JMPLSC Has Morphed Into Medical Physics Licensure and Regulatory Recognition Subcommittee

Bob Pizzutiello, FACP, FAAPM, FACMP
Chair JMPLSC
AAPM Annual Meeting
July 30, 2012

Agenda

- Recent Historical Background
- AAPM and JMPLSC
- CARE Act Update
- Qualified Medical Physics (QMP) Registry
- State Updates
- Doug Pfeiffer, Regulatory Approach

AAPM Vision & Mission Statements*

- Vision:
  - The American Association of Physicists in Medicine is the premier organization in medical physics, a broadly-based scientific and professional discipline encompassing physics principles and applications in biology and medicine.

- Mission:
  - The mission of the American Association of Physicists in Medicine is to advance the science, education and professional practice of medical physics.

*http://www.aapm.org/objectives.asp - KS
Goals* of the AAPM

• Promote the highest quality medical physics services for patients.
• Encourage research and development to advance the discipline.
• Disseminate scientific and technical information in the discipline.
• Foster the education and professional development of medical physicists.
• Support the medical physics education of physicians and other medical professionals.
• Promote standards for the practice of medical physics.
• Govern and manage the Association in an effective, efficient, and fiscally responsible manner.

* http://www.aapm.org/org/objectives.asp - KS

CARE Act Update

CARE Bill – H.R. 2104 and the 112th Congress

• CARE stands for: Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Act of 2011
• Introduced June 2011 by Representative Ed Whitfield (R-KY) as H.R. 2104
• Following the introduction of the bill, it was immediately referred to the House Energy and Commerce Committee and House Committee on Ways and Means for review.
• Does not include exemption for MIPPA* Advanced Imaging Modalities
  • Diagnostic magnetic resonance imaging,
  • Computed tomography, and
  • Nuclear medicine including positron emission tomography
• Amends title XVIII (Medicare) of the Social Security Act to allow Medicare payment for medical imaging and radiation therapy services, only if the examination or procedure is planned or performed by an individual who meets this Act’s requirements.

*MIPPA = Medicare Improvements for Patients and Providers Act of 2008
H.R. 2104 - The CARE Bill
130 Co-Sponsors as of July 20, 2012
47 Republicans – 83 Democrats

112th Congress
1st Session

H.R. 2104

To amend the Public Health Service Act and title XVIII of the Social Security Act to make the provision of technical services for medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly.

The CARE Bill

355. QUALITY OF MEDICAL IMAGING AND RADIATION THERAPY.

(a) Qualified Person—

(1) IN GENERAL.—Effective January 1, 2014, any person who performs or plans to perform any technical component of medical imaging examinations or radiation therapy procedures for medical or surgical purposes shall be qualified under this section to perform or plan such services.

(2) QUALIFICATIONS.—Any person who performs or plans to perform any technical component of medical imaging examinations or radiation therapy procedures shall have such qualifications as determined by the Secretary by regulation.

(b) Certifications and Licenses—

(1) IN GENERAL.—Any person performing such technical component shall be certified by the Secretary by regulation.

(2) QUALIFICATIONS.—Any person performing such technical component shall be certified by the Secretary by regulation.

The CARE Bill

Established of Standards—

(1) IN GENERAL.—For the purpose of determining compliance with subsection (a), the Secretary, in consultation with recognized experts in the technical component of medical imaging examinations or radiation therapy procedures, shall establish procedures for the performance of such services, and verify the compliance with such standards.

(2) QUALIFICATIONS.—Any person performing such technical component shall be certified by the Secretary by regulation.

(c) Utilization—

(1) IN GENERAL.—Any person performing such technical component shall be certified by the Secretary by regulation.

(2) QUALIFICATIONS.—Any person performing such technical component shall be certified by the Secretary by regulation.
Purpose

- Amends the Public Health Service Act to require personnel who perform or plan the technical component of either medical imaging examinations or radiation therapy procedures for medical purposes to possess, effective January 1, 2014:
  1. certification in each medical imaging or radiation therapy modality and service they plan or perform from a certification organization designated by the Secretary of Health and Human Services (HHS), or
  2. state licensure or certification where such services and modalities are within the scope of practice as defined by the state for such profession and where the requirements for licensure, certification, or registration meet or exceed the standards established by the Secretary.
     - Exempts physicians, nurse practitioners, and physician assistants from the requirements of this Act.

