ADVISORY COUNCIL ON RADIATION PROTECTION

Bureau of Radiation Control

Hyatt Regency Orlando
International Airport

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10 a.m. - 2:53 p.m

Reported by:
Rita G. Meyer, RDR, CRR, CBC, CCP

Realtime Reporter and Notary Public
State of Florida at Large

MEMBERS PRESENT:

Randy Schenkman, M.D., Chairman

Mark S. Seddon, Vice-Chairman, MP, DABR, DABMP

Armand Cognetta, M.D.

Alberto Tineo, CNMT

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

Tim Richardson, RT(R)

Kathy Drotar, M.Ed., RT. (R)(N)(T)

Paul Burress, CHP

Efstratios Lagoutaris, D.P.M.

DEPARTMENT OF HEALTH, BUREAU OF RADIATION CONTROL STAFF:

James Futch, Health Physicist Administrator

Brenda Andrews, Business Consultant

Cindy Becker, Bureau Chief

Yvette Forrest, Environmental Administrator

Jerry Bai, Environmental Administrator

DEPARTMENT OF HEALTH, MEDICAL QUALITY ASSURANCE STAFF PRESENT:

Gail Curry, Regulatory Consultant

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RANDY SCHENKMAN: Hi everybody. We're going to get started even though we're missing a few people and we're having a little technical difficulty with the microphone here.

I'm Randy Schenkman, for those of who don't know me. I'm a retired radiologist from Miami. And I thought we would just go around the room introduce ourselves again, and then we'll get started.

Would you like to start?

PATRICIA DYCUS: I'm Patty Dycus, registered radiologist assistant. I work here in the Orlando area.

TIM RICHARDSON: I'm Tim Richardson, radiologic technologist representing the Florida Society of Radiologic Technologists.

ARMAND COGNETTA: I'm Armand Cognetta. I'm a dermatologist in private practice in Tallahassee.

BRENDA ANDREWS: I'm Brenda Andrews with the Department of Health, Bureau of Radiation Control.

JAMES FUTCH: Sorry. Thinking. James Futch, Bureau of Radiation Control.

CINDY BECKER: Hi, Cindy Becker, Bureau of Radiation Control.

MARK SEDDON: Mark Seddon, medical physicist here in Orlando.

GAIL CURRY: Gale Curry, Medical Quality Assurance.

PAUL BURRESS: Paul Burress from Florida State University and represent Health Phisics Society.

YVETTE FORREST: Yvette Forrest. I'm also with the Bureau of Radiation Control.

EFSTRATIOS LAGOUTARIS: Stratis Lagoutaris, private practice podiatrist in Jacksonville Beach.

ALBERTO TINEO: Alberto Tineo, Halifax Health, Daytona Beach.

RANDY SCHENKMAN: Okay. So we'll turn the meeting over to you now or -- do you want to do the minutes? Approve the minutes? Okay.

BRENDA ANDREWS: Before we approve the minutes, I did send them out to everyone to review and everyone that I got feedback from said they were okay.

I do have a couple of places in there, though, as far as names, Doctor Cognetta, names that you mentioned in there. I'm not quite sure they are spelled correctly, so --

ARMAND COGNETTA: Okay.

BRENDA ANDREWS: -- for the most part, I think they're okay with everyone. But there may be a couple of things we need to go back and clean up and

just check those. I don't think it would keep us from approving them today. And I could, I could make sure that those are okay.

RANDY SCHENKMAN: Okay. So that being said, all in favor of approving the minutes from May 13th, say aye.

COUNCIL MEMBERS: Aye.

RANDY SCHENKMAN: Any opposed?

(No Response)

BRENDA ANDREWS: Thank you.

RANDY SCHENKMAN: Okay. So we have approval.

BRENDA ANDREWS: Okay. All right. Thank you.

RANDY SCHENKMAN: Okay. Then we have the MQA update.

GAIL CURRY: Okay. Since I guess I'll be talking later and giving you some numbers, I'll just say that right now, there are no updates with MQA as far as licensing. So we're good for right now.

JAMES FUTCH: Are you guys working on the briefs? Do you want to talk about Leads?

GAIL CURRY: Okay. Leads. Leads is our new licensing database. We'll be opening up -- originally, it was supposed to go live in October. It's now been pushed up to November. So our old database of Compass will not exist any longer.

Leads will be in place in November. And mostly what, what that does is assign applications in a different way to our processors than what it's doing at this point. That's about all it's doing for us. I don't know on the backside what it's doing for reports and things of that nature, but that will be in place in November.

Hopefully it will go off without any hitch, but as everyone knows, when you go to a new system, sometimes you do have some, you know, kinks here and there. So bear with us and we'll work through them. But everybody knows my number. If you have anything, just give me a call and we'll work through it.

JAMES FUTCH: Was that supposed to make it easier for folks to check their cross professions for issues with people, if you have people in different professions that are licensed?

GAIL CURRY: As far as I know, it's going to work basically the same way that Compass does. But it's supposed to -- you're supposed to be able to go online and be able to say if somebody holds a radiology license and they hold a nursing license, you'll be able to cross-reference both of those; look for any enforcement issues. So if you just

look up, like, radiologic technologists and they don't have any enforcement issues, but they have something on their nursing license, it will plug both of those together so that you know there's an issue somewhere.

JAMES FUTCH: I know we've had that kind of issue crop up before in the system.

GAIL CURRY: Yeah.

JAMES FUTCH: It's always nice to treat people as people instead of just individual --

GAIL CURRY: Right.

JAMES FUTCH: -- certificates.

GAIL CURRY: Right. And usually, if there's a problem right now, there's a flag in place in Compass, our system we're using at this point. Where if there is an enforcement issue or discipline issue on a license anywhere across MQA and that person applies for a radiologic technology license, a flag will go up on their file saying, there's a discipline issue.

So then our processors go back out and plug in the Social Security number and it will bring up whatever those issues were. So they're catching them that way, but it's by processors taking the time to be diligent enough to go back out and look

at those things.

Leads is still a little bit new to me also, so I don't have all the details about it. I'm not really sure how it's all going to work. We've done a lot of testing on our transactions to be sure that they're going to be working well and that we have everything in place as far as deficiency letters and deficiency notices; things of that nature.

I haven't been on the enforcement side of it, so I'm not really sure exactly how that -- all that's gonna work, but we're still doing some testing.

JAMES FUTCH: I know we had an e-mail from Mr. Handley, I think, the new program, asking if there were any reports or data exchange processes between the department and the external agencies to doublecheck and I sent the list of all the ones that I knew about, including I think covered some of the ones that you guys had for sending applicants to AART, accepting things from AART.

GAIL CURRY: Right.

JAMES FUTCH: And all the things we use for continuing education processes. He's working with Brad, our programmer, to make sure that they are working.

GAIL CURRY: Yeah. I did see that e-mail come

across, but since we didn't actually construct that --

JAMES FUTCH: That was us.

GAIL CURRY: -- that's going to be yours, James.

JAMES FUTCH: I'll take care of that.

GAIL CURRY: But Leads is supposed to be a lot -- it's supposed to give us a lot more access. A lot more information. It's supposed to be easier for our applicants, licensees, to access their information or for providers to access mailing lists or, you know, status checks, whatever they feel they need to see, so that they have access and they don't have to call us and sit on our phones on hold. That they'll have complete access to those peoples' files. Of course not the confidential information, but --

PAUL BURRESS: I have a question about that process. If you take action against somebody, how long does it take before that shows up in the system? When it's pending, there's probably nothing there until the final action?

JAMES FUTCH: Let me speak to it because I'm a little more involved on that side.

If somebody files a complaint against any health

care professional in Florida, it starts out with the Department of MQA, it's called CSU, Consumer Services Unit, and they look at it for, first of all, legal sufficiency. Is there a form with the complainant's name on it with an identifiable health care practitioner in our database that we can find.

What is it they're alleging? Is there a statute or a regulation in that profession, statutes and regulations that appears to apply to what the complaint is. And they don't get involved in billing disputes or personality issues and he fired me because I was late to work and all that kind of stuff.

If it makes it that far, then the next step in the process is to see whether further investigation is needed or whether there's complete information provided by the complainant to move forward from that point.

If there is not enough information, they will send it to MQA Investigative Services Unit. Sometimes they will also send it to Radiation Control if it involves machines somehow in the field. And then it will go to a field investigator or a desk investigator, depending upon if the desk investigator can get it all from Tallahassee because

its database is they're searching phone calls they are making. Or if they go out in the field and collect records, then they probably go to the field unit.

Then there's a report generated by the investigator back to the Tallahassee, the CSI issue group, and at that point, it will go forward to the Prosecution Services Unit, which is MQAs 35 or 40 some odd attorneys who handle all the different professions.

At that point, the attorneys will look at it and basically fulfill the function of like the State Attorney, except it's not criminal. Typically, it's administrative law. And they will compile all the evidence and they will present it to, typically what's called a probable cause panel for most of the professions. For us, we're not a board, so we don't have a probable cause panel. We have an individual who basically makes a decision on that.

And all the probable cause is, is kind of like a grand jury in a way. The prosecutor's presenting the evidence and the probable cause panel or the department employee looks at it and says, yes, I think there is evidence that rises to the level of some sort of a disciplinary violation. And that

gives the prosecutor the ability to then go and actually prosecute the case.

Sometimes they will ask the probable cause panel what penalty they think should be imposed. The penalty has to be in the range of penalties under the regulation. In the first, second offense, minimum, maximum, mitigating, aggravating factors; things of that nature. But oftentimes, the prosecutors will, will just leave it as penalty undetermined at that point. It's whatever the rule says the minimum/maximum are.

And from that point, they will then generate a administrative complaint. It will go to the doctor or the technologist and they'll have a certain number of days to respond to the allegations.

If they don't respond to the allegations and the 21 days pass, they will issue what's called a default final order. And the final order is something that goes up through the department, and the Surgeon General's designate signs off on it. In our case, it's often our Deputy Secretary.

And then that goes again to the, to the regulating person or their attorney if there's an attorney involved, representing them at that point. And they again have a certain number of days to

appeal that decision to the, to the appellate court.

That whole process -- I've seen it from, from the front part to the prosecution part, which is where I usually become involved because I determine probable cause in this particular profession, with some assistance from some other folks -- that could take a couple months. I've seen it take a year or occasionally longer than that. I think they're always working to try and get the whole thing resolved inside six months to a year, but there's just a lot of competing factors.

PAUL BURRESS: And that status doesn't get changed to pending or does it show --

JAMES FUTCH: Yeah. Gail's processors -- let's say this thing happens in January, the complaint is entered. The folks in the enforcement side are going to look in Compass and can see from the moment the complaint is entered. It's my understanding that you guys can only see it when it becomes a public case or can you see it from the beginning, too?

GAIL CURRY: We can see it from the beginning. Usually they place a flag on it.

JAMES FUTCH: So the theory is, everyone's supposed to be able to see it. It doesn't always

mean you can do anything with that knowledge.

If, if you haven't gotten the probable cause yet, her processors keep doing exactly what they would've done had they not even had knowledge of this.

Once it reaches probable cause, they make a determination if it's a public case or a private case. A lot of the professions governed by other parts of Florida Statutes, like doctors and nurses, if something never makes it past probable cause, it never becomes a public case. So no one can find out about it through Chapter 119 Sunshine Law requests. It kind of just stays private. And that sort of makes sense because -- a lot, sometimes a lot of people will make wild allegations, and if it never reaches probable cause, then it's best that nobody knows about that.

This particular profession is one of the few that basically everything is a public case from the beginning because of the way the laws are written to direct us.

PAUL BURRESS: So if you're a potential future employer, you have to really look hard the last year or two, the prior history. If they switch jobs and may still be under investigation.

JAMES FUTCH: To give you concrete example without a concrete name, we had a particular physician that we were -- some federal prosecutors became interested and we're looking for information. And this particular fellow had, I think, two public cases and about 25 or 30 total cases going back to the mid 1980s. And the only ones that are releasable are the two public ones. Of course, a lot of the other stuff, if you look through it, it's like so-and-so got angry because they didn't, didn't pay them on time and they fired him. A lot of stuff that probably shouldn't ever be releasable.

PAUL BURRESS: Thank you.

RANDY SCHENKMAN: Anybody else have any questions about MQA or any of this new computer system?

JAMES FUTCH: You, too, will be affected by it.

RANDY SCHENKMAN: Yeah.

JAMES FUTCH: Every single person who's got a license from the Department of Health.

GAIL CURRY: Yep.

JAMES FUTCH: Soon hopefully will be all in one in time. Paying the same amount or less for it.

RANDY SCHENKMAN: Okay. So now we're going to go Bureau Update Legislation.

CINDY BECKER: That's me. Okay. Bureau update. Well, we have a new division director as of maybe about four or five weeks ago, and I'm very pleased with their choice. You might already have met her or know of her. She actually retired as a fire chief from Tallahassee. So early retirement. So she has decided to come out of retirement and come work with us.

Since she's retired fire chief, she already has the EMS experience, since one of our bureaus is EMS, involves EMS, and she has emergency preparedness response background. So I think she's very well qualified. She's very personable. I've already met with her a couple times on our pressing issues.

She's getting out there in the field. She's actually, I think, in Orlando some time later this week or next week. But she, unfortunately, missed the advisory meeting. I'm sure she'll be here maybe our next one or one soon thereafter. So I'm happy about that. Yes.

We have several inspector vacancies around the state, which Jerry may talk a little bit more about in his presentation, but there's also a lot of things going on in the field operations office. So I think you'll enjoy his, his talk about activities

going on there. But currently, we have a vacancy inspector wise in Orange Park, Jacksonville area office, our Ft. Myers, Sarasota area and in Broward County. So that's what's out there on the inspection side of it.

The third thing is, the Radiation Response Volunteer program that we have, got supported again through a small grant through the observation control program directors. And they again gave us this grant, so we'll be doing our trainings around the state. And also, we'll be doing an exercise, I believe it's in February in St. Lucie.

JAMES FUTCH: Actually, I'll talk a little bit more about that in my presentation.

CINDY BECKER: Good. Okay. So that will tie in all those trainings for final exercise for the year for them.

We have budget authority, yay.

For years now, we've been trying to gain budget authority to spend our own cash to renovate a building that we purchased years ago from Department of Juvenile Justice. It might have been purchased for a dollar. It was some nominal fee because the building is, is very old and needs quite a lot of renovation. We have the budget authority now to

start renovations on that building. It sits exactly adjacent next to our current environmental facility there in Ocoee. Some of you know where that is off of Silver Star Road.

And our lab's in very desperate need of more space, and so we hope to be able to provide that in the next year or two once this building gets completed. So we're excited about that.

We also received budget authority to replace our drill rig. And we don't often talk about our phosphate mining that we do, but we do do that in imperial Polk County and surrounding areas. That drill rig is 27 years old. I saw that it's sitting in the shop right now. It needs some type of hydraulics. It needs everything. It's a big, rusty pile of drill rig.

So we've had a lot of repairs over the years and down time on that. As you can imagine, it's used every day out in the weather, so it's, it's in desperate need of repair.

What else is going on? We -- I guess to transition into what we're going to talk a little bit more about, and I'll probably turn it over to James at some point, is --

JAMES FUTCH: Do you want the drill rig?

CINDY BECKER: The drill rig, a picture of it, oh, yes.

JAMES FUTCH: That's the back end and that's the, that's the vehicle. It looks old even in that picture.

CINDY BECKER: Yes, and that picture was taken quite a while ago. Very interesting work they do. If you like to get out in the field and get pretty dirty, that would be the job for you.

