMAN: So this is okay with  
22 everybody? Yes? Okay. We will meet again in  
23 September.

24 BRENDA ANDREWS: Thank you all.

25 RANDY SCHENKMAN: Good to see everybody. Safe

1 flight, safe drive.

2 BRENDA ANDREWS: Excuse me one minute.

3 RANDY SCHENKMAN: Wait, hold on. Brenda has  
4 something to say.

5 BRENDA ANDREWS: If you have an envelope  
6 besides you, that's just for you to put your  
7 receipts in and mail them back to me. That's what  
8 they are for. If you didn't get one. James has  
9 one.

10 KATHY DROTAR: He can have mine. I don't need  
11 it.

12 (Proceedings concluded at 3:04 p.m.)

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CERTIFICATE OF REPORTER

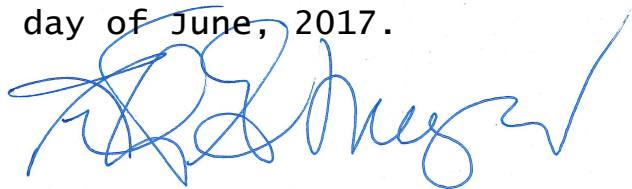
STATE OF FLORIDA:

COUNTY OF ORANGE:

I, RITA G. MEYER, RDR, CRR, CBC, CCP, do hereby certify that I was authorized to and did stenographically report the foregoing proceedings and that the foregoing transcript is a true and correct record of my stenographic notes.

I FURTHER CERTIFY that I am not a relative, employee, attorney or counsel of any of the parties, nor am I a relative or employee of any of the parties, attorneys or counsel connected with the action, nor am I financially interested in the outcome of the action.

DATED this 9th day of June, 2017.



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RITA G. MEYER, RDR, CRR, CBC, CCP

[8-8-17] Based on review by council members, corrections to inaudible text were made on pages: 8-10, 13, 16-20, and 121.