Purpose (continued)

- Directs the Secretary to:
  1. establish minimum standards for personnel who perform, plan, evaluate, or verify patient dose for medical imaging examinations or radiation therapy procedures;
  2. establish a program for designating certification organizations after consideration of specified criteria;
  3. provide a process for the certification of individuals whose training or experience are determined to be equal to, or in excess of, those of a graduate of an accredited educational program; and
  4. publish a list of approved accrediting bodies for such certification organizations.

- Authorizes the Secretary to develop alternative standards for rural or health professional shortage areas as appropriate to ensure access to quality medical imaging.

Status

- House - Subcommittee on Health Hearing June 8, 2012
- Witnesses included:
  - American ASRT
  - ASTRO
  - CMS
  - Rebecca Smith-Bindman – comments on Lancet article
- AAPM Submitted a Statement
AAPM’S Statement – House Subcommittee on Health Hearing
June 8, 2012

• In summary, the AAPM believes that patient safety in the use of medical radiation will be increased through: consistent education and certification of medical team members, whose qualifications are recognized nationally, and who follow consensus practice guidelines that meet established national accrediting standards. That is why we urge you to move The Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy Bill (H.R. 2104) forward for quick passage in this session and look forward to working with you on other legislation to further secure quality patient care.

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60815-0/fulltext

THE LANCET

Radiation exposure from CT scans in childhood and subsequent risk of leukaemia and brain tumours: a retrospective cohort study


Summary

Background

Although CT scans are very useful clinically, potential cancer risks exist from associated ionising radiation. In particular for children who are more radiation-sensitive than adults. We aimed to assess the excess risk of leukaemia and brain tumours after CT scans in a cohort of children and young adults.
AAPM's Response to the Lancet Article by Pearce et al

AAPM believes that patient safety in the use of medical radiation will be increased through consistent education and certification of medical team members, whose qualifications are recognized nationally and who follow consensus practice guidelines that meet established national accrediting standards.

AAPM’s Response to the Lancet Article by Pearce et al - Action Needed

• AAPM urges Congressional action in the following areas to ensure appropriate imaging and lower the radiation dose that Americans receive from scans each year by:
  – Passing the Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy Act (H.R. 2104).
  – Requiring Accreditation of all imaging facilities (including hospitals)
  – Encouraging/Incentivizing use of Appropriateness Criteria based decision support/exam order entry systems

Next Steps in the House

• Request Congressional Budget Office to score the bill
• Mark up of the bill in the fall
• Call for Vote
Senate Status

- Senator Harkin’s staff requested letters of support for introduction from number of organizations including AAPM and the Alliance
- AAPM submitted letter of support June 12, 2012 reaffirming support for CARE.

- Represents more than 600,000 technical personnel who perform and plan medical imaging, plan and deliver radiation therapy.
- According to the Center for Medicare & Medicaid Services, more than 300 million medical imaging procedures are performed on Medicare patients each year.
- Poor quality images can lead to misdiagnosis, additional testing, delays in treatment and needless anxiety for the patient.
- CARE bill will ensure that quality information is presented for diagnosis and that interventional care or radiation therapy leads to curative treatment for patients.
- It will also reduce health care costs by reducing the number of imaging or radiation therapy procedures that must be repeated due to improper positioning or poor technique.

AAPM’S Letter
AAPM’S Letter to Senators re: CARE

- No consistent national recognition of the Qualified Medical Physicist credential
- No consistent minimum requirement for graduate education or board certification of medical physicists.
- The states vary widely in their requirements.
- It is possible in some states for individuals without appropriate qualifications to perform as medical physicists.

AAPM’S Letter to Senators re: CARE

- The tasks performed by medical physicists are quite technical and require years of study and practice to be properly executed.
- Many of the tasks performed by a medical physicist apply to all patients undergoing imaging or treatment. While major mistakes may make the news, smaller unseen mistakes or poor techniques may never be known or reported – the final result being a missed diagnosis or a less than adequate treatment.