(Laughter)

CINDY BECKER: Muggy, buggy, everything.

JAMES FUTCH: Phosphate mining. That's actually the drag lines that come up out of the handle. It has a bucket that's probably the size of several of these things. It's massive.

CINDY BECKER: That was amazing to get out there and see that.

So the legislative talk I guess, or part, says legislation? Some time ago, years now I guess, 2009.

JAMES FUTCH: Yeah.

CINDY BECKER: 2009, we came to the Advisory Council and asked for your support and was provided your support, in trying to pursue legislation to change what we currently have in our statutes which

says that our x-ray fees, we're going to collect a certain amount. For instance, dental was set at $31 a dental tube. And this was set back in the early 80s and has been capped for over 23, 24 years now. In other words, we reached the maximum cap that we can collect. $31 for dental; I think $145 for medical tube.

You can imagine that inflation did not stop in the 80s. It has continued. So we have been having a shortfall in x-ray for some time now. And that has always been a concern, as you can imagine. We have laptops now that in 2013, reached their warranty, so they now are no longer on warranty. We're going to have to replace those at some time for the field, and Jerry knows about that. We've been testing different laptops to see what works best out there.

We would like to, every year, we would like to pursue changing that statute and getting rid of a statutory language at all that indicates a fee structure. And instead, replace it with language that would say something to the effect, we need to collect fees reasonable to support our costs of our program.

Every year it's a struggle to get that through.

It's not gone through yet. We work on different language to try to see what could work. I don't know if this is a year to try that. But we were, we were going to put together some language and see if, again, you guys would support us on trying to pursue that.

It's not much we're asking to go up. I think last time we asked for going from $31 to something like $40 for a dental tube. 145 to, I think we asked for 189. So that's, that's what we want to work with and towards again.

I do have, if you would like, a summary page. I'll pass this around. This just gives an idea of what our statute currently says. Pass them this way -- I guess I should keep one. Would be nice.

Our statute does allow us to charge and collect reasonable fees, as it's stated, for our annual registration and inspection of radiation machines. And this is strictly the radiation machine one that we're talking about. We have different language for our radioactive materials licensing. We're able to change those and we have over the years. But for the x-rays fees, unfortunately, it's in statute. As it says on there, the inspection activities were established 32 years ago in 1981. We reached the

fee cap, it says 23 years ago, which this was in 2013, but it's actually 24 years ago now.

So we propose removing the outdated fee schedule completely from the statute, which would allow us to set the inspection frequency and fee based on the complexity of the equipment and also the advances in machine technology. As you know, the machine technology has expanded in leaps and bounds since the 80s for sure.

So without going into specifics on the x-ray machine, I guess I'm just asking do we have your support again as we try to pursue this.

RANDY SCHENKMAN: What kind of language is there for the radiation materials that's different from this that allows you to keep updating?

JAMES FUTCH: Should I answer this?

CINDY BECKER: Sure, you can.

JAMES FUTCH: I tried to write -- this -- those of you who have been on the council for a while, you know this is not exactly a new issue. I think I've written three different versions of how to modify the legislation for x-ray so that it would allow us to actually cover the cost of the x-ray inspections that we're doing, which it hasn't done for a number of years.

We compare and contrast the materials language in Chapter 404 with the x-ray language. The materials language is very general. It doesn't have a specific statutory cap on fees. It basically addresses what Cindy was talking about before, which is the ability to recover what your reasonable costs are. So materials is, is not in a shortfall.

The x-ray language -- when they put, when they put the specific statutory language for x-ray in, the older language was for materials. That was already in Chapter 404. When they put x-ray in, they put x-ray in in a way -- and I would pull it up, but it's always confusing no matter which way you look at it -- so I'm going to try and talk through it.

They put it in in a way where they tied it to specific uses of machines. Educational, medical and specific frequencies, which are different for the different kind of uses and really have no basis in, in sense or reality as far as any of us could tell. And each of those, they came up with a, with a, with a specific cap and divided it up so that it was a certain amount per year that you would pay.

So one year what we proposed was just striking all of the x-ray specificity in terms of usage of

the machinery. Which didn't make a lot of sense because you could have like a CT machine used for -- I forget the specific example -- CT machine used for medical uses and for educational uses and you charge two different amounts and you have two different frequencies. And it's like, it's the same type of device. Why, why -- it's no more complex, takes no more longer to, no more longer -- takes no longer to inspect than the other particular usage.

And you've got to remember, like Cindy said, these things were set back in '82?

CINDY BECKER: '82.

JAMES FUTCH: Mr. Reagan's first term is when it first came up. And think about all the technological changes as well as the procedures and the usage changes that have come to the equipment since then.

So the first thing we thought to do, which sort of kind of made sense was, just strike out all of that specific language about type and use and, and frequency that really has no relevance anymore. And because the x-ray section is in Chapter 404, the effect of that would've been to have the governing fee language moved from that old language that was struck, to the language of the materials program.

Which has been working fine with, you know, far more kinds of materials and all sorts of different uses and, and you know, it survived pretty well.

So I think that's -- I don't know if that's what we did in 2009. And then at a later time, the way we tried to do it when the first one didn't get picked up, we went back in and said, oh, the heck with it. Maybe everybody's tied to these specific uses and types to the rest of it, so what we'll just do is we'll just change the caps on those specific types and uses.

And I think a third way we said, well, we'll strike all the types and uses but instead of letting the governing language move to the, to the materials language that's further up in the chapter, we'll just put in one overall x-ray statute in the x-ray section that has a cap, but allows us still to adjust for types and uses as technology changes and inspection frequency needs to change, but it would, but it would still be separate from the materials language. So we tried all three different types of language.

And what Cindy didn't, didn't mention specifically is that, you know, it's really hard to, to get anything changed in the law in a good year

when everything works perfectly. But to get that far, you have to first get the support of the societies and the members on the Council. And then it has to make it to, through the division and division has to think it's of sufficient import. It has to make it all the way through the top of the agency. And you know, we're not the only agency in the State of Florida who has important things that are being worked on. The Surgeon General has to usually pick a couple, two things, maybe three, to kind of focus on in a given year.

There's almost 20,000 people in this agency and it handles everything from, I wouldn't say from soup to nuts. It's much more than soup and nuts. It's Children's Medical Services, it's TB, I guess it's tobacco now, perhaps soon.

So even if it, it's, if it's a really vital thing, by the time it gets to the, to the comparison to all the other vital things that are out there, it may not make it past that. If does make it past that, then it has to go find a sponsor and support of legislators and so forth and so on. So the fact that it didn't make it all the way through doesn't mean that it's not something that's not important or that people thought it was wrong or didn't like it

for some reason. It's just, sometimes it's just a crap shoot.

But it has to start with, with support of this body. And I think what Cindy is driving at is that, you know, sometimes we're not able to submit things. This may not go forth. If it goes forth, it will probably be for the next legislative session. But, but what we were hoping for was first maybe a little discussion, give you the history of the 2009 support that we got. I believe probably back in 2010, too. I'm not positive about that. See if the sense of the Council is still the same, which is to basically continue to support the closing of the budget shortfall by whatever means necessary in terms of the three different ways of altering the legislation. The important thing is the support of the Council to close the shortfall in, in whatever way needed. Did I cover that?

CINDY BECKER: You did very well. Thank you. All the history and everything pulled into, in together. I like that.

It's a long history, as you can imagine. Every year we struggle and like James says, we have no clue how far it's going to get. So far it hasn't gotten where it needs to go, so --

ARMAND COGNETTA: Would the Governor sign something like that or he's not signing anything --

JAMES FUTCH: For this particular --

ARMAND COGNETTA: It seems like.

JAMES FUTCH: Yeah, who can say for sure.

ARMAND COGNETTA: What?

JAMES FUTCH: Who can say for sure.

ARMAND COGNETTA: Yeah. It seems like, I mean, it seems like he's subsidizing machines but materials --

JAMES FUTCH: That's one way of putting it.

CINDY BECKER: Yeah. The rest of the fees that we do collect across the Bureau, do end up having to just --

JAMES FUTCH: That's not, that's not exactly uncommon for MQA and all the different professions. I don't want to put MQA on the spot, so you don't have to say anything, but I've had some discussions with their leadership over the years, and I think -- don't quote me on the numbers -- but there's probably two or three professions that actually support themselves and everybody else as well, because most of them don't.

KATHY DROTAR: What kind of increases do you think you're going to be looking at or caps that

you'll be putting on?

JAMES FUTCH: Well, here's the thing. The way we've always structured this before, it's not the intention of the Bureau -- and Cindy can tell me if I'm saying something wrong here or she can just answer it. Let me walk over.

The intention of the Bureau is not to try and jack up the fees, you know, in one year by a hundred percent or something like that. The intention is to remove the cap so that you can actually start increasing things as needed in the different areas by something. Anything would be good.

KATHY DROTAR: Do you have any kind of a formula or any kind of protocol you use for that?

JAMES FUTCH: Yeah, we're trying to stay away from any specific -- remember, I said there's different ways of doing this. And I personally like the way where you strike it all and you just ride on the materials language, because that's the most fair to each of the different types of machines and uses and quantities. So we're not really trying to tie it to any particular numbers.

If you have to do the version where you go and strike caps and put new caps in, then you're going to have to pick a cap -- but it's a cap. The

current cap is running for, um, 32 years you said, right?

CINDY BECKER: Twenty-three years we've been at the cap.

JAMES FUTCH: They were set 32 years ago.

CINDY BECKER: Right.

JAMES FUTCH: Okay. They were set in Mr. Reagan's first term and run through O'Bama's second term and a few in between there. If you wanted to -- if you're going to do this once every 32 years, then you might want to pick a cap that's far enough, you know, ahead.

On the other hand, we've also become pretty good at doing more with less in 32 years, which is the whole reason you have caps to start with. Although I don't think anybody envisioned riding it for quite this long.

So if, if they were to choose the version where we -- we're able to, by rule, to set whatever they are, we realize we have to come back through the rule process, which means coming back to you folks and again getting the support, and then also, going through the modern review process. There's all sorts of reviews at the Governor's office level, at the agency level, at the legislative level, by its

own, own committee. And because the changes that were made in Chapter 120 four years ago, if you try and increase anything regulatory wise and it has more than, I think it's $200,000 impact in any one year or a million-dollar impact over five years, it has to go to the legislature for an actual vote on the rule increase.

So there's -- none of that was in place when this was all set up 32 years ago. Those, those natural impediments now and all these different views on increasing things by rule, that wasn't there.

So it can very well -- you're not going to vastly increase any, any one particular fee without lots of folks having the opportunity to object to it and saying, no, it needs to be less than that.

But our issue is, we can't do it at all because of where we're at with caps. And so I think actually for the next session, this is a moot point. This is really a discussion kind of for the future ongoing.

ARMAND COGNETTA: Your lawyers have looked at the language inside out --

JAMES FUTCH: In past years.

ARMAND COGNETTA: -- inside out and just made

sure there's no way --

JAMES FUTCH: They will do it again and again.

ARMAND COGNETTA: No, I mean to allow you to use what you have without having to go through the legislature. Because you'll have the FNA. I mean, you have to get everybody on board.

JAMES FUTCH: Yeah.

ARMAND COGNETTA: It's a lot. Is it only ionized radiation or is it radiation review? Like, for example, you know, lasers aren't -- there's no cost related to it.

JAMES FUTCH: No, separate statute.

ARMAND COGNETTA: That's a whole separate statute. But we register our lasers with you. We don't get charged for registering.

JAMES FUTCH: Right, but there's no inspection component either.

ARMAND COGNETTA: Which there should be.

JAMES FUTCH: I know. Thank you for saying that.

ARMAND COGNETTA: Yeah.

JAMES FUTCH: That statute is separate from 404.

ARMAND COGNETTA: Okay.

JAMES FUTCH: It was created to not have an

inspection component, to not have really much of an enforcement component at all. It's basically at the level of almost awareness. You know, here is -- there is this device, there are these standards. Here's the regulation; you should follow this. And most of the meat and the potatoes, most of the impetus for following that one, comes from the fact that you can be disciplined as a health care professional for using an unregistered laser in your practice. So it kind of ties back into disciplinary statutes.

ARMAND COGNETTA: Is there any state that does it perfectly that generates enough money?

JAMES FUTCH: For lasers?

ARMAND COGNETTA: No. For x-rays. Any states that you know?

JAMES FUTCH: I'll let Cindy speak on that or Yvette is more familiar than I am.

YVETTE FORREST: There are a lot of states that do it really well that we can model ourselves after, but off the top of my head, I can't say there's anyone that does it perfect. But there are a lot of states doing it really, really well. So we do have some benchmarks that we can model ourselves after.

CINDY BECKER: Yeah. And going back to -- did

you have something?

ALBERTO TINEO: No. I just want to know, do you need a motion today or what do you need today in order to move forward?

CINDY BECKER: Well, how does that work?

JAMES FUTCH: I guess that's up to you folks. If you think that it's something that has been enough discussion and you want to reaffirm your, your previous motions and support some changes in the legislation to close the shortfalls, then I think that would be some --

JERRY BAI: There are some comparisons out there.

JAMES FUTCH: I think that would be something that we would --

JERRY BAI: The materials program, we charge about one tenth.

JAMES FUTCH: That's true.

JERRY BAI: As far as the x-ray around the country, we are one of the absolute rock bottom registration fees in the country.

YVETTE FORREST: It's dismal.

JERRY BAI: And I talked to a lot of others at the CRCPD. I mean, we're cheap.

PAUL BURRESS: As a licensee, I could say I've

always thought, so I started here in the State of Florida in 1992, which was right after you reached the cap. So if I'm a legislator looking at this, I'd say, wow, we gave them the ability to work within a range and they immediately reached their cap in nine years, but they have been getting along fine for 23 years. So maybe we shouldn't trust them with a cap.

But as a licensee, I know the fees are ridiculously low, especially compared to other agencies. The Rad Materials license is probably about right for the amount of time spent on us, but there's not as many users.

DEP, it's funded by the EPA, hazardous waste inspections, and they've been in phases where they've gone -- they actually bill the site, Department of Revenues. You guys don't do that. You always work with users.

I'd rather pay higher fees upfront and get the thorough inspections that we usually get, than have you resort to citations to make ends meet. So I'd be in favor of raising the fees considerably. But maybe, maybe change, instead of a cap, go to maximum increase of so many percent per year. So that, so you know, it's not unbridled, but you have the

ability to increase the fees to make the costs for the program, make sure that they are covered.

MARK SEDDON: Are there other areas in the department that have similar language set in the statute for the fee? Can you kind of combine a request for a number of bureaus or divisions to say, well, this is the language to approve fees set in the statutes. That's the hurdle right here, just the fact the statute sets the fee.

JAMES FUTCH: Yeah. I'm sure there are. Well, in past years, what's happened when there's been successful legislation on any topic, it used to be not uncommon to have a departmental bill look to different issues in the department that needed to be fixed. Sometimes they were monetary; sometimes it was other things. And we put it into this large department health bill and the department would go find a sponsor for it. And that's kind of how you got things changed in any particular year. I don't know if that's really that common anymore.

PAUL BURRESS: So legislators don't want to introduce new taxes, right? Fees are seen as a tax. And this is probably one of your bigger hurdles.

JAMES FUTCH: Although, you know, in the specialty technologist legislation, we were able to

get through during the tenure of most of you. That was fee based from the very beginning. And they were for that because they viewed it as a way to provide additional -- what's the word I'm looking for? Avenues for businesses and for people to become recognized in different areas to do different things. And we used the existing, we used the existing fee structure in, in radiologic technology.