AAPM’S Letter to Senators re: CARE

- The CARE bill will guarantee consistent formal education, training and experience for each medical physicist, giving the public a reasonable assurance that the care they receive, or perhaps the care of a loved one in a different state, will be given by a well educated, trained and experienced individual.
- In conclusion, creating the requirement for these standards is critical in order to provide an assurance to the general public that the imaging and radiation therapy provided to them will be performed by individuals who have attained at least an industry standard minimum level of formal education, training, and experience resulting in a quality procedure.
Conclusion in AAPM's Letter re: Senate CARE Bill

• We must strive for nationally consistent recognition of the Qualified Medical Physicist and equivalent competency for all medical radiation team members.

• With your guidance and support, the CARE bill can accomplish all of these goals and we request that the Senate take immediate action on the CARE bill.

S. 3338 - The CARE Bill

• Introduced June 25, 2012 by Sen. Michael B. Enzi, (R-WY)

• Co-sponsors as of July 20, 2012: Tom Harkin, (D-IA) and Roger Whicker (R-MS)

• http://thomas.loc.gov/cgi-bin/query/z?c112:S.3338:

S. 3338

• Some differences in format between the House and Senate versions

• Substantively the bills are the same

• Same end goal of minimum standards for imaging and therapy personnel.

• The main differences:
  – Revised effective dates, and
  – That the criteria for deeming a certification organization has been streamlined to incorporate the criteria the Secretary would use to deem accreditation organizations for the certification boards into the same section.
Licensure Update

Why Licensure?

• Our profession has an obligation to regulate itself and the practice of medical physics if it is truly to serve the public interest.
• The public deserves the benefit of the best our profession can offer.
• The citizens need to be protected from unqualified or unsupervised individuals who claim the ability to perform medical physics services.

Why Licensure? (continued)

• If medical physicists fail to restrain such individuals, the quality of service offered by the profession will likely be reduced. This would erode public confidence in these services.
• Establishes a mandatory legal requirement that ensures minimal education and training standards to practice.
• Defines the profession of medical physics.
• Creates penalties for practicing without a license.
• Protects the public from improper practice of medical physics.
Why Licensure? (continued)

- Protects the medical physicist with due process of law.
- Applies to licensed QMP as well as grandfathered licensed medical physicists.
- Without licensure, there will always be Grandfathered people practicing, but without benefits of due process of law and any additional requirements to keep the license current.
- Licensure protects medical physicist jobs in a tightening fiscal healthcare environment.

Increased media focus

The New York Times

Health

Radiation Offers New Cures, and Ways to Do Harm

As Scott Jerome-Parks lay dying, he clung to this wish: that his fatal radiation overexposure — which left him deaf, struggling to see, unable to swallow, burned, with his teeth falling out, with sores in his mouth and throat, nauseated, in severe pain and finally unable to breathe — be scolded and talked about publicly so that others might not have to live his nightmare.

St Louis Today:

Rural Missouri
Congressional focus

RADIOACTIVE ROULETTE:
How the Nuclear Regulatory Commission’s Cancer Patient Radiation Rules Gamble with Public Health and Safety

Summer 2009

CT brain perfusion overexposures
The Center for Devices and Radiological Health (CDRH) issued an alert in regards to high dose levels used in head CT perfusion studies at a hospital in Southern California. Over 200 patients apparently received excess radiation during these time-lapse repeated CT studies of the head. Subsequently, similar incidents have been identified at two other hospitals in Southern California and potentially in other locations as well. Early investigations of these incidents revealed a misunderstanding of some of the automated dose selection features on the scanner, and this led to an estimated 8-fold increase in radiation to the patient. This was discovered when a number of the patients experienced some temporary hair loss (erythema) and skin reddening (erythema). This incident apparently resulted from a lack of adequate training of CT technologists, and perhaps an overreliance on the use of preselected CT protocols. There is no
Increased regulation is likely.
“Concern for man and his fate must always form the chief interest of all technical endeavors. Never forget this in the midst of your diagrams and equations.”

Albert Einstein

History of Licensure and AAPM

- On November 1, 1992, the Initial AAPM Policy Supporting Licensure (PP-2A) was passed by the AAPM Board of Directors (BOD).
- In 2007 after careful consideration, the AAPM BOD approved the current licensure effort and committed funding.
- On July 31, 2008, the AAPM BOD reaffirmed the Policy Supporting Licensure (PP-2D).