So although you were allowing new people to pay fees who had never paid fees before, it was something that was viewed positively because these folks were going to come to you and wanted to have this licensure. And they were going to pay basically what everyone else paid for different kinds of professional licenses.

So I guess what I'm saying, it's not uncommon for things to surprise you.

PAUL BURRESS: I know as a licensee, if I got a survey from you all -- I don't know if you do surveys -- but I would've told you twenty years ago your fees are too low. For the amount of time that people spend actually testing our equipment on site, you know, plus travel time, there's no way the costs could be covered, based on what they do at our facilities. We have about eight. Maybe you can

make ends meet at Mark's facilities.

MARK SEDDON: We have 500.

PAUL BURRESS: Yeah, but for these little doctors offices and stuff in rural counties, I know you lose money every trip.

CINDY BECKER: Right.

EFSTRATIOS LAGOUTARIS: I think it would have -- it certainly doesn't impact, I think, an individual office when you're talking about an increase of 15 or $20 for the one tube that you happen to have. I don't think it's -- I wouldn't consider it a hardship, although I'm sure you get some complaints because sometimes people like to complain.

But I think if you were able to draft some kind of informative letter that we could pass on to our components saying, this is what we're thinking of; this is why we're thinking of it, I think it might come as less of a shock and perhaps a little bit more well understood and welcome. But it certainly doesn't affect individual offices in the way that it would affect somebody who has 500 tubes, you know.

MARK SEDDON: It's over multiples. But I think when you compare relative costs to what most of these facilities are paying for service and for, you

know, you're accredited with ACR whatever, there's a lot of other fees which are much, magnitude higher than what you're talking about here for, for a $15 increase.

EFSTRATIOS LAGOUTARIS: I suppose the flip side would be, you could tell individuals, we'll just charge you a regular flat fee for our, for our licensure, and then we'll charge you for each inspection that we make. You know, I think people would like to think -- choose a flat fee on a licensure than being charged for an inspection.

CINDY BECKER: Right. And that's, that's one of the things I'm glad that Paul mentioned that. That, you know, our fees in the -- are very low. Extremely low. And then we also don't charge typically high fines when there is enforcement action. And I think we try to be pro business and, and pro, you know, we want to help educate, we want to correct out there in the facilities. That's great and that's really what we're after.

But there are avenues that we tried a little bit in the past. One of the other things James I guess kind of started to talk about was that we don't charge for things like lasers. We don't charge things for repeat inspections. We go out and do

inspections again at some facilities. We don't charge for that. We don't charge for --

JERRY BAI: Special requests.

CINDY BECKER: Special requests, special investigations.

JERRY BAI: They will ask us, please come out and do an inspection for us.

PAUL BURRESS: We've asked about shielding time before and that's done for us and there's no consulting fees for it.

CINDY BECKER: Right.

PAUL BURRESS: So we get the assurance the room is designed safely and it cost us zero dollars. I do think these are too low.

RANDY SCHENKMAN: Well, should we make a motion then to support a change in wording of the legislation? Is that --

JAMES FUTCH: Well, I think -- let me back up for a second.

If the Council decides it's, it's the will of the Council to support closing the shortfall by making changes to the statute in whatever way, possible ways we've discussed here today, I think that would form a good basis to go forth and start talking to some of the societies.

Like you said, Doctor Lagoutaris or Doctor Cognetta, you both brought this up, if the various societies like FNA and Florida Hospital Association, aren't brought into it, well, you really have no hope of this ever going anywhere. So it's best to start out with seeing if -- what they would be comfortable with in terms of language and the rest of it.

So I don't want to get bogged down in the actual language except to say, change is necessary to support, you know, covering the shortfall with adjusting the fees.

RANDY SCHENKMAN: Okay. So --

EFSTRATIOS LAGOUTARIS: So moved.

KATHY DROTAR: Second.

RANDY SCHENKMAN: We have the motion. We have a -- we need a vote. All in favor of the motion?

COUNCIL MEMBERS: Aye.

RANDY SCHENKMAN: Anyone opposed?

(No Response)

RANDY SCHENKMAN: Okay.

CINDY BECKER: Thank you.

RANDY SCHENKMAN: Is there anything else?

CINDY BECKER: What else can I tell you about Bureau updates or legislation or any other questions

regarding that?

I didn't know, James, if you wanted to talk about technology?

JAMES FUTCH: Yeah. While we're on, on this particular subject, the regulation updates, we've got -- I think Brenda has an update. There's one rule that's in process that actually has a notice out right now, Department of State. It's the laser regulation.

As you know, the way it works with Chapter 120 is, we can't really speak to things that are being publically noticed for fear of jeopardizing that process, but I just want to give you an update. We are making some changes. We talked to Council before about what the substance of them were, but that's the only rule that I know of right now that's in the middle of the process that we, we can't really take comment on.

But let me move over to technology. As long as we're talking about this shortfall in the x-ray side of things, in that same year, 2009, where we brought some specific language to close the shortfall in x-ray, we also brought some language to close the shortfall in technology. Radiologic technologist fees. But rather than adjust the caps, the

technology fees were not at their caps. And what we had proposed was increasing those fees to their caps in various areas. This is back in 2009. I'll go over them in just a second.

And back then, you also had supported that effort and I'm looking for a discussion today along those same lines. But let me give you a little short description here if I can find it.

So this is from 2009, and nothing has changed in -- with regard to these fees, either. But right now, the rad tech application fee, this is application in general. For exams, for example, is $50. And in 2009, we were taking that to a cap of $100 for that application.

We proposed -- subsequent exam application fee is currently at $35 and we propose taking that to its cap of $75.

Application by endorsement fee is currently, as it was in 2009, at $45. We had proposed taking that to its cap of $50.

And then the last one, which is the most important because this is the vast majority of where the money comes from, is the license renewal fee for radiologic technologist is currently at $55 and its cap is $75. We propose taking that to $75.

So let me summarize again. The rad tech application fee, 50 to 100. Subsequent exam, if you fail the first exam, you know, come back again, from 35 to 75. Endorsement from 45 to 50, five-dollar increase. And then the license renewal fee, 55 to 75.

Now, because there are somewhere in the neighborhood, any given year, between 10 and 12,000 people renewing, that is your multiplier by that $20 increase. So you figure, 200,000.

GAIL CURRY: James, can I interject something in there?

JAMES FUTCH: Sure.

GAIL CURRY: When you're talking about the application fees, I want everybody to realize, that's also a licensure fee. Most other professions charge an application fee, and then once you take your exam or whatever you're required to do to be licensed after that, they also charge you a licensure fee. So there's usually two fees attached to most other professions. We only have an application fee. So once you do that application fee, you will get licensed.

JAMES FUTCH: When you pass the test.

GAIL CURRY: For free. I mean, basically, that

application fee includes your licensure.

JAMES FUTCH: And for the total numbers on all of the other fees, except for license renewal fee, if you add the endorsement applications and the exam applications, in any given year, I think Gail and I were talking, it's usually in the neighborhood of 2 to 3,000 applications total per year. Slightly, slightly more applications by exam than by endorsement. So you can see the difference in the, in the multipliers in that regard.

So, basically, in 2009, we had proposed the reason we're doing this is because there was a shortfall, just like there is in the x-ray side of the shop, there's a shortfall in the radiologic technologist side of it. Mostly on the Bureau side. Not on -- not so on the MQA side. Somewhere in the neighborhood of around 300,000 annually. Taking in the 14 million total. And this would, even with these, these increases, it would, it would cover most of those shortfalls. There would still be a shortfall, but it would be far, far less than what it is currently.

So that's the, that's the history on those. So the vast majority of people, which is those existing population of 24,000, something like that.

GAIL CURRY: That are licensed?

JAMES FUTCH: That are already licensed, roughly half one year, half the next year. They would, they would see an increase of basically $20 every two years to increase those fees.

And then the new folks would see, depending upon if it's endorsement, five-dollar increase, or if it's an exam, a $50 increase. And of course, that's an initial licensure. So that's a one-time thing.

I think from everyone's reaction, that pretty much sounds like not a whole bunch of money to increase per person. At least that's what the feeling was last time. So I'd just like to encourage any discussion. Anything, any thoughts?

RANDY SCHENKMAN: Why wasn't the cap -- why didn't it reach the cap last time?

JAMES FUTCH: Well, we're being recorded. So I'll say it was, you know, something that -- how do I put this?

CINDY BECKER: Something that didn't go through?

JAMES FUTCH: Yeah. It wasn't because the idea was a bad idea. In fact, I had a meeting with a certain fairly high ranking staff member in the department who said, after I gave him my

presentation, that is an excellent presentation and those are very good and valid reasons and we're just not going to do it this year. So it was kind of along those lines. This was in 2009.

Well, anyway. There's a certain sequence of events that happen every few years. People sometimes don't want to say things.

ALBERTO TINEO: Do you think that you will have support this time?

JAMES FUTCH: Well, this would be, you know, for next year after, well, 2015. Probably the end of 2015 before it comes up to the point where it was thought of being proposed for comments. So I think so. I think so. And you know, more to the point, I think it's important to kind of keep the idea alive that we still need to close a shortfall. And so, there it is.

EFSTRATIOS LAGOUTARIS: I have a question --

JAMES FUTCH: Short.

EFSTRATIOS LAGOUTARIS: -- regarding the shortfall. How is the shortfall, shortfall covered now?

JAMES FUTCH: I'll let Cindy speak to it.

CINDY BECKER: Kind of back to where we talked about. Our Bureau collects fees, licensing fees for

random material. We also collect other fees. We collect -- well, MQA provides -- MQSA provides mammography fees to us for doing mammography inspections. That's another fee we collect. We collect fees for pre and post mining. So all those fees go into our Bureau pool of money.

So, basically, other programs end up supporting the programs that aren't doing so well.

EFSTRATIOS LAGOUTARIS: So you rob from Peter to pay Paul.

CINDY BECKER: Sure.

EFSTRATIOS LAGOUTARIS: Okay. Does that alleviate the burden on the rest of the organization by increasing -- I mean, I would imagine it would alleviate it in our department, but does it --

CINDY BECKER: Does it help with the others?

EFSTRATIOS LAGOUTARIS: Yeah. I would imagine it does.

CINDY BECKER: Well, for materials, we were able to increase the fees, I think five, six, seven years ago, anybody remember that?

Based on the NRC, who was our counterpart, we're an agreement state so we do our own licensing and inspection of radioactive materials in our state as so does 36 other states, but there's 37 agreement

states.

In the states that are non-agreement states, NRC goes in and inspects and does licensing for them. They charge, like Jerry had said, probably up to ten times more than what we charge. So our fees are still low in comparison to what NRC charges. But we're able to raise those fees a little bit easier because NRC raised theirs at that same point in time.

So I don't know if that helps answer your question.

EFSTRATIOS LAGOUTARIS: Very much so. Yes. Thank you.

PAUL BURRESS: How many materials licensings do you have, though? I mean, those two pots are quite different in size.

CINDY BECKER: They are. Last count it was about 17, 1800 specific licensings. I'm looking. Jerry is shaking his head yes. We also have general licensings, as you know, and those fluctuate from time to time but, yes. And you know from experience, we do charge those licensings a little bit more than we would an x-ray, but there is more involvement in doing an inspection of a licensing facility using the radioactive material than for an

x-ray machine.

JAMES FUTCH: And there's some sense that we're looking behind this because it is the same inspection staff who does all of this. Including things like checking for technologists perfect licensure and their facilities. Looking at materials licensees or actual licensees at the same time.

CINDY BECKER: One of the things we've done over the years to try to help with the shortfall is we've looked at trying to focus more attention on the high-risk categories. Which in the end, if you were able to do any of this fee adjustment, that's how we would base the fees on is the complexity and the high risk, the amount of time it takes to do the inspection. And right now, just like therapy, machine does take a bit more time than a dental and so that's why the difference in the cost.

KATHY DROTAR: As a person who renews three licenses and so, you know, paying a hundred --

JAMES FUTCH: You're very few out of the 24, 26,000.

KATHY DROTAR: I really feel that we have a real benefit in this state for the amount that is paid. I know for the amount that you pay for the

license. And I don't think that that raise of $20 a license is going to impact me that much. You know, $60, whatever the max is.

I think if we compare it to other states, if I were in Maryland, I think I'd be paying $600 a year, not biannual like we do in Florida. So you can compare it to nursing, licensing fees I think are like 400, 200, $400. So for us to be bumped up to 75, I don't see that that is a deterrent to getting a license or renewing.

CINDY BECKER: That's good to hear because one of the -- when they do a dental analysis, one of the things they look at is the effect on businesses. And so, I think if we were able to say, you know, it is an impact, but not, not that much of an impact.

JAMES FUTCH: We'd also -- just, we were talking about before, if you were able to get the x-ray statutory language changed, you could then go forward with a rule change to actually change the fee to something else. This is just the fees. This isn't the rule. This is not a statute. So the Chapter 120 requirements are in place for us. So if we increase this by a certain percentage, it's -- I think it's a 200,000 one year, a million total in five. It has to go to the Legislature to support

that large of an increase. I don't remember if this one might be on the threshold of that.

RANDY SCHENKMAN: So should we make a motion? I'll make a motion to support the fee changes to bring them up to the cap that's already in place. Anybody second it?

PAUL BURRESS: I'll second it.

RANDY SCHENKMAN: Okay. And so, we'll have a vote. Everybody in favor, say aye.

COUNCIL MEMBERS: Aye.

RANDY SCHENKMAN: Anyone opposed?

(No Response)

RANDY SCHENKMAN: Unanimous.

JAMES FUTCH: Thank you.

JERRY BAI: We also -- just to comment on this stuff.

When the inspectors go out -- let's pick on Mark here. I always pick on Mark or Alberto. But when we go out and do those machine inspections at a facility, we're literary doing a physics check on all the machines at the facility. And we give you -- and we point out all the little issues that we find.

Now, a physics check by a physicist or someone underneath a physicist is actually a very expensive

thing. Most places cannot afford a physics staff to check out their x-ray machines. But we go inside there and I view it as a more of a service.

We walk inside there. We find the issues and we just point them out and then all you have to do is fix it. But you don't -- the fee that is charged for us coming in and doing that physics check for, for the facility is dirt cheap. We come back there routinely. We don't fine you unless there's something really, really bad and on purpose. We're not going to fine you.

So I look at it as a -- I know maybe it's legislative personnel, they might be looking at it as an onerous fee, but, you know, regulatory compliance thing, but I view them more of as a service to diagnostic facilities when we inspect their machine. Because it's not -- we're not that bad when we go inside there. We do a quick check and we give our results if anything's wrong.

So maybe if they look at it as a service rather than as a going inside there and compliance inspection, the way it, you know, you think about inspections from regulatory bodies.

ARMAND COGNETTA: Jerry, it's my understanding that you're talking about diagnostic machines or

therapeutic?

JERRY BAI: Diagnostic machines would be viewed that way. Therapy, we don't actually do any testing. What we do is we check on what the physicist did.

ARMAND COGNETTA: So we already have a --

JERRY BAI: Yes, sir.

ARMAND COGNETTA: And that is very expensive.

JERRY BAI: Very.

ARMAND COGNETTA: Very expensive. For every tube.