PP – 2D: Licensure and The Medical Physicist’s Role in the Practice of Medicine

- The AAPM and the ACMP* strongly support licensure for practitioners of Medical Physics.
- Licensure or formal registration for Medical Physicists is in the public interest.
- Under current law, Medical Physics services in imaging and therapy without any formal minimum training and education standards are not compulsory in all jurisdictions allowing individuals to provide education.

*NOTE: When adopted, the American College of Medical Physics (ACMP) existed. ACMP ceased to exist 12/31/2011.

Physicians, health care administrators, regulators and the public have no clear guidelines for judging the qualifications or abilities of a Medical Physicist.

Other than the civil courts, the public has no redress to deal with issues such as fraud, substance abuse, malpractice, or unethical behavior that negatively impact patient care and public safety.

PP - 2D*: Licensure and The Medical Physicist’s Role in the Practice of Medicine

- Subcommittees formed to promote minimum practice standards through licensure or registration regulations.
- The AAPM Board has approved significant funding to support this effort (staff support, IT support, lobbying).

Licensure & the AAPM

- Name and Charge change
  - When formed, the Joint Medical Physics Licensure Subcommittee (JMPLSC) was a joint committee of AAPM and ACMP
  - ACMP ceased to exist December 31, 2011.
  - New name: Medical Physics Licensure and Regulatory Recognition Subcommittee
  - The AAPM Board of Directors directed the subcommittee to focus on a regulatory approach in addition to licensure by legislation.
Medical Physics Licensure and Regulatory Recognition Subcommittee

• Charge:
  – To promote the protection of the public through the recognition of the profession of medical physics by legislation or regulation.

• Pathways to be addressed:
  – Recognition through licensure
  – Recognition through regulation
  – Annually prepare status of subcommittee’s activities.

*Updated 11/4/11

Recognition of the Profession through Licensure by Legislation

• Support the formation and activities of state committee(s) focused on professional licensure

• Provide model legislation

• Provide consultation on regulatory language to implement professional licensure

Recognition of the Profession through Regulation

• Support the formation and activities of state committee focused on the regulatory approach

• Provide model regulation

• Provide consultation on regulatory language to implement professional licensure

• Collaborate with the AAPM Conference of Radiation Control Program Directors (CRCPD) Subcommittee
### Model Licensure Legislation

#### Sections of the Document

1. Purpose and scope.
2. Definitions.
3. Definition of “practice of medical physics”.
4. Use of the title “licensed medical physicist”.
5. <State board> for medical physics.
6. Requirements and procedures for professional licensure.
7. Provisional license.
8. Exemptions.
9. Licensure without examination.
10. Continuing education requirements.
11. License term and renewal.
12. Enforcement.

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### Current Licensure States

- NY, FL, TX, HI

- NY Law:

  **Article 68, Medical Physics Practice**

  **Licensure Requirements**

  - The article applies to the practice of medical physics. The general provisions of this article shall apply to this article.

### NY Licensure

There is an 18-month phase-in period, then Board certification required.
Licensure

- Without licensure, there will always (at least for a while) be Grandfathered people practicing, but without benefits of due process of law and any additional requirements to assure their practice is proper.
- Licensure defines the profession of medical physics.
- Critical decisions made by Board of Medical Physicists
- Licensure is an investment that benefits the public and the entire profession for the future.

Professional Misconduct

1. Practicing the profession with negligence on more than one occasion;
2. Practicing the profession with gross negligence on a particular occasion;
3. Practicing the profession with incompetence on more than one occasion;
4. Practicing the profession with gross incompetence;
5. Practicing the profession while impaired by alcohol, drugs, physical disability, or mental disability;

Professional Misconduct (continued)

6. Being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, except for a licensee who is maintained on an approved therapeutic regimen which does not impair the ability to practice, or having a psychiatric condition which impairs the licensee's ability to practice;
Professional Misconduct (continued)

7. Permitting, aiding or abetting an unlicensed person to perform activities requiring a license;

8. Revealing of personally identifiable facts, data, or information obtained in a professional capacity without the prior consent of the patient, except as authorized or required by law; and

9. Practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform, except in an emergency situation where a person’s life or health is in danger.

ABR Revocation/Suspension of Certification

• ABR can suspend or revoke a certificate or placing a Diplomate or candidate on probation for a fixed or indefinite time or some combination of these for several reasons.
  – All of the reasons except one have to do with falsification of information to the ABR such as the certificate was issued contrary to or in violation of any rule or regulation of the Corporation; substantial misstatement or omission of a material fact to the Corporation in an application or in any other information submitted to the Corporation; violation of the rules and regulations relating to the Written Qualifying, Oral and Maintenance of Certification Examinations engaging in any conduct that materially disrupts any examination or that could reasonably be interpreted as threatening or abusive toward an examinee, proctor or staff.

• The one exception is:
  – any license of the person to practice is not, or ceases to be, a valid and unrestricted license to practice within the meaning set forth in the Rules and Regulations of the American Board of Radiology. In the event that a Diplomate’s license to practice is suspended, revoked or restricted in any state in which the Diplomate practices, holds a license or has held a license, the Diplomate’s board certification may be revoked or suspended.

From ABR By-Laws (05/30/2008) - Article X: Revocation and Suspension
### Licensure vs. Board Certification

<table>
<thead>
<tr>
<th>Licensure</th>
<th>Board Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Protects public from improper practice</td>
<td>1. Exam based, not practice-based</td>
</tr>
<tr>
<td>2. Protects the medical physicist with due process of law</td>
<td>2. Cannot be revoked except for fraud or revocation of a license</td>
</tr>
<tr>
<td>3. Applies to all medical physicists:</td>
<td>3. No due process of law for medical physicists</td>
</tr>
<tr>
<td>a. Licensed Qualified Medical Physicists</td>
<td>4. No impact on Grandfathered medical physicists</td>
</tr>
<tr>
<td>b. Grandfathered licensed medical physicists</td>
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<td>4. Legally defines the profession</td>
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### Licensure vs. Registration

<table>
<thead>
<tr>
<th>Licensure</th>
<th>Registry</th>
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<tbody>
<tr>
<td>1. A technical definition: a license is a government grant of specific legal rights and obligations to the licensee.</td>
<td>1. It is simply a list.</td>
</tr>
<tr>
<td>2. Once a license has been granted, it cannot be restricted or taken away without notice and a hearing, with all the attendant legal rights and appeals.</td>
<td>2. Confers no rights although it may impose certain obligations as a precondition to being on that list and as such, registration is not properly protected by either state or federal Constitutional guarantees.</td>
</tr>
<tr>
<td>3. If the State proposes to take some action against a licensee, the burden of proof rests with the State.</td>
<td>3. The burden of proof is on the registrant to prove its case if someone makes a claim against the individual.</td>
</tr>
<tr>
<td>4. Since a license grants a right to do something, it ipso facto limits or prohibits the ability of others to do that same activity.</td>
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**Biggest Difference? The Board**

### Registration

- Twenty states, with more drafting new regulations.
- Many follow AAPM QMP definition.
- Wide variation in professional standards and enforcement.
State Regulations

- Professional Licensure or registration

- More states are implementing strong definitions of a QMP, with Board certification the only pathway.

- Working with CRCPD to incorporate QMP definition in the Suggested State Regulations

Definition of a Qualified Medical Physicist
AAPM Professional Policy - PP-1

- For the purpose of providing clinical professional services, a Qualified Medical Physicist (QMP) is an individual who is competent to independently provide clinical professional services in one or more of the subfields of medical physics. The subfields of medical physics are:
  – Therapeutic Medical Physics
  – Diagnostic Medical Physics
  – Nuclear Medical Physics
  – Medical Health Physics
- The scope of practice of each subfield is defined in the AAPM Professional Policy 17 “Scope of Practice of Clinical Medical Physics”.

Links:
Credentials of a QMP According to PP-1

- A Qualified Medical Physicist meets each of the following credentials:
  - Has earned a master's or doctoral degree in physics, medical physics, biophysics, radiological physics, medical health physics, or equivalent disciplines from an accredited college or university; and
  - Has been granted certification in the specific subfield(s) of medical physics with its associated medical health physics aspects by an appropriate national certifying body and abides by the certifying body's requirements for continuing education.