PAUL BURRESS: I'll just say I appreciate our state inspectors, not because you, you inspect us, but we've had a lot of students that have gone to work for the State. I've talked about going to the State. The pay is near the bottom of the scale. I mean, you get people that are willing to work for the State of Florida for other reasons. And even then, you get good people. But they pay hardly anything. You're not wasting money on cars, you're not wasting money on offices, so I think the tax dollars are well spent and you do a great service.

Homeland Security maybe is different, I don't know.

(Laughter)

PAUL BURRESS: But I think that comes from a whole different pool of money and not from these fees.

JAMES FUTCH: In fact, you mentioned the office, changes that you, one thing you were working on.

CINDY BECKER: Jerry is going to, right? You're going to talk about the office changes.

JAMES FUTCH: Another way for us to be cheaper. We're not going to take any more money in.

I really want to thank you guys for the discussion this morning. This is something that, you know, maybe before we retire, we can solve this.

YVETTE FORREST: You don't ever get to retire before we'll get this cleaned up. Don't worry, James.

JAMES FUTCH: Oh, my goodness.

GAIL CURRY: You can retire after we all do.

CINDY BECKER: We'll make a pact. We'll all go together.

JAMES FUTCH: Well, let me see.

RANDY SCHENKMAN: Should we go on to Population Monitoring for Radiological Disasters?

JAMES FUTCH: If you would like. Is it about 11:10? Something like that?

CINDY BECKER: 11:14.

JAMES FUTCH: We'll see how far we get.

This is -- actually, you may know my counterpart, John Williamson, from the side of the shop that handles emergency response and power plant monitoring and preventive radiological detection, law enforcement, phosphate mining. All those things.

He wanted to give a little update and asked me to deliver this for him, so I'm going to do that.

We've spoken to you in the past -- Cindy mentioned briefly the, we call it the RRVC, Radiologic Response Volunteer Corp. This is a piece of the larger medical reserve corp. that exists. This is a presentation I'm showing on the screen from a class we gave teaching people. A one-day class that teaches folks the basics of radiation and how to use instruments to help us monitor mass casualties for radiation contamination and a mass casualty event.

Think of Fukushima, March, 2011. Many, many hundreds of thousands of Japanese folks in reception centers being monitored by people with white masks on.

In the event something like that happens, the

Bureau has very, very few staff to be able to man all of the different types of reception centers that would be needed to handle the hundreds of thousands of people who are contaminated or think they are contaminated in order to both help them make that determination and also just as equally important, keep them away from swamping the health care system and hospitals who are taking care of the actual casualties or the more severe casualties.

So we have been doing this for, I guess about four years now. We give anywhere from, I think 10 to 14 classes a year. This is our staff basically volunteering its time on a Saturday, typically, somewhere in the State of Florida. I've taught several of these myself in north Florida; John and his staff have taught in other parts of the State. This one was I think the most recent set of classes in Okeechobee County talked about Tim Dunn and Mark Seidensticker from Orlando.

This is the actual presentation we used and I want to give you some history, a little additional history to this and then tell you why I'm saying this.

This particular volunteer corp. is something that anyone can volunteer for. We've taught classes

to nurses, to nuclear med techs, to radiographers, therapists, doctors, physician's assistants, people who have actual radiation knowledge, medical physicists, health physicists, and just the average person who is retired perhaps and wants to help.

I remember teaching two classes in the Villages a few years back. That was really an eye opener for me because I hadn't had any direct contact with, with that kind of desire to help before. So I had people in the audience who were wheeling oxygen tanks around and trying to use radiation instruments and looking through little dosimeters with thick glasses trying to see the tiny little lines that would measure the radiation dose. Just a tremendous outpouring of -- from a lot of different people, because I think everybody kind of feels like they want to do something to help. You're not fighting overseas. You want to help your fellow man. So this is the way to do it, I suppose.

So anyone can volunteer, take the training and become a member of the medical reserve corp. And then that sets you up in the event of an actual mass casualty event, you're registered in the list of folks who the State can call, because remember, we're in the state where they're not going to call

if you just show up and want to volunteer on the day of some, you know, dire emergency. And if you do this, you're actually covered from certain kinds of liability that might normally be something that people worry about helping other people because of, you know, getting personally sued afterwards if somebody didn't like what happened. So this kind of protects you from that.

It also actually puts you at the top of the list along with department personnel and the other emergency workers for some of the protective measures like the potassium iodide in the power plant accident; radioactive iodine, one of the big things you have to worry about and this enables you to be protected by that issue would be emergency work.

Anyway, so we tested this out. I'd come to you before and talking about the particular part of this that the CDC developed called the Community Reception Center. So think of, you know, a regular reception center for, say, a hurricane type accident that, that has a special component that's -- it deals with radiation and contamination. So we have portal monitors. Let me show you some of them. Some of the pictures.

We did this in July of 2011 here in Orlando. Oh, I like this. This is new. I haven't seen this before. I want to show this to you.

This is a picture of the Katrina fiasco. Okay. This is a, of course, had nothing to do with radiation, but this is Hurricane Katrina and where all the people ended up. You can see over on the right-hand side of the screen, the larger the circle, the greater the population. And this is based on FEMA. FEMA claims 1.36 million individual claims. I guess we have to look at it this way. 1.36 million claims.

Anyway, New Orleans, epicenter down here, you can see the different places, quote, that the mass casualties, so to speak, ended up. Just to give you an idea of the, wow, just happened down, down there in New Orleans, but look where everybody ended up.

So, you know, imagine the Fukushima type of accident in a power plant in Florida or God forbid, some terrorist actually getting hold of some dirty bomb material and setting it off somewhere in Florida. There's going to be a whole bunch of people who are affected or think they're affected. And this is the same kind of thing that's going to happen. They're going to go everywhere.

Sorry. I hadn't seen that.

JERRY BAI: Not a single person went up to that one state.

JAMES FUTCH: One person went to Montana. It is kind of funny, though. You can see the numbers. 508 ended up in El Paso. 540 something. Houston got, like, 84,000 and Atlanta got a few. And Dallas, Fort Worth.

Let me go back to where I was trying to show you.

So we did the -- we tested this out at a drill with actual fake student victims, over 100, in July, 2011. This is a whole talk all day. So it's a lot of radiation fundamentals, weapons of mass destruction. I'm trying to find the part of the presentation that deals with -- sorry. Don't get sick watching this go by. Somewhere down here. Okay.

So we actually do part of the presentation has all these pictures of, like, you know, Fukushima and all the rest, a little bit from Chernobyl. And here is where we start off.

So these pictures actually were taken from one of the exercises where we brought in victims, like, in July, 2011. And we set up a community reception

center that followed this particular kind of -- folks on portal monitors. People taking registration and information from folks at tables.

Here's the overall flowchart. This is something CDC developed. I believe you've seen this before. You got folks coming in and it shows how you sort them into the portal monitors. The wash stations. Radiation dose assessment. The people who have other more life-threatening emergencies upfront. Don't worry about contamination right then if you've got bones sticking out and blood dripping on to the floor. We've got to take care of that first. And that's the overall, overall plan.

And you've got these different areas. Let me get back to this thing.

So sorting, first aid. This is the section we talked about. There's the pictures from the exercise. Contamination, you go through a line. How many times did you go through the line? This whole thing is what we trained for. We talked about this. And we have trained, I think, somewhere in those four years, after all those classes, somewhere in the neighborhood of 1500 people. And some additional special ed classes for health physicists and doctors, where we sent them off to Oakridge and

have them understand a little bit more about emergency medicine and radiation. Well, we also -- stop the presentation here.

Earlier, we had an exercise down in the Keys, in Key Largo, from February of this year. And what we did different this time around was, previously, we had this July, 2011 in Orange County gymnasium, just did the population monitoring. This time around, DEM, the Division of Emergency Management, wanted to test this as part of our regular nuclear power plant exercises which we do at St. Lucie, used to do at Crystal River and at Turkey Point.

So we had the normal Turkey Point exercise. And then the next day, we did down in Key Largo, the -- set up another one of the community reception centers. This time at the Monroe County Services Center on Key Largo. And did the population monitoring with the -- carried this scenario forward and kind of kept going with the population monitoring part. So we advanced many, many days in this scenario.

Called it Key Lime. Some creative people with some of this stuff and where they come up with these terms. It took place February 7th at the Nelson Government Center in Key Largo. Not a very big

place at all. Not a big gymnasium in Orange County with huge parking lots. You know, Key Largo, it's only so wide at different points, so some challenges space wise with this one.

This was -- the planning for this whole thing started a long time ago in August. Culminated in the Turkey Park exercise on the 6th and then the power plant monitoring on the 7th.

Here all the agencies were involved in this particular one. All the ones that say ESFA, Emergency Support Function, different emergency support functions, health and medical and fire and all the rest of it. Salvation Army, American Red Cross. Lots of different folks involved.

I won't go into the scenario. I'm trying to exercise all these various core capabilities, comps, environmental health and safety, mass care, et cetera.

Here's a picture in the bottom left of where it actually took place on Key Largo. I won't bore you with this. It's a recalibration of the one you saw a minute ago. Trust me. Things flow. People who are contaminated get uncontaminated.

Here's the main highway coming in. Mile Marker 110 is up the road a little bit. This is the Nelson

Government Center. This is the way in; this is the way out. It's a nice little circle drive right here.

First thing you'll notice is there's almost no parking here. So we actually had people parking in the Catholic church down the street and being bussed in. That's how they do things down in the Keys. There's a lot of linear thinking. And you hope that road never closes off because it's the only one that they got.

But, basically, some of the, some of the stations, the flow of the traffic is you come in to this side. Some of this is exercise things. Basically, you have a greeting here. This is kind of where your first aid and sorting and things of that nature take place.

Comes in to this grassy area. The grassy area goes down to the ocean. Four is where your portal monitors and all that type stuff are set up. This one was different. This one -- this was different. We actually had a pet component.

You may be aware, this is something that folks have to think about now. Because one of the things they learned in Katrina, folks don't leave their animals behind or they don't leave sometimes. So

this is, something all the emergency folks think about is how do you, how do you deal with folks and whatever animals they may have and the rest of it.

So we actually had, I think, Department of Agriculture and some veterinary response capabilities from some other different agencies who were, while we were doing people decon, they had down on the hill here, some tents set up for animal decon and animal care and where do you put them and how do you keep them from running underfoot and, you know, all that whole thing.

Down here in the bottom of the cursor down in this area were the, the human -- some of the human wash stations. And that was -- I got some pictures of this. Let me go to the pictures. This is the exercise for the day. Here is a couple places where they were kind of simulating folks coming in and to Mile Marker 106 down the road. And this is -- this was on site but it was pertaining further down the road. This is the first place people come to.

And here's the pictures are from some of the, the portal motors that we had set up. Looks like -- they had three of them. We had some folks actually dress out. This is Key Largo in February. You think that would be okay. No. It's always hot

there. So these guys were, like, losing, I forgot. I mean, pulled some of the gloves off and they are full of sweat. You know, their fingers and all the rest of them. So not very many people were fully suited up and they didn't stay that way for long.

But a mixture of our staff. I can't really see the individuals. But some of Jerry's staff. Different folks here running these. Here's Jim Stokes from -- one of the inspectors from Miami. I recognize him because of his ponytail.

And this is, this is the greeting and then they would come to the radiologic monitoring area.

Some of the pet decontamination areas. Simulated pets. We didn't have actual, any live pets. No live pets were harmed in the making of this particular exercise.

PAUL BURRESS: There's no protocol for giving KI pets is there or do you have to warn people not to, because you may kill their animal?

JAMES FUTCH: I've never heard of one, but you know, who knows what they may come up with.

PAUL BURRESS: I would guess the latency, seven-year latency would render that kind of a moot point.

JAMES FUTCH: Yeah, if you're worried about

cancer later on.

Here is some of the human decontamination areas. These were handled by Monroe County Fire and Rescue. Citrus and Levy counties, which were up, of course, next to the Crystal River Power Plant, they came down. Medical Reserve Corp -- basically, every one of these stations, Medical Reserve Corp. people, many of them we had trained for their -- a lot of DEM folks, lot of risk management folks. And these are some more of the areas.

There's the clean pet shelter. You can see the kennels outside the trailer. Department of Agriculture, U.S. Department of Agriculture and the Florida Department of Agriculture. That's where it was.

Bus loading area, shelter. There's a picture here somewhere. Yeah, all the -- these folks over here, one of these is the Salvation Army. Maybe both of those. That's where we had lunch. Salvation Army, Red Cross. They all came down and we ate from the, the, the Salvation Army soup kitchen. It was actually quite nice.

These are some of the other vehicles from the other parts of the state that were there.

Okay. So why am I telling you this? Besides

the fact that I just like to show you the results of good work. Let me open this one. And here's why.

We have another one coming up. This one is going to be held as part of the St. Lucie Power Plant exercise, May 7th. It's got the wrong year. It's 2015, not 2014. Sorry about that.

So this is going to be held and DEM wants to practice again, population monitoring the day after the exercise. And we are looking for help from you folks, from your associated agencies, societies, anyone who wants to do what you saw in the picture can get out and help hold skin meters and scan people, assist them through portal monitors. You know, ideally, we would like folks who are as comfortable with the radiation aspect as possible. So we, of course, look to the med techs and radiographers and health physicists and medical physicists.

And so, whatever you would like from us to aid you in that. The best way to do this is to get all the people who might want to participate into one of those MRC classes, which we're going to have several of starting in January, running through May of 2015, before this exercise. It's a one day thing. You saw the materials before. It's, you know, it's a

breeze if you already understand radiation. And we hope that this will be possible.

And if you have any questions, you can contact me or I can give you John's contact information, which is -- if you want to write it down. It's 407-297-2096. John Williamson. And you all know my number, right? The Bureau main number is 850-245-4266 for Brenda. You have her e-mail address. If you forget any of this, just e-mail Brenda. She'll get you to the right person.

CINDY BECKER: And James, when are these going to be on our website as far as the dates?

JAMES FUTCH: I don't -- I haven't been given any new class dates. One of the things about that is actually a good thing because if it turns out that your particular area of the state, Volusia County, Miami-Dade, Palm Beach, whatever it is, wants to hold a class, now is the time to talk to us. We will involve the MRC coordinator from your region and try and find a spot and hold it. We usually don't have too much difficulty in Miami trying large numbers of people. Getting a class once a day. 80 plus people registered. 60 something showed up. We had to do it in the Dade County OC, which they were kind enough to let us

borrow.

Any questions how this works? This is our website. The MRC class, not the information about this exercise, but the MRC classes are on our website. Flhealth.gov/radiation -- actually, we got it changed. If you want to do flhealth.gov/rad, it works as does /xray/materials/ram. Just anything you can think of in order to get to our front page.

Our front page has a big picture of the portal monitor and people assisting on links on how to register for upcoming classes. Like I said, there's probably no current classes listed. So we do do a little prep work if you want to get your people registered and the class set up first. But you can be rest assured that there will be classes throughout the state.

PAUL BURRESS: What kind of coverage do you have statewide? Now you've been doing this for a number of years. Do you all feel pretty confident all the state is covered?

JAMES FUTCH: We do. I do classes. Some of the other guys from the Tallahassee office. We've done many classes in Escambia County and in Duval County. Tallahassee classes, actually Tallahassee is kind of one of the places that's a little behind

in terms of requesting classes. But of course, you have all of us.

PAUL BURRESS: There's good coverage in Tallahassee.

JAMES FUTCH: Yeah. We have a few people in town that -- actually, actually called and talked to Mark, some of your counterparts at TMH, physics wise, and explained this to them. And they said, oh, yeah, sure, we'll be happy to come on and do that.

So we did this the first year. We had a component that involved radiation dose assessment. I believe that's still part of the structure. After the portal monitors, couple attempts, if you can't get the contamination off, you assume it's internal. And we have some -- had some software that was designed by University of Florida and Emery that would allow us to use field instruments in place of a whole body count, kind of make a rough swag and how contaminated, decide whether or not to give some countermeasures or not. And some of the medical physicists from Orlando Regional who had come by to watch the event, ended up running that particular station for us because the other folks didn't show up that day.

So there is, there's a lot of, lot of things that can be done. And we really appreciate your involvement. And if, if you need us to make any presentations, talk to any people about this, societies in particular, just let us know. We'll be happy to do it.

Thank you for listening.

ARMAND COGNETTA: Are you able to keep track of all these people?

JAMES FUTCH: Oh, yeah.

ARMAND COGNETTA: You have them all registered?

JAMES FUTCH: We've got them. Then what happens at the end of the class, we hope they do, they have a fair number do, they registered at **SERVFl**, which is S-E-R-V-F-L. S-E-R-V-F-L. That's the MRC entrance portal for, you know, register emergency personnel, that kind of thing.

We kind of use the classes, part of it is recruiting for that. You've seen the whole class now complete the, complete the loop here and go ahead and register with servfl.

And anyway, any other thoughts, questions?

PAUL BURRESS: Do you know where in St. Lucie this would be held? Will it be out by the power plant, the Everglades?

JAMES FUTCH: No. I think this portion actually says at the top here, they're going to do it at Indian River State College. If I know them, probably the Treasure Coast Public Safety Complex is usually where we teach them when we go to Indian River. We do a lot of preventive radiological training with the folks there as well. They have a beautiful campus out back, with just about everything you can think of you want to exercise.

PAUL BURRESS: One of those colleges down there has a rad tech training program.

JAMES FUTCH: It's them.

PAUL BURRESS: Is that them?

JAMES FUTCH: Rad tech we've got in a lot of places. These guys have -- it's a power plant technician so -- because it's, St. Lucie is right, they formed a partnership with FP&L to supply the training folks who, who work, like health physicists, but they're power plant technicians, so they actually have a part of their main campus, which is right down the road from the Treasure Coast campus that does that. But I'm pretty sure it's going to be out back of the Treasure Cost complex.

If you get bored during lunch, you can go do the shooting simulator. See how much you can take

before you cry uncle. Put them on speed dial.

Anyway. That's it for me.

JERRY BAI: If you guys are looking for your technologists to have a free educational opportunity to, you know, basically those courses that he was talking about, is an overview of radiation and survey meter use and all that kind of stuff. I require my guys because it's an easy way for them to attend the course when it's within their region. And for a day, for eight hours, or whatever the time span is, you get a professional lecture on radiation hazards, uses and surveys and all that kind of good stuff.

So it's a great opportunity if you've got technologists looking for something like that.

JAMES FUTCH: I'm glad you mentioned that because I forgot to mention that it's on the website on the home page. But it's actually approved for continuing education for rad techs. For nurses. EMTs and paramedics can also get CEs, a little different mechanism, but they can, they can get continuing education for the course as well.

YVETTE FORREST: And it's fun. You can throw that in, too, James. You did a good job. It's fun.

JAMES FUTCH: It is a lot of fun, isn't it?

YVETTE FORREST: It's fun.

JAMES FUTCH: It's kind of unique because you marry -- you bring so many different disparate folks together and not everybody -- we bring live courses, of course. Not everybody gets a chance to, you know, not only read and see, oh, this is radiation. I didn't know the world was radioactive to start with. There's all this other stuff, medical sources, but you put your hands in some really expensive equipment. That's the same equipment that we use. I mean, it's our equipment and, you know, we use it with, with real sources in the classroom. Usually a lot of positive comments from just the class.

JERRY BAI: And they give you a nice certificate at the end. Official certificate, you know, of attendance.

YVETTE FORREST: We're not giving a hard sell or anything to buy into this.

MARK SEDDON: I have a question because, you know, I've got a recon team. They are on my campuses. We go through the exact same training we do internally. With RBC, not just for radiological.

So when we talked about doing this same thing, some of them going through this training, I guess

the question is always like, obligation wise, do they have the obligation to go to support an event in the area, because they are going to be called for our facilities to do our response?

JAMES FUTCH: Yes. So basically, if the real thing happens, who is your allegiance to. That's a good question.

Well, hopefully there are enough people trained in all different parts of Florida, so if something happens in Turkey Point, your facility is not going to be the one that is in the line of fire so your folks would be free enough to go assist with the folks from the local area who are actually involved in the facilities and can't, can't perform these functions necessarily. Hopefully there's enough people in all the different areas where there won't be a need to decide one or the other. There will be enough people to do all of them.

JERRY BAI: There's no contract that they are signing that they have to respond if they call you.

MARK SEDDON: We have, like, probably 90 or 100 people trained. We're trying to -- I brought it up in the past, I was like, we have to respond locally to our, you know, our facility.

JERRY BAI: Especially if you're hospital

based, right? Because you know you're going to get those folks.

MARK SEDDON: Right.

JAMES FUTCH: Jerry said you're not signing up and swearing you have to go down here. If you have a problem, you don't have to go. That's not an uncommon question in any kind of emergency response work that we do.

MARK SEDDON: Okay.

RANDY SCHENKMAN: Any other questions?

Okay. Well, so should we break for lunch?

JAMES FUTCH: Where we at, Brenda?

BRENDA ANDREWS: Why don't we just -- I'll pass out the parking stickers right now because we're a little bit ahead. About 15 minutes. But just enough time for you all to -- the travel packages in front of you, pretty much the same as the ones as always.

I scaled it down a little bit. Took out some of the extra stuff I used to give you all. So what's in front of you is your travel authorization, which has a sticker on it for you to sign that. It does not need to be altered because it's just an estimate. So that just needs to be signed.

And then the sheet after that turns out to be

your signed voucher. All I need on that is a signature. And then when your voucher is completed, I'll run that through for, for the final reimbursement that you're going to get.

So if you drove in or if you don't have any receipts that you need to send back in to me, you can give it to me today. Just sign everything. Fill out the worksheet as far as the yellowed out areas where you put in when you left. You can even give me an estimated time of when you would return.

If you had any tolls, if you have receipts for those. You might have some going back, so those would have to be sent in later. But if you don't have any receipts -- in other words, if -- you can just go ahead and fill it out now. You can leave it with me. Otherwise, the return envelope is there for you to put everything back in. And just send it -- mail it back to me when you've got everything -- all your receipts together.

Any questions on the travel papers?

(No Response)

BRENDA ANDREWS: Who came in -- who did not stay overnight? I have parking receipts. Anybody down this aisle? Anybody else need one?

I did pick up a couple of menus from McCoy's. I

don't know if you all have eaten there before. If you want to take a look at it. You know our normal is Macaroni Grill down the hall. Past the escalators. That's a place that's inside the building. I don't know what their food is like. So it would be a gamble if you want to try eating there. Or we can just go down the usual Macaroni Grill. It's up to you all. It's not many people that accommodate a large group. That's probably limiting our choices.

JERRY BAI: I'm good for whatever.

BRENDA ANDREWS: Food. Me, too. Just food.

PAUL BURRESS: Who does the food inspections? That's not the Department of health anymore. County?

JAMES FUTCH: Restaurants, DPR.

PAUL BURRESS: You need to check with them.

BRENDA ANDREWS: Well, we haven't died from eating at Macaroni Grill. We haven't gotten sick.

PAUL BURRESS: No.

YVETTE FORREST: Is McCoy's large enough? Can they seat us? is it big enough to seat all of us?

BRENDA ANDREWS: We might have to split up. I think they could.

JERRY BAI: McCoy's is right next door. It's

fancy.

YVETTE FORREST: You're a fancy guy.

GAIL CURRY: Hey, James, you don't have to memorize it.

JAMES FUTCH: Oh, I'm sorry.

RANDY SCHENKMAN: He's picking out what he wants.

(Proceedings recessed at 11:52 a.m.)

(Proceedings resumed at 1:30 p.m.)

RANDY SCHENKMAN: Okay. All right. Well, now we're going to be back in our little session here and Jerry is going to give us a field operations overview.

JERRY BAI: Sure. Yeah. All right. I guess that's what we ought to call it.

Basically, this is more like letting you guys get to know us in the field.

Anybody here never met an inspector in the field? Anybody? Anybody?

(No Response)

JERRY BAI: Okay.

GAIL CURRY: Me, I haven't.

RANDY SCHENKMAN: Okay.

EFSTRATIOS LAGOUTARIS: I haven't.

GAIL CURRY: I talk to you guys on the phone,

but --

JERRY BAI: On the phone. But face to face, I mean, it's the inspection staff that you see. You know, you're out there, some of you, multiple times a year. Year after year that you -- we're the people that you deal with on a face-to-face basis because we visit y'all.

Let's see. Little disclaimer here. Alan came up with this yesterday, so bear with me. Very informal because I'm basically just inventing it as I go along. So if you have any questions, ask us. This is your time.

I don't think anybody's ever gone through a whole explanation with -- outside of the Bureau, of who we actually are. But this is -- you've all dealt with us in one way or another, but maybe you don't see -- nobody's ever explained exactly what the inspectors really do the other times when you don't see them.

So, all right. First of all, in order to figure out who field operations is, you've got to, like, look at the whole Bureau first because we're a little chunk off of that. You've got the x-ray program over there. Materials program. Not here today. Environmental program. Not here today.

Technology program, right here.

Basically, those are the main programs in the Bureau. And then you've got field operations, which is about 50 percent of the technical staff in the Bureau. And we are part of every program, but we're not actually a program. So they sit over there, they've got their aerial offices, they figure out what needs to be done and we go out and do it for them. That's the basic idea.

The State of Florida is huge, literally huge, from end to end of the drive. So it's much more efficient for us to strategically locate field personnel all over the State of Florida and then do the logistics inside the aerial offices. X-ray program, out of Orange Park. You've got Materials program in Tallahassee. Administration and Bureau Chief, Tallahassee. Environmental's in Orlando. And now you have Field Operations being directed out of Orlando.

Any questions about the organization of the Bureau because I'm just going to talk about Field Operations.

You can tell I'm making this up as I go, right?

All right. The core mission. I guess, if you have to separate out the inspectors, the inspection

staff, our core job duties would be safety inspections, which are the inspections that you're used to in the field. We do the investigations for Bureau of Radiation Control and other agencies. Not necessarily with the Bureau, not necessarily with the State of Florida. We do the majority of the radiologic incident response because we're at the place where we're needed at the time the incident occurs, or you can wait until whoever out of the office drives way over -- no. We actually have a 30-minute response time. Once we get a phone call, we -- no matter where we are -- that's assuming we pick up the phone. But we can actually go into our vehicles and respond at that time.

Since I'm on radiologic incident response, I went ahead and I brought my emergency meter kit, just to see what, you know, hey, if these guys respond to incidents. Well, each of the inspections -- inspectors, the manager and one administrator, has a full complement of instruments and equipment to actually respond. We have a state vehicle sitting over there. We got our communications gear and we have this big duffle bag, which is -- I left it in the trunk because I didn't want to carry that sucker in here.

But in addition to that, we also have instrumentation that we actually carry. I'll pass this around. We've got a personal electronic Dosimeter. We always have our luxel badges around, too. We've got a wallet badge that we exchange once a year. You never know. But it's right there.

Nuclear medicine facilities, we've got our gamma, beta window. Any high energy betas, you know. Nuke med contamination. We also have -- oh, I love this one. This is the Radi. It's so sensitive. If there's any kind of gamma around there. And I've actually detected beta off of this sucker. But it's -- it vibrates. It lights up. It does all kinds of things. But if there is any kind of gamma radiation around, this thing's going to start vibrating, which is really cool if you have it in your pocket. Just ignore everything. It starts vibrating, something's near you.

The other meter that we have is this one. Most places outside of industrial uses don't have a meter like this. Some of the inspectors call these, you know, I mean if you've really got to use this, sort of like a go-to-hell meter, okay? This one goes up to, I believe, 5000 rad per hour.

JAMES FUTCH: I think it's 9999.

JERRY BAI: 9999. You know, after a couple thousand, it's really moot. But we have this one just in case. It also is nice to have it as a back up just in case this one, you know, is not working and you just don't know it. So I'll go ahead. I'll just pass this around.

So every inspector has a kit like that. It's very similar to the kits that -- the courses that James was talking about when they practiced those events.

JAMES FUTCH: The strike team kits.

JERRY BAI: Yeah. Very similar to that. They got these little things -- the instrumentation might be a little bit different, but basically the same.

JAMES FUTCH: No radon on --

JERRY BAI: We can detect just about anything except alpha and low-energy beta.

Now, having said that, we have the big boys. Germanium detector. We've got, what is it? That other radiation, alpha, beta, gamma, neutron. We've got neutron detectors. We've got spectras -- multichannel analyzing equipment where it will tell you what it is that you're seeing, not just how much of it. And we have those strategically located where our -- somewhere near where our offices used

to be. I'll get into that later.

But within every region, West Palm Beach, Miami, Jacksonville, Tallahassee, Ft. Myers, we have a 24/7 access facility, one of those storage facilities that we're going to have. And any time, if we need to pull out the big boys, and these aren't going to be sufficient, we can go over there, grab those instruments and, you know, respond from that region.

Let's see. Any questions about that? I'll get into a little bit on logistics later.

And we also have lots and lots of radiologic emergency exercises and preparedness exercises. We attend those courses that James was mentioning. We go on power plant exercises. Drive around in vans or sample prep areas and all that kind of stuff. And we prepare and we prepare, just in case.

Let's see. Okay. Field Operations. We've got about 40 staff in Field Operations. In addition to that, there are two county programs, which is Broward and Polk Counties. And they are their own animals but they work with us if something occurs. We also have a TQA staff, Total Quality Assurance. So if I were to shift -- no. No. There we go.

So that's me. That's the first one. Those three behind me, that's TQA staff. And this is the

Orlando inspectors. So those people in Orlando, you might recognize some of them. There's Diane, right? Somebody mentioned Diane.

Just to explain what the images are. That's a positronium cart, positronium rubidium cart. In this particular facility, they had a massive leak and they kept it in the garbage bag somewhere else. And they said, oh, you know, is there anything I could do with this? Yeah, it's like, what is that? That's where the generator leaked all over the place.

That's the Miami staff. You might recognize somebody in there. Oh, yeah. That's an industrial radiography cabinet x-ray device. So you see that door that slides open there? You have an industrial radiography x-ray unit inside of there. You can walk in through those doors. It's person height.

Inspectors are the primary point of physical interaction with the public. Nobody usually -- anybody ever, I'm not talking about the State people. Non-state people ever visit Materials program or Cindy over in Tallahassee or Orange Park? Very few people have. We don't get that many visitors. But the inspectors, you guys see all the time. We're the eyes, the ears, hands, feet for the

Bureau. And the inspectors train across all the programs. X-ray focuses on x-ray, materials on materials, environmental on incident response, sampling waste, phosphate, that kind of stuff. Fishing. And then we are across the board. Okay? Besides the Administration, we're the only other group that goes across.

So having said that, the scope of what the inspectors have to learn is huge. All right? So there's a lot of people here from the medical side of things. Or if it's medical, you're from the x-ray. Or maybe the materials side of the medical. Then there's also the industrial. You know, there's accelerators out there, there's oncology, there's universities, there's labs, vets and dental facilities. We've got to learn all of that. So if it involves ionize and radiation, the inspectors need to learn it, whatever it is. We either inspect on it or investigate it or something.