The QMP Registry

- AAPM has contracted with the CRCPD to establish and maintain a registry of Qualified Medical Physicists
- CRCPD does not independently verify medical physics qualifications
- Direct upload of information from certifying boards
Conference of Radiation Control Program Directors (CRCPD) Registry of Qualified Medical Physicists

• Purpose:
  – To allow state regulators to verify the qualification of medical physicist working in their state.
  – The registry provides the solicitor with one stop to look up physicist who has passed one of five participating boards.
    • American Board of Radiology (ABR)
    • American Board of Medical Physics (ABMP)
    • Canadian College of Physicists in Medicine (CCMP)
    • American Board of Science in Nuclear Medicine (ABSNM)
    • American Board of Health Physics (ABHP)
  – Prior to the registry, state and federal regulators depended on copies of board certification, now with a few entries the same regulator can independently validate the credential of the medical physicist for all five boards.

Isn’t the QMP Registry enough?
What the Registry does:

• The QMP Registry is not licensure and does not meet all the components of licensure (accountability); however, it is a step in a positive direction towards improving healthcare.
  – The QMP Registry establishes a list of medical physicists who have achieved board certification.
    • ABR, ABMP, ABHP, ABSNM and CCPM
Isn’t the QMP Registry enough? What the Registry does:

• Public would be served by having those who attained this level of expertise be required through by state regulations perform specific services.
• State regulatory control agencies, accrediting bodies, etc. could easily identify those who have met QMP definition.

Isn’t the QMP Registry enough? What the Registry does not do:

• A National Registry alone will not be sufficient in providing consistent minimum standards of practice nation-wide.
  – Need states to adopt regulations requiring that all clinical medical physicists are listed on the National Registry.
• A registry listing is not amenable to peer-reviewed enforcement because any infractions will be reviewed by the regulatory community and not necessarily medical physicists.
• Private organizations (certification boards) not constitutionally subject to the “due process” requirement.
Isn’t the QMP Registry enough? What the Registry does not do:

REMINDER:

The effect of licensure on the profession is consistent minimum standards for the profession on a state-by-state basis.

- Licensure establishes the authority to enforce the practices of the profession, by a board of professionals. A license can be restricted or rescinded for misconduct through due process of law.

State Updates

MA - Background

- The licensure legislation was introduced in mid-June 2011 - HB 3515 (Sponsor Rep. Carlos Basile)
- The MA State Committee reviewed the bill language at the end of July 2011
- There was a series of meetings in mid-October 2011 with MA legislators. The size of the Board (8 members) was raised as there is some concern about an even number.
  - The MA State Committee discussed adding an additional “floating” medical physicists position to the board to create an odd number and majority of medical physicists representation
MA – Background (continued)

- Dan Delaney, Director of Legislative Policy, said the Massachusetts Department of Public Health was generally supportive of the licensure bill.
- Hearing in the Joint Committee of Public Health was held on October 25, 2011.
  - Testifying were: Per Halvorsen, Martin Fraser and Fred Fahey
  - Joint Committee Chairman Sanchez and Chairwoman Fargo asked multiple questions regarding the practice of medical physics and the need for licensure of the profession.

MA – Current Status

- On March 20, 2012, the bill received a FAVORABLE Report out of the Joint Committee.
- MA Legislative Counsel redrafted the bill with technical corrections and the bill was renumbered in May 2012.
- CURRENT BILL: HB 4097

MA - HB 4097 Text Changes

- Scope and Purpose language removed
- Sections were rearranged
- Added language regarding Board terms of service
- Definitions were alphabetized and edited for consistency
MA - HB 4097 Text Changes (continued)

• Added definition of “Board”
• Added language regarding duties and function of the Board
• Added section on the creation of a public registry of the licensed medical physicists
• Added general application procedural language
• Removed “fee setting” language

MA - HB 4097 Text Changes (continued)

• Added time-frame for grandfathering period (18 months after enactment date)
• Removed “license term and renewal” section
• Modification of template enforcement clause but template was extremely detailed and the modifications bring the enforcement clause in alignment with other license enforcement action clauses in MA

MA - HB 4097 Text Changes (continued)

• Added articulation of possible specific enforcement actions and applicability of the law
• Added authorization language for the licensing board to do its duty
• Added language to ensure medical physicists would be able to continue to work while the Board promulgated the regulation
MA: Next Steps by Legislature

- MA Public Health Finance Committee currently reviewing HB 4097
  - Anticipate that will pass out of Finance Committee without hearing and Chair approval by July 2012
- Anticipate the bill will move to the full House for consideration and vote in mid-fall