Chemical sniffers, you know those little wands that sniff the air, you've seen it, they've got the big ones that they haul behind trucks and stuff.

Bureau training. Because we need to train on so much stuff and because this type of training is not like, I mean, you just don't find it all over the

place, right? Try to find a general radiation training course that you can just, you know, sign up for and take? They really aren't any. So we just simply develop our own. We develop in writing courses -- a lot of these are hands-on courses, so we do that. But the truth is, you know, you spend a few weeks training on this stuff. But the real training is that hands on, in the field. It's like technologists. If you really want to learn it, you need to go hands on.

We also have other training that we do. There's NRC courses that we take. There's FEMA courses that we take. We do security, Homeland Security. Actually, anything that just sounds good at the time that's around, we will sign up for and take it. The more the merrier. We want to keep our staff as well trained as possible.

Here's that West Palm, West Palm Beach staff. They lost their office so it's really not Lantana anymore. It's the West Palm Beach area. Lantana is, like, one street, I think, or something like that.

RANDY SCHENKMAN: Small area.

JERRY BAI: Let's call it West Palm Beach. But we call it Lantana because we always have.

We also developed SOPs. Every time an inspector walks into your facility to do an inspection, whether it's materials inspection, x-ray inspection, whatever, we have an SOP for it. In fact, 99 percent of all inspections that an inspector will do, we have an SOP. That goes into detail, not just an outline of what we do, but detail. Step by step, everything. We got SOPs that literally print out into a stack like this (indicating) with step-by-step details.

So any time an inspector does anything at a facility, he's following the SOP, or he's supposed to. And if there's any questions by the licensee or registrant about what we're doing, well, we have a written procedure that -- so an inspector, if he's following the SOP, it's not his fault, whatever it is, you know. Why are you citing me for this? Why did you do the test that way? Well, it's because the SOP said so. And the complaint would go against the program or me, but not the inspector.

But we have very few complaints, right? Because everybody loves the inspectors, right? So we have all these procedures. We have conformity and we have a nice reference. It's a nice training tool.

And Cindy mentioned this earlier. Lantana --

West Palm Beach, Lantana, lost its office space a long time ago, years ago. They haven't had an office that they could step into. They've been fully teleworked and working out of their homes for ages. We are, within the next few months here, six months, we are going to lose the Miami office. We're going to lose the Ft. Myers office. We're going to lose the Tampa office. There will not be an office for an inspector to step into. So we're going complete telework. You know, they are based out of their homes. So that's why their work location is their homes, which is approximately where all the stars are. Those are supposed to be inspectors.

And working out of their homes, because they have a state vehicle that they have emergency equipment in. Their inspection equipment is inside of there, and because it's parked in their driveway -- I mean, once they have an incident, you pick up the phone, say, hey, I need you to go out somewhere now. Within 30 minutes, that inspector is supposed to be able to jump inside their car and start heading out to wherever that place is.

Sometimes a lot of these are just, somebody's concerned about something. We just kind of have to

scope it out; put them at ease. Every once in a while, or actually quite occasionally, it's legitimate. You know, lost sources have suddenly been found; that kind of stuff. Turned up after years and years.

Yeah. The inspectors, so they have a home office. They've got these laptops. They've got broadband connections, cell phones and state vehicle. And they are fully equipped to deploy into emergency situations.

Having said that, let me clarify about emergency situations. We are not first responders. We don't have suits inside of our vehicles. We do have boots and a hard hat and goggles, but we don't have contamination suits or anything like that. We will not go into a burning building because we're not trained as first responders.

When everything's safe, then the firemen can go ahead and escort us inside there. We'll see what we can see, measure what we can measure, and then advise the first responders on what might be best. FBI, whoever is calling us out there to the situation.

There's Orange Park office. And there are those inspectors. I think somebody mentioned Mark

earlier. There's Paul Pavlik (ph). Some of the -- if anybody here has worked with power plant exercises or emergency response, you might recognize Steve in the back there.

That other picture here, they are pretending that they're doing an inspection kind of there. They are posing. That's a fluoro under table unit. He might actually be inspecting it. He's got his old meter out. We have much lighter meters now.

Work flow. All right. Over on the right-hand side, you've got the Bureau Chief. You've got a bunch of clerical people up there in Tallahassee and you have the key TQA staff. They are sort of like the head of the snake.

You can picture inspection regions and basically, there are -- there's me. And you've got five managers; six clerks and then you have the two counties. Right? You could picture that sort of like the trunk of the body and then you have all the appendages around it.

So you have the x-ray program, and we perform about 17,500 inspections annually. That's two inspections per year. We conduct about 460 MQSA inspections per year. We do investigations. And this is all for Yvette. Right?

YVETTE FORREST: Not really.

JERRY BAI: She has to process all that paperwork that we keep sending her. Basically, she figures out what we need to inspect. So if you have a problem with frequency, talk to Yvette. We were ordered to go over there.

She gives it over to the inspection regions. The inspection regions divvies it up between the inspectors. We have 26.5 inspectors -- don't ask about the point five -- and then we have materials program. We do approximately 800 licensed inspections per year. And we also perform investigations and miscellaneous functions for them also.

Then we also have the environmental program, which is John Williamson's program. We have incident response, right? He's got a 24/7 number. You can pick up the phone and call the incident coordinator. Anybody with nuclear medicine know that posting somewhere on your hot lab or something, right? So you call the environmental program and they figure out somebody that's within that area to go respond.

Then we also have the exercises, PowerPoint drills, PRNDs we assist with. All that kind of good

stuff. Whatever they come up with, we're just, okay, we'll do it. Fine.

We have technology investigations. That's coming out of James. He wants us to go check something out, we check something out.

And then we have other agencies. You never know who's going to call. It could be Homeland Security. It could be the FBI wants some advice. It could be DOT. It could be some other country that, you know, wants to see something or us show them something. Who knows. We have other things. And we're nice. We just say, okay. We'll do that.

So that's basically the break up. So those appendages there, all those programs, give us work to do. We go ahead and divvy up that work amongst the inspectors and they generate the reports and we give the reports to those programs. And that's the work flow.

And then the Admin, the head of the snake, they just, they just sit there. That's -- they are not in that work flow process. Okay.

Customer surveys. We're always concerned. We are the face that you see. Well, not mine anymore. But the inspectors, those are the faces that you see when you deal with the program office, so we try to

be nice when we go out into the field. We try to be helpful. We look at it as a service. You know, not as a, you know, like going, they are all gung ho, ready to cite and fine you. We don't do that.

JAMES FUTCH: I like the one at the bottom.

JERRY BAI: Right? You have to be very bad or we just can't help it. But, yeah, we cite the facilities and everything, but the motto is, you know what? I'll cite you, and you won't be angry about it.

(Laughter)

JERRY BAI: You'll actually -- I will leave over there and you will honestly be --

YVETTE FORREST: I get the phone calls. They are angry about it.

JERRY BAI: -- thankful for the visit. All right?

We'll try not to be obtrusive. I mean, sometimes it can't be helped because personnel are busy. But we try, you know, to work with the facility. And, and we do random samplings, where we just simply pick an inspector, pick something that they went out on and call that facility and we ask them some questions.

And we also like to record something. Say

anything. We leave it open. It doesn't have to be good. Doesn't have to be bad. We ask them. And, and I didn't do these surveys. I have a nonpartial person, which is my clerk, okay? She did these.

So -- and she doesn't care. She'll write it down. So here's some of the comments. On top of things. Nice gentleman. Was knowledgeable. Did a really good job. Was thorough, helpful, nice, polite, professional. Helps with issues. Provided educational info. Girls love to see him do the inspection.

JAMES FUTCH: Jerry, could you explain that last one?

(Laughter)

JERRY BAI: I did not do the survey. I didn't do this. But, you know, the last sampling that we did, we randomly selected 34 of them. Picking every inspector at least once. Okay? And we had one hundred percent satisfaction. All right? And we keep these about who said what to ourselves. We don't publish that. It's just general comments.

So it's always nice to know what people think, right?

We've got challenges. Telework. I think the greatest challenge about telework is inclusiveness.

I mean, I have an office in Orlando, but I don't see my inspectors, you know. The managers actually telework, but they rarely see their inspectors. You don't come into the office and see each other. You're working out of your homes and you have a meeting once every three months or so. So it's -- the communications, it's through e-mail and telephone. And then once in a while, you get audited by the manager or something like that. And that inclusiveness that you used to have where every morning, you know, everybody comes in and, you know, at their start times, say hello, hello, that's all gone where you spend a few minutes and you talk over things.

We have changing demographics in Florida. Things are rearranging themselves. Some places are growing at different rates, you know. Emphasis is changing around -- I think, you know, the Villages, anybody, anybody that's done any demographics, how fast that place is growing? West Palm Beach. That entire gold coast, eastern, Ft. Myers. Massive growth the last time I did the statistics.

I do the statistics based on the number of facilities, licenses and registrants are actually there and then comparing them to previous numbers.

I figure if the facilities are starting to, you know, expand, the area is standing to expand. Either that or a lot more old people with more health care needs.

You've got -- we have staff turnover. I mean, we touched on the subject, you know, you've got to keep your employees happy. You've got to pay for the expertise. We have a highly trained inspection staff. It takes us one year, and they're not fully trained after a year. It takes one year to teach them all the basics of material and x-ray. It takes two, three years at least, if that, to train them on the other stuff. Electronic brachytherapy, Brosco licensures, university inspection, industrial radiography. I already said that. So all kinds of stuff.

So staff turnover, and once you get them finally replaced with somebody willing to take the pay, and that lengthy training to get them ramped up fully, it takes us forever. We're always short. We never have all the positions filled. Never. There's always a vacancy somewhere going on.

And because of this, we're always backed up. We haven't -- and poor Yvette, I'll pick on Yvette, too. Materials, we have to do that no matter what.

It's by NRC agreement, right? MQSA, don't worry. We will not miss an MQSA inspection. That's where the money is. It's by contract. We will get every single one of them.

X-ray suffers. Just regular x-ray. And we have been backed up for ages. Years we have not been caught up. And it's going to get worse. We just -- we have not had staff increases. We've had a state that has been growing and growing. Last year, Tallahassee was the only place that did not increase a population. Every other county in the State of Florida increased population except Tallahassee. No comment. Okay.

But, it's tough. I mean, we don't, we don't have the authority to hire more staff. We have increasing amounts of work and we've already been backed up to begin with.

BRENDA ANDREWS: Sounds like all state government to me.

JERRY BAI: Yeah. It's a challenge, but it's okay. I mean, you deal with it. We've got changing technologies. I mean, there's always something new. I mean, Yvette is going to talk -- she's got this thing about medical handheld stuff. We've always had the handheld dental stuff. Now we've got these

handheld x-ray machines for other things besides dental. Okay. We're not talking about a little bitewing here. We're talking about doing chest x-rays and giraffes, right? Really. And weldings, right? With a handheld device. That's something new. Maybe not elsewhere, but it's new to us.

We've got, we've got, you know, these superficial units. After all these decades, nobody made any, now somebody's making them now. We've got returning technology. PET was returning technology. Disappeared for decades, and all of a sudden, poof, pops right back up. These strontium rubidium generators, I mean, they have been around less than ten years in Florida, right? And all kinds of stuff.

We've got new -- we've got these whole body, have you seen those? Where you walk in and they scan, they do a security scan of the whole body. Have you seen those? Well, now they have a diagnostic one. Where do you -- it's a stand-up CT also. New stuff all the time. Constantly. It's hard to keep up, you know. And, of course, increasing workloads because of the increasing population of Florida.

I think this is the last, maybe, last slide?

Okay.

Well, we keep developing tools. We keep making it more efficient than it was before. We -- those offices were very expensive, but that's okay. We don't mind losing the offices so much. The employees are happy to work out of their homes, most of them. And it makes things more efficient. We base our hiring on where you live instead of just what region you can drive to work, right?

We continue with looking at radiation equipment, computers, communication guidance, SOP processes, training information. But most of all, we're looking for ideas. Ideas that make -- improve it.

What's ahead? We come up with ideas to increase quality, efficiency, resolve issues, or is some sort of an improvement. As long as it doesn't cost more money, it's usually okay.

That's all I've got. Does anybody have any questions about field operations?

EFSTRATIOS LAGOUTARIS: I have just -- and they are probably really silly, so please don't mock me.

JERRY BAI: No, no, no.

EFSTRATIOS LAGOUTARIS: What are the prerequisites for becoming an inspector for the State in this field?

JERRY BAI: Oh --

EFSTRATIOS LAGOUTARIS: What do, what do you have to do to get to where you could work for the State doing this?

JERRY BAI: Well, the minimum requirements is that you apply for the job. Seriously.

EFSTRATIOS LAGOUTARIS: Okay.

JERRY BAI: Apply for the job. And you have a four-year science degree or equivalent. That's minimum qualifiers to be considered.

But here's the thing. You saw that list of all those different types of duties that we do. All right? You can pick any individual in this room and you can say, well, what is your background? You're not going to meet every background that we would like to see. All right? Unless you used to work for us before.

There is industrial experience, right? Industrial radiography. There's medical experience. I mean, you could've been a paramedic, you know. You're used to working around medical folks.

You could've been an inspector for something else.

EFSTRATIOS LAGOUTARIS: Okay.

JERRY BAI: Right? You could've been an

incident response person. Emergency responder. You could've been an x-ray tech, a nuke med tech. You could've been any number of things. But each one of those is sort of like a point towards us hiring you rather than somebody else. But there's nobody that's going to meet all of it. Not in my experience.

EFSTRATIOS LAGOUTARIS: Right.

JERRY BAI: So it's the best applicant at the time, if we think that person will work. It could be somebody right out of college with an HP degree. Who knows. But it's, it's just -- we've got all kinds. We got retired military guys, Hazmat inspectors for the Army. Gun instructors. We have inspectors that used to inspect planes. Who used to blow up bombs in the Army. You know, the nuclear warheads. We've got health physicists, former health physicists. We've got x-ray techs. We've got -- you name it. All kinds of backgrounds. It's whoever's best at that time if they meet the minimum. And you've got to be able to lift 60 pounds. Some of that equipment gets really heavy. You've seen it. We used to carry those carts around. Remember that?

EFSTRATIOS LAGOUTARIS: Yeah.

JERRY BAI: With those big old things. Now it's gotten a little bit smaller. Now we've got the little nice Samsonite roller bags. So -- it's all kinds of backgrounds.

Anything else? I get that question all the time, by the way.

EFSTRATIOS LAGOUTARIS: Yeah, I was just curious.

JERRY BAI: We always like to advertise when we're out there. Maybe we can steal one of your guys from you, you know, next time a position opens up. That's really great.

JAMES FUTCH: The ones that are just retiring. That's about the only ones who will take the pay.

JERRY BAI: We get a lot of retired military. They are on their second careers. I mean, they could just sit over there, do their job, go home, not worry about it. They don't want a huge pay or benefit. They just want something to do for the next ten years until their final retirement.

So we have a lot of that stuff going on with the State. But trying to get the brightest to apply, you know, that's -- that can be very, very difficult. Especially in some parts of the State. Especially now. The economy starting to pick up,

right? They've got more --

EFSTRATIOS LAGOUTARIS: That's what I've heard.

JERRY BAI: -- choices for jobs. That's going to make things much more difficult for us to fill those positions with, because they have more choices. Before it's like, oh, man, anything you know. I'll go ahead and dig trenches for a living.

EFSTRATIOS LAGOUTARIS: Right.

JERRY BAI: No, not now. That's all changing around. I really look forward to that.

MARK SEDDON: Jerry, have you guys thought -- I know this was a discussion I had with Debbie Gilley (ph) years and years ago. Modeling and outsourcing some of the x-ray inspections. That seems to be the busiest thing you guys do. To using the physicists who are currently out there to have it tested annually for --

JERRY BAI: I don't think we can afford the physicists.

MARK SEDDON: Not you guys. But the facilities are hiring because they have to to meet the Joint Commission requirements. They are already getting tested.

You know, I used to be a natural consultant, like, in Virginia and Ohio, and when the physicists

go into those states, they do their annual testing, they fill out a form that gets submitted to the State as part of the State inspection. And this is something that -- I know not every, because like you said before earlier this morning, that there are some facilities in Florida who do not hire physicists at all. They just use the State inspection as their, quote, physics check because it was never a requirement --

JERRY BAI: The majority of facilities.

MARK SEDDON: But not every hospital, though. Most hospitals aren't that way. But, like, the smaller facilities and doctors' offices.

JERRY BAI: Actually, most of the hospitals don't have a dedicated x-ray diagnostic physics staff.

MARK SEDDON: Well, not staff.

JERRY BAI: Florida Hospital is special.

MARK SEDDON: I mean, they hire in. But most of them do hire a consultant to come in and do their, their testing for them.

JERRY BAI: Maybe.

MARK SEDDON: Anyway, that was just a thought. Have you guys thought about that?

JERRY BAI: Cindy would know more about that

than I would.

CINDY BECKER: I'm afraid to say how much I should say.

Interesting you brought that up, Mark. I actually did that for the State of Indiana for three years -- I was a private consultant because they did away with their x-ray machine component of their program and you had to get qualified through a board that they had to do inspections and we did inspections privately for a lot more money. So I don't know that our businesses would appreciate that.

But we charged a lot more money to go in and do the inspections and we turned them into the State. They did the QA on them and then blessed our report.

What I saw in the three years I did that, I saw where it's a potential conflict of interest because if I cited somebody for a violation or -- would I expect that client to secure my services in the next year. So I saw some consultants not citing so they could get the return clients. So I saw some unethical things out there and some things that I would not want to be regulated in that fashion. I still like the State concept of us doing all of it.

I can see what you're saying about portioning

out. There is a -- some companies that from time to time, try to get us interested in using their services, sending out a TLD and having that TLD. But dental, there's a -- DIQUAD is the name of the company, but there's other companies, I'm sure. But they had offered us to send out these dental TLDs, and we go into the facility or we don't even go in the facility. We mail them or they get mailed to the facility. The facility exposes the TLD and sends it in. The TLD shows everything, shows the exposure, output of the machine, KBP; that sort of thing.

But we did try them for a time. And you remember -- I don't know if you remember, Jerry. But when we tried them, we weren't all that happy with the results. We kind of got mixed results on them. Sometimes they didn't seem to work. I know they've probably made improvements since then. They want us to try to test them again. That's just for the dental facilities. And that is where most of our inspections are. Most facilities have dental. There's a lot of dentists out there.

So I know what you're saying. You know, you're talking more like accepting the medical physicist's report in a facility --

MARK SEDDON: Right.

CINDY BECKER: -- in lieu of the inspector.

MARK SEDDON: Right. Yeah, well, you're saying the area you're suffering the most is x-rays. That's really, that's extra special, seems to be an area that you're having the most difficulty trying to meet the requirements or meet the needs at least.

So looking at other options and knowing that, you know, I've done that in other states where they actually have the physicist's report access the State inspections, so, but like I said, it's not consistent that every, every facility uses a physicist.

JERRY BAI: We do that in a limited extent, like, for instance, if you have a therapy superficial units or accelerators; that kind of stuff, we allow the facility, the physicist to do all those tests. All we do is just look at the documents.

MARK SEDDON: Right.

JERRY BAI: And that's good. We haven't done it for regular x-ray or anything like that.

As far as the physicist citing their own facility, I've had so many physicists beg me to cite their facility. Because what they will do is they

will go over to administration, or whoever the boss person is, and they will keep telling them, you've got to have this fixed. You've got to have it fixed. Well, the guy works for the place or is subcontracted by them. And it's different when I come in and cite them. They must fix it. They don't have a choice.

But I've had lots of physicists actually call us to tell us, hey, you've got this inspection coming up. You need to take a look at this and cite it, their own facilities, because somebody's not listening.

MARK SEDDON: Right.

CINDY BECKER: I think, you know, it's a mixed thing there. I think it could be good to look at some of that in the future, because we have -- and we have looked at that.

MARK SEDDON: Okay. I just know I used to do it in Ohio and I used to do it in Virginia. I mean, it was pretty --

JERRY BAI: Oh, yeah.

MARK SEDDON: -- pretty good response up there. I mean --

JERRY BAI: There's a few states that have it all fully implemented that way.

MARK SEDDON: It seemed to be successful. It's been that way for, like, twenty some years so or maybe more. So I know they've been doing it for a while, so it does work in some areas. I guess you do have to have a different structure in place. So it would be probably a lot of changes as far as how to do it. I was just throwing it out there. Just a thought.

CINDY BECKER: Yeah. And I'm wondering, you'd still have to have some of the overseeing that part of the program when you're doing it.

MARK SEDDON: Right.

CINDY BECKER: You just wouldn't have to have the on-site.

MARK SEDDON: Exactly. You still have -- there's a lot of, as you were showing in your slides, you have a very broad spectrum of, all the -- U.S.A. requires still all the licensing, industrial, a lot of areas that you wouldn't have -- just you have additional resources that the facilities currently have, business that were coming to do the testing that's already in place and that can help offset because, obviously, there's no cost to the State to have you guys rather, because that's the facility's paying for it already.

JERRY BAI: Yeah. I mean --

RANDY SCHENKMAN: It's getting a little bit late, according to our time schedule here, so I think we're going to have to move on. Because there -- I mean, I know I have a plane to catch. I don't know about everybody else.

But I think -- can we go ahead, Yvette with your report?

YVETTE FORREST: Yes, ma'am. Okay. One, just briefly to touch back on James -- excuse me, Jerry briefly touched upon it. I just wanted to talk for a moment, at our last meeting we discussed the SRT 100s, which I think everyone in the room is familiar with from our last conversation. I wanted to kind of touch upon that again and kind of bring everyone up to speed on what the Program office and the Bureau has been doing with the information concerning SRT 100s, but more in line with handhelds in general.

With emerging technologies and as things are advancing, just to give you a little snapshot, in the State of Florida right now, handhelds, when we think of those, we typically think of intra-orals when we go to the dentists and the hygienist comes and she -- we typically get that done. We have 467

of those in the state right now. And those have been around for years. You've seen those every time we go to the dentist and we've been seeing those for years.

But what has silently kind of crept up and is gaining momentum is what we categorize as, you know, the other category. Nonmedical handhelds. And that's the emerging technology that we're investigating now. We're trying, as a state, to get a handle on and get other information on. This is not the SRT 100s that we were talking. That's therapy. This is for nonmedical use. This is for welding. This is for security purposes. This is the gentleman that has the jewelry store and he's using this for metal purposes. To test fine jewelry. And we have, right now, 415 of those in the state.

And most of you in the room probably didn't even know that we had handheld units. So think how long your dentist has been using those in his office, and we only have 467 of those in the state and we have 415.

So this is a new technology. It's gaining ground. And what we're doing now is we're partnering with the CRCPD and we're not reinventing

the wheel. We're looking at what information they have on this emerging technology and what their stance is.

We're also looking, looking to other states to see what investigations they have done on the technology that's out there. We've had Aribex and Sensus have, both manufacture handheld units. Sensus produces the SRT 100s. They have been out to the program office and given demonstrations.

Aribex produces dental handheld units. They've been out to the program office and given us demonstrations on handheld units.

The Program office has recently had two other independent companies, which are smaller manufacturers, submit requisitions to the Department, on a fishing expedition with. We are in the process of pending FDA approval for nonmedical use, manufacturing devices.

What would the State allow us to do? What they want to know is dosimetry regulations. And as we've stated before, air rules are kind of ambiguous when it comes to dosimetry. There's a lot of questions about that. You know, if you're using a handheld device, are you going to be required to use dosimetry and what is the regs on that.

So first and foremost, the State, over the phone, is not going to tell you anything. You've got to get the FDA approval first. Then we'd be more than happy to discuss any of that with you on what your device is.

Second of all, what we have found is that we've reached back out to our friends at Sensus and Aribex and made sure that their salespeople aren't giving out any misinformation. Within the past quarter, we've had an influx of new registrants that are unclear about what our regs are with dosimetry.

So the program office, in an effort to make sure that our registrants are clear, just so everyone in the room is comfortable with what we're doing, when we receive a new install notification, we send out a letter from the Program office that directs them to where our rules are for handhelds so that the new registrant is clear on what our regs are for dosimetry. Just because they are getting a new device doesn't mean they are absolutely clear on what those regs are.

That's really all that I have. If you have any questions, I'll be more than happy to answer them. It's kind of vague in what I've given you today. It's just some numbers. We are currently gathering

information as this technology emerges.

Just like any new technology from, you know, ten or fifteen years ago, this is something new. Taking a handheld device and now that they can use it for multiple applications -- these handheld devices have been used for the military for many years. They use it for security purposes. They x-ray widgets, bolts, nuts, you name it.

It's not going anywhere. I do believe that the State is going to have to come up with some definitive guidelines that we're going to have to address in the very near future because the numbers really don't lie.

They are readily accessible. As the technology advances, they're going to become more cost effective and they're very easy to use. So we're going to have to have guidelines on dosimetry and guidelines on who's able to use them, which will bring us back to the SRT 100 discussion which obviously hasn't gone anywhere.

Did that put us back on track time wise?

RANDY SCHENKMAN: I think so.

YVETTE FORREST: Okay.

RANDY SCHENKMAN: Does anybody have any question?

PAUL BURRESS: Just what is the dosimetry guidelines for the handhelds? I know with normal dental units, they usually don't even have dosimetry with the installed systems.

YVETTE FORREST: For industrial handhelds, the operator does not have to. There's no dosimetry requirements. That's when they came on, there was none required. For any other type of use they have, you're required to have dosimetry.

PAUL BURRESS: The whole body, not a ring?

YVETTE FORREST: Not a ring.

PAUL BURRESS: We saw handheld dental units years ago, six, ten years ago. I don't know when it was. It just seemed real awkward. I know the FDA CDRA approves this for use as the manufacturer intends for them to be used. But you can so easily slip that shield off. It's not locked. It's way more comfortable to hold it out near the source.

Are we looking to change those dosimetry requirements where they have to wear them? I know you can't force the individual using the machine to wear a ring. They can always just leave it off. But it just seems more dangerous than the installed units to the operator. Not to the patient.

YVETTE FORREST: One of the things that we were

concerned about, which having the companies come and do the demonstration at the Program office, because I can hold this for a few minutes and I'm going to get tired and lazy, to be honest with you.

They've now -- the shield, you can't remove that anymore. They have made several advances since the first generation to the second generation. And one of the things that they want to do is release so they can use the sales pitches. We want it written. So work with us the way several -- like New Jersey, that's the state they always say, look at New Jersey. They released us from all dosimetry requirements to not be required. Because, like you said, you can use it.

I believe Cindy, please correct me if I'm wrong, but if it's turned one way, it won't fire. Was that the --

CINDY BECKER: I think they, they added several things from, like you said, the first generation to the second. Because when we had the meeting with them, you know, they were not intentionally, but did not really cover with their clients, our regulations. So there was misconceptions out there that, number one, they didn't really have to have specialized operators using them at all. They

didn't have to have TLDs, dosimetry, they didn't have to have any of that. We corrected them on that.

Even my own dentist, when I went to my own dentist, she was holding it like this because it was easier. So she was holding it sideways. She had the shield off of it because it was the first generation one. She wasn't wearing any type of dosimetry.

She had been trained. So all the questions I went through her with, I was like, oh, no. So even though we say to do those things, you know, it still can be used incorrectly out there. And I think that's why we've kind of stuck our foot in that, you know, no, we want you to keep using the dosimetry.

JAMES FUTCH: I have a personal story from my own dental experience.

They had a temporary hygienist who was trying to use the handheld. I won't mention the brand name unit. And I got a, I got a little bit of pause from her because she wasn't sure if it was actually on or working. It turned out that it hadn't been properly charged. She couldn't tell that until she saw the images and they were useless. So that whole exposure from my end of it was completely useless.

But, yeah, it's kind of frightening when you have somebody who is supposed to know how to use this and can't tell if it's really operating and then you have the weight issues. Not really -- the ones they had my dentist's office weren't built for long-term use.

But what you were talking about, nonmedical issues. The security stuff especially.

YVETTE FORREST: Yes. That's coming on hard and fast.

JAMES FUTCH: We've seen two, two type of devices. We did a training in Tampa for the regional bomb squad and FBIs weapons of mass destruction coordinator for the Tampa region and some of the guys brought their portable x-ray devices. I was, I -- I was floored by how portable and powerful those little guys are. I mean, it's about like a coffee can laying on its side, you know. And you don't hold it up. You put it on the ground on something and you expose various devices.

That one, I can't remember the output on that one. I've seen another unit that bomb squads typically have. It's a portable floor unit and it's basically an inverted U-shaped aluminum frame and one side of the frame, there's an x-ray tip. On the

other side, there's some sort of imaging screen.

And the idea is you put it down over an unattended package. That's its main marketing, it's unattended packages. And then you turn it on and you look -- you move it and you look for wires and all this stuff that the bomb squad guys are looking for.

That one does 25 rad per minute. And it's battery powered. So you can't keep it operating, obviously, you know, all day.

There's a variation on that one that I've seen that has, the imaging screen is removable. You give the imaging screen -- and they have options for putting it on a pole. And then you, you use two people to operate it and you have the person who holds the x-ray generator and the other person who goes into another room to look through a wall with the, with the screen. And you try and find the beam and you know you've found the beam when the other guy says, oh, I got the picture now.

Of course, in the process of finding the beam, you're walking through it and around it trying to find the beam.

YVETTE FORREST: Like the modern-day version of the rabbit ears on the antenna. Oh, got it. Got

the picture.

PAUL BURRESS: So do those go through CDRH approval, the industrial machines, or do they just focus on the medical machines?

JAMES FUTCH: That's --

YVETTE FORREST: Honestly, I'd have to look the answer up. I don't know off the top of my head.

CINDY BECKER: Medical devices, if you think about it, I'm not sure, either, but --

YVETTE FORREST: I'd have to look that up. I can look it up and get back to you.

JAMES FUTCH: I think the FDA's regs are for any electronic product that produces radiation. Whether they have the same requirements for industrial versus medical is a matter I can't tell you.

PAUL BURRESS: I wonder even if they do approve them, if they do it with caveats. You know, the product is safe if it's used as intended. But here's how it's supposed to be used or they just leave that to the manufacturer to decide. Trainees, you know? No?

JAMES FUTCH: I work for the department, so take this with a grain of salt. This is my opinion, not the department's.

PAUL BURRESS: There's economic drivers to buy these things because they're so much cheaper than the old tried-and-true technology that's regulated. You know, if a dentist sets up offices in a rental space, in a strip mall or something, they could buy one handheld unit and do all the rentals. Why --

YVETTE FORREST: They come in travel cases.