MA: Next Steps by MA State Committee

- MA State Committee currently reviewing changes in HB 4097
- Suggested amendments to be drafted over summer
- Anticipate the following changes
  - Change to board membership to a majority of medical physicists
  - Definition of Qualified Medical Physicist

MA: Next Steps Meeting with MA Department of Public Health Staff

- To be scheduled late summer/early fall
- Purpose:
  - To review HB 4097 to identify any areas of concern
  - To identify areas that may have regulatory implications
  - Q&A session
MA: Next Steps by MA members

- Need to familiarize yourself with HB 4097 language
- Questions or issues should be sent to Martin Fraser, MA State Committee Chair by end of August
- If necessary, FAQs to be developed in response to concerns raised by MA members
- Respond to “Calls-to-Action to MA members”
  - Calls and emails to state legislators demonstrating support of HB 4097

PA Current Status

- In mid-May 2011, the PA licensure bill was introduced and given a bill number – HB 1559 (Sponsor Rep. Harry Readshaw (D)).
- In late June 2011, AAPM PA members and Mr. Bevan met with the Department of State representatives to discuss the Sunrise Evaluation.
- In early September 2011, based on the results of that meeting an addendum to the Sunrise Evaluation was submitted.

PA Current Status (continued)

- In November 2011, the Department of State issued their findings and found that at this time there was no need for a separate licensure board for the medical physics profession.
- Based upon this decision, the PA licensure bill will not move forward this legislative session and likely will not have enough support to pass until/if the Administration changes from Republican leadership.
PA Current Status (continued)

• The Department of State cited the following reasons for their decision:
  – The current protection provided by the PA DEP regulations is “extensive.”
  – The threat to public safety for unlicensed medical physicists is not substantial and therefore, the Governor does not want to add another layer of “regulatory authority over the profession.”
  – The potential cost to medical physicists for licensure fees would be $1,000 biennially which would increase cost of health care services to the public.
  – The committee recognized a need for improvement in the rules surrounding the use of medical radiation and as the DEP will be updating those regulations “in the near future”, we have been encouraged to work with them to offer suggestions.

PA Current Status (continued)

• The PA State Committee and Mr. Bevan, AAPM lobbyist will remain active within PA to the extent of maintaining communication with established contacts.

OH Current Status

• There was a positive in-person meeting with Rep. Wachtmann regarding sponsorship of the OH version of the licensure bill.
• Rep. Wachtmann supplied the model bill to the OH Department of Health, Bureau of Radiation Protection (BRP) with a request for comments
  – In early-October, OH State Committee member Kerry Krugh received the BRP’s response
• The OH State Committee drafted a response to Rep. Wachtmann and the OH BRP
• There was no further rebuttal and the bill could still be introduced this legislative session.
IN Current Status

• Much of the effort in the following states has been provided by chapter representatives
  – Collaborative efforts have been initiated between Ohio River Valley and the Midwest Chapters regarding appropriate paths toward licensure
  – Communication is ongoing

IN Current Status (continued)

• Meeting in mid-September 2011 with IN Department of Health, Director of Medical Radiology Service David Nauth
  – IN had an Advisory Committee, which was inactive for years, and consequently was decommissioned in 2010.
  – Requested that the Advisory Committee be re-commissioned and that the current regulations be updated to which Mr. Nauth agreed and promised to look into both ideas.
• While there was verbal agreement to consider the recommendations, to date there has not been forward progress.

KY Current Status

• The "Kentucky Radiation in Medicine Advisory Committee" began in August 2011, under the supervision of KY State Office of the Commissioner.
  – The committee roster formed included QMPs of all subspecialties and MDs of all subspecialties.
KY Current Status (continued)

- Commissioner Hacker retired and a new Commissioner was appointed, a CHP (non-ABHP), Matthew McKinley.
- It is not expected that the committee will be active anytime soon.
  - There has been some question at the Commissioner level on the positions currently listed on the Advisory Committee roster and it is anticipated that several other related professions will be asked to serve such as technologists.

Summary

- Recent Historical Background
- CARE Act Update
- AAPM and JMPGSC
- QMP Registry
- State Updates
- Doug Pfeiffer, Regulatory Approach
- Final Thought

“The real question is whether we want to define our profession, or leave it to some other group to do that for us.”

– David Lee Goff, Austin Texas 11/13/09