PAUL BURRESS: Right.

YVETTE FORREST: They actually sell it with a travel case. So it's designed to be used for that purpose. Which I'll sit on my hands so I won't talk anymore because I talk with my hands.

PAUL BURRESS: And even if the dentist doesn't like the quality of the images, whoever is paying for them to set up the space, will probably buy the handheld unit because it saves them the cost of installing units in every room, you know, so -- I don't know. Just seems like it's a loophole that's being taken advantage of these days.

CINDY BECKER: Yes. Yes. People can think of less expensive ways to do something, then that's where we have to watch for new developments coming out.

JAMES FUTCH: I can think of one group who would be in favor of dosimetry and that's the

actually operators of the device --

PAUL BURRESS: Right.

JAMES FUTCH: -- who are working for the security companies trying to find the beam on the other side of the wall with a --

PAUL BURRESS: Right.

JAMES FUTCH: -- with a mobile handheld imaging screen.

RANDY SCHENKMAN: What do the other states -- I mean, have you, have you had a chance to find out yet what the other states are doing?

YVETTE FORREST: Yes, ma'am. That's one of the wonderful things. I'm very fortunate that I work for a state that supports the CRCPD and finds the value of sending us to the CRCPD. It's a great opportunity to spend a week with people that are my counterparts and it's what we do. And Louisiana and several other states are actively entrenched in the same battle.

And, for example, Louisiana has dug their heels in the sand and, know, they are actively trying to find ways to limit anything other than the handheld dental and not allowing any nonmedical use handhelds. They don't want it, don't need it and are saying no to them.

Alabama is actively looking at ways to heavily restrict its use for the reasons that we were discussing right now. Portability being the number one reason that Alabama is seeing that it can cause problems for their state. Portability and abuse.

ARMAND COGNETTA: Are there laws that require that all radiation sources be locked up and, you know -- I mean, it seems to me there's a law that, you know, you have to lock the door and you have to lock the computers and all this other stuff. I mean, how does this one get out of that?

I mean, in other words, in our office, any x-ray units we have to have, we have to have the door locked and a code to get in.

YVETTE FORREST: Currently, we don't have anything on the books for any type of machine of this nature. And one of the security features that we questioned about that.

This particular device actually has a code that if you don't punch the correct sequence, it will not enable you to turn it on. My question -- and I don't mean to sound sarcastic -- but you leave it on the counter. You walk in the office. You can five-finger discount it and walk out. And I can guarantee you, you can go home and Google search how

to break into that. My kid is 17 years old and he can hack into anything. So that security feature did not impress me.

But that's the theory behind the logic is that it has a sequence that if you don't punch it correctly, only the operator or the trained users would be able to turn it on. I didn't think that was impressive. But that was the security feature that was shown to us.

PATRICIA DYCUS: It brings back the fluoro units in shoe stores from the 50s --

RANDY SCHENKMAN: Yep.

PATRICIA DYCUS: -- trying to find your shoe size.

CINDY BECKER: Before they realized that wasn't a very good thing, especially for children.

PATRICIA DYCUS: Yeah.

PAUL BURRESS: The FDA has to approve these devices. Do they give the states, through CDRH or anyone, a heads up, hey, we've got this device that we're going to look at approving or do you find out find out after it's already approved?

YVETTE FORREST: After it's already approved.

PAUL BURRESS: So when you're trying to keep ahead of technology, you don't even have the lead

time that the FDA gets. I mean, that's -- maybe that's --

CINDY BECKER: No. It would be good for them to work with us.

PAUL BURRESS: Maybe that could help with this sort of thing. Because that's a fairly small office. I think it's a fairly small group, you know, CDRH.

CINDY BECKER: The FDA group?

PAUL BURRESS: Yeah.

CINDY BECKER: Electronics group?

RANDY SCHENKMAN: Anybody else have any questions on this?

Okay. Then we're going to move on to the number of nuclear medicine applicants and number of registered radiologists by type.

Gail?

GAIL CURRY: Okay. Last time I was here, you all asked for some numbers on how many licensees we have by what we call modifiers. So it could be by their actual profession.

First of all, I'll start out letting you know that the last time I was here, I ran data from January 1st, 2014 to May 12, 2014, we had 310 applications. Just general applications. We

worked -- we were working those applications in 5.07 days.

Right now, I ran the report from 5-13 to 9-18. We have 382 applications, working them in 4.16 days. So as you can see, the number of applications went up but the processing time went down. So kudos to us.

Okay. So I'll just give you what we call our Q-modifiers. Those are each category that the people are licensing. And I'll give you the total number of how many are licensed in that particular area.

Starting out with our basic podiatry fixed like. We have three licensed. Basic x-ray operator podiatric, we have 41 licensed. The basic x-ray machine operators, we have 2772. Our general radiographers, we have 20,890. Our nuclear medicines technologists, we have 2641. And our radiation therapy licenses are at 1691.

Now, the new Q-modifiers we added by rule last year.

JAMES FUTCH: For specialty technologists.

GAIL CURRY: Yeah, for specialty technologists. We have computed tomography, we have 132 of those already. We have computed tomography technologists,

those are four. Mammography, we have 61. And MRI, we have 70.

So that just kind of gives you an idea. Comes out to roughly 28,305 applicants -- I'm sorry, licensees in the State of Florida.

JAMES FUTCH: So kind off the top of my head, it sounds like the number of nuclear med techs is continuing to go up.

GAIL CURRY: Yes.

JAMES FUTCH: I used to hold 2200 in my head. Now it's 2600 I heard you say.

GAIL CURRY: It's 2641.

JAMES FUTCH: And the number of therapists sounds like has gone down slightly. It used to be around 1800. Now it's 1600, I believe.

GAIL CURRY: 1691.

JAMES FUTCH: Just for everybody else's edification, the two categories, computed tomography she mentioned. One is the new category we created. One is an older category that was closed to new licenses in 1987 or so. It was a limited computer tomography tech we used to have. Before my time.

GAIL CURRY: And to add on to that also, on a lot of these, we did it by Q-modifiers. So you may have one licensee that holds several of these

licenses.

JAMES FUTCH: Miss Drotar, you got counted three times.

KATHY DROTAR: Three times.

GAIL CURRY: Yeah. Kathy's got three of them.

So you may have a general radiographer that also holds a nuclear medicine and radiation therapy. They may add on a CT and a mammo. So, you know, they can add on to their licenses and hold more than one modifier per license.

JAMES FUTCH: So your 28,000 is licenses, not people.

GAIL CURRY: Right. It's licenses.

KATHY DROTAR: Just to -- since you're doing numbers, AART just sent out a big promotional thing to all the technologists and there's 323,000 plus registrants or registries. Seven percent of those are in Florida, which is, like, the number two state. And out of all that 323,000, 90 -- I think it was one percent was four or more and there's six percent of the 323,000 that hold three registries. So, you know, just sort of jiving with national.

GAIL CURRY: Right. And the only way they can get the CT, the MR or the mammography is to hold an ART license first. It's strictly endorsement. So

that would be where some of those numbers are coming from also.

JAMES FUTCH: What's the PET category at? Do you know? Set up -- I know, that's the most -- that's the new one.

GAIL CURRY: That's the recent one. I, I don't know.

JAMES FUTCH: Anything else with --

GAIL CURRY: I don't know. With Leads and stuff, it's been --

JAMES FUTCH: With the conversion. That might be a point to check back on.

GAIL CURRY: Yeah.

PATRICIA DYCUS: Did you have the number for the radiologist assistant?

GAIL CURRY: We left you off.

PATRICIA DYCUS: Ah, that's all right. You disappointed a few people only.

JAMES FUTCH: They just ran those. 7601s.

GAIL CURRY: I think it's -- isn't it like 24, 26? It's in the 20s.

PATRICIA DYCUS: Okay. I think I heard on a conference call, answer to a conference call, that Florida had the most RRAs in the United States.

JAMES FUTCH: Maybe we can find that number for

next time.

PATRICIA DYCUS: That's interesting.

JAMES FUTCH: Actually, not that anybody is this into numbers probably, I'm guessing, but everything that she generated, you can pull off the data download. The public data download site here for MQA, if you're interested. Along with everyone's address, name, phone number and e-mail address. Whatever e-mail address you reported to the department anyway. It's all up there.

BRENDA ANDREWS: Can you send a link out to them? Is there a link for that?

JAMES FUTCH: It seems to move around a little bit. I thought I knew what it was, and Gail and I were talking about this yesterday up in your office. And wherever it was supposed to be was where it wasn't anymore. So we had to find it.

GAIL CURRY: Yeah.

JAMES FUTCH: But actually, if you Google or whatever search engine of choice you want to use, MQA data download page. MQA data download page Florida. It turns up on the top four, five listings. And you can pick the -- any profession that you would like or any facility regulated by MQA. So critical labs. I don't even know what else

there is. All that stuff is up there.

You can even find out how many people are expired. You can market all your wares to the expired people and give them a CE. Just don't pretend that you're the State of Florida. Use a logo that looks like the State of Florida in your mailings. You'll get a call from the Attorney General's office.

GAIL CURRY: Any questions for me?

(No Response)

JAMES FUTCH: Is there anything you would like us to gather for next time? Anything to put together --

GAIL CURRY: I'll definitely include -- sorry, Paul. I'll definitely include you next time, Pat.

PATRICIA DYCUS: Oh, no problem. Just curiosity.

GAIL CURRY: I had you on my list. I don't know how you got off. But, yeah, we'll, we'll continue to generate those numbers for you.

I will tell you that we did also lose one of our processors. So we're processing with three processors for all rad techs, EMTs and paramedics in the State of Florida. So quite busy.

RANDY SCHENKMAN: Okay. Anybody have any old

business or council member issues?

(No Response)

RANDY SCHENKMAN: No? Okay. Then should we set the next meeting date?

JAMES FUTCH: Brenda, what month do we have it?

BRENDA ANDREWS: We usually have it around May. Mid May. We've got -- let's see here. We had it May 13 this last -- this year. So the week of May 10th. The 12th is on a Tuesday.

YVETTE FORREST: Don't forget, May 7 is the St. Lucie exercise, so people just may be attending that.

BRENDA ANDREWS: When is that?

YVETTE FORREST: May 7th is the St. Lucie Indian River State College River exercise. Trying to get that out. Don't forget, I'm trying to say something.

JAMES FUTCH: So the week before, basically, Wednesday and Thursday.

BRENDA ANDREWS: Okay. So back to back would not be good. Then there's the 19th is the next Tuesday. The week of May 18th.

JAMES FUTCH: Any society meetings, conferences, gatherings that will take you away from us? No?

Maybe we should tentatively say the 19th.

RANDY SCHENKMAN: So why don't we tentatively set for May 19th. And everybody -- everybody can check their calendars for that. And does, does anyone have a preference as to Orlando versus Tampa?

EFSTRATIOS LAGOUTARIS: I choose Tampa. I have a friend that lives in Tampa.

(Laughter)

JAMES FUTCH: It has been a while since we've been back to Tampa.

RANDY SCHENKMAN: Well, can we see if we can maybe set the next meeting in Tampa?

BRENDA ANDREWS: Is that what you all prefer?

PAUL BURRESS: Nice.

JAMES FUTCH: Anybody have any strong desire to go, like, you know, someplace else? Because it's always a money thing. You know, how many people have to drive farther, fly farther, time wise and all the rest of it.

YVETTE FORREST: Orange Park is nice that time of year. I'm just saying. If you all want to, I'm just saying.

JAMES FUTCH: Orange Park in May, yeah.

BRENDA ANDREWS: Is there a reason why they just choose Orlando and Tampa?

JAMES FUTCH: Well, I think it was what works out the best for everybody.

RANDY SCHENKMAN: I think it's driving.

JERRY BAI: Doesn't everybody have flights to Miami?

RANDY SCHENKMAN: Miami?

JAMES FUTCH: If you were to do Miami, how many people would that be?

EFSTRATIOS LAGOUTARIS: I'd go to Miami.

JAMES FUTCH: You would start to fly --

EFSTRATIOS LAGOUTARIS: Yeah.

ARMAND COGNETTA: Miami would be easy.

JAMES FUTCH: -- because it's like, what, nine hours, right? You know what I'm saying?

ARMAND COGNETTA: You can get a flight to Miami easy.

JAMES FUTCH: Well, and can you, from Tallahassee, at a good time of day --

ARMAND COGNETTA: Not here.

JAMES FUTCH: -- and then get home?

ARMAND COGNETTA: Not here. But Miami you could. 6 o'clock.

GAIL CURRY: Are we driving?

(Laughter)

BRENDA ANDREWS: Yeah, that's my question, if

we're driving.

JAMES FUTCH: If we're going to Miami, the whole staff wants to fly.

BRENDA ANDREWS: I'll be at Miami tomorrow.

ARMAND COGNETTA: If you have to drive, then we should have it mid state.

JERRY BAI: Round trips are cheap.

GAIL CURRY: I'm just saying.

ARMAND COGNETTA: If you all have to drive, that's a long drive.

GAIL CURRY: That's from other end of the state.

JAMES FUTCH: The Bureau is saying what are you asking that question for? I just did a talk about how short we are of funds.

CINDY BECKER: I like Tampa.

JAMES FUTCH: She likes Tampa. Okay. Back to Tampa.

PAUL BURRESS: Tampa is fine.

ARMAND COGNETTA: Tampa.

BRENDA ANDREWS: I don't like Tampa's bathrooms. They don't have nice sinks.

(Laughter)

CINDY BECKER: We can all go to Tallahassee.

JAMES FUTCH: Oh, my gosh, that would be truly

painful for a lot of people.

CINDY BECKER: I know.

BRENDA ANDREWS: Tampa?

PAUL BURRESS: Sure.

BRENDA ANDREWS: Okay.

GAIL CURRY: Why don't you take a vote?

RANDY SCHENKMAN: Okay.

EFSTRATIOS LAGOUTARIS: I changed my mind.

RANDY SCHENKMAN: Let's take a vote. All in favor -- we'll do both. All in favor of Tampa, raise your hands. Nine. Okay. In favor of Orlando? Oh.

GAIL CURRY: We don't have a vote, Brenda.

(Laughter)

RANDY SCHENKMAN: So I guess we'll switch to Tampa for the next meeting. And then we'll see where we're going to go after that.

KATHY DROTAR: I almost think the last time we tried Tampa, there was a problem with booking the -- booking a room or something. That's been a few years back.

BRENDA ANDREWS: No. We only have problems with their bathrooms. The venue is okay.

RANDY SCHENKMAN: Maybe they fixed them up. Okay. Does anybody have anything else before we

adjourn? Okay. Well, we'll all see each other again on May 19th in Tampa.

(Proceedings concluded at 2:53 p.m.)

CERTIFICATE OF REPORTER

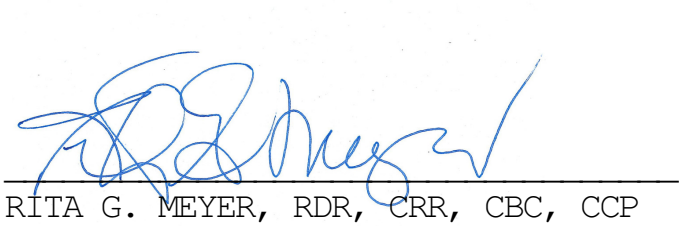
STATE OF FLORIDA:

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 on this 7th day of October, 2014.



RITA G. MEYER, RDR, CRR, CBC, CCP