

**NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
RADIATION CONTROL PROGRAM
PROPOSED AMENDMENTS TO NAC 457 & 459
WORKSHOP SUMMARY
JANUARY 12, 2016**

Division of Public and Behavioral Health Workshop attendees:

Chad Westom, Bureau Chief, PAIS, Las Vegas
Karen Beckley, Manager, Radiation Control Program, Las Vegas
Jeffery Bell, Supervisor, Radiation Control Program, Las Vegas
Adrian Howe, Supervisor, Radiation Control Program, Carson City
Jon Bakkedahl, Supervisor, Radiation Control Program, Carson City
Michael Schmidt, Radiation Control Specialist III, Radiation Control Program, Carson City
John Follette, Radiation Control Specialist III, Radiation Control Program, Las Vegas
Jacqueline Bowling, Radiation Control Specialist III, Radiation Control Program, Las Vegas
Barbara Beauchamp, Radiation Control Specialist II, Radiation Control Program, Las Vegas
Tharon Sheen, Radiation Control Specialist II, Radiation Control Program, Las Vegas

Public Workshop attendees:

John Zullo, Renown Health
Dee Towne, Banner Health
Stephen Sweet, Saint Mary's Regional Medical Center
Ashley Jameson, Reno Dental Care
Mitchell Fink, Black Eagle Consulting
Aimie Redding, Reno Diagnostic Centers
Kirk Brown, Reno Diagnostic Centers
Marissa Brown, Nevada Hospital Association
Joanna Jacob, Ferriri Public Affairs
Rebecca Goff, Banfield Pet Hospital
Myung Jo, University of Nevada Reno
Pat Shepal, Nevada Health Vascular Center
John Grey, Health Care Partners of Nevada
Thomas Elkin, Saint Rose Hospital
David Kujam, Legacy
Karl Kenney, Desert Radiology
Keith Mosley, Desert Radiology
Kristy Fizer, Banfield Hospital
Jeremy Sr, Centennial Hills Hospital
Beth Kehrlie, Summerlin Hospital
Becky Christensen, UMC
Gili Anagr, Sunrise Hospital
Stacey Field Steinberg Diagnostic Medical Imaging
Ingrid Yadao, Steinberg Diagnostic Medical Imaging
Irene Lazo, 8th District Court
Shellie Sanders, Valley Health System

Jennifer Rathban, Heart Center of Nevada
Lan-Dai Addington, MedSmart
David Addington, MedSmart
Jon Spence, MedSmart
Christian Bryant, Children's Bone and Spine Surgery
Victoria Taylor, Southwest Medical Associates
Rita Tate, Desert View Hospital
Angela Losonsley, Desert View Hospital
Trevor Parking, Southwest Medical Associates

Workshop commenced at 10:00 a.m. location 4150 Technology Way Ste. 303, Carson City, NV.
and via videoconference 1210 South Valley View, Ste. 104, Las Vegas, NV

Karen Beckley comments: with Radiation Control Program, opened the workshop and summarized the purpose of the workshop is to provide an opportunity to the public to be able to make comments to the proposed changes to NAC 457 and 459. The meeting is being recorded and a sign in sheet is provided for participants in both Carson City and Las Vegas locations. The State Board of Health meeting is scheduled to be on March 11, 2016. We are taking all input prior to that meeting. And of course, you all can attend that meeting also.

Linda Anderson comments: with Attorney General's Office, as we have discussed so far, we are going to have everybody comment. When you do give input please introduce who you are and identify for the record. It would be helpful so we can contact you again. Maybe we can start with Carson City since we haven't heard from them at all. Does anyone have any comment on the regulations?

Adrian Howe comments: with Radiation Control Program, at this time, no one has any comments or testimony to make in Carson City.

David Addington comments: with MedSmart, So, I think a lot of people are concerned about the fine aspect specifically of the proposed regulations from Section 11 Part 3. I personally feel, and I think there is going to be hopefully a court down here of other people that feel that the fine proposal how it is written has the potential to harm business. And may not be applied consistently. I think we have made some positive headway on those issues. But this is the most important issue that we discussed at that meeting, specifically from that meeting, I understand that the language is borrowed or adopted from the mammo requirements, which I would just like to say what is approved from mammo doesn't necessarily make it a good choice for nuclear medicine specifically mammo is very structured. There is a very detailed checklist. The requirements are very well known in the field to technologists to perform a QT, as well as, the inspectors coming in to do the audit. I do believe, especially in nuclear medicine, that the application of our current regulations are not uniform, I think that the regs were defined and has the potential to exasperate those issues because if not defined the fining can also be applied

inconsistently and not universally. We did discuss with Karen what was the actual intent and she indicated the intent was to go after bad characters in the community that don't follow the regulations continuously or have failed multiple points on the fine issue. Most of the community would agree that something needs to be done with these people. However, to open up everybody to the \$2,000 penalty, which may more confuse, hundreds of thousands of dollars even for a minor issue. I don't think it is fair. I don't think that is the intent or that Karen indicated. So, to mitigate the business risk for everybody, the objective of the state, myself, and some of the other stakeholders have put together some other ways that we hope that the Division would consider fair and I hope that the community would consider fair before it passes. Specifically, we have rules that are very simple; we can just add language if the licensee fails to correct the violation within 30 days or immediately if the violation is repeated. I have already printed the copies previous for Karen to get her input before the meeting. From this example we do have an inspection, the inspector comes, and finds a violation, and the facility corrects it within 30 days, no fine. I think that's the goal of the Division to encourage compliance and if compliance is not already there, likewise the Division has to retain the power to fine that facility actually take the steps to accomplish this or say you did temporarily. I think that serves the interest of everybody and with that, I think that is basically a quick version of my synopsis and desire, and hopefully some others will speak to that as well.

Troy Curnutt comments: with Advanced Isotopes, I think the fine structure that you're asking for is not consistent with NUREG 1556. If you're taking mammo guidelines and implementing them in nuclear medicine even if what David Addington is suggesting is corrected, you're talking about fines that could be devastating to a facility that is not able to correct it. The way that it is written now, or proposed, is you're asking for \$2,000 a day for not being corrected if they are not able to correct it, it goes back a year, that would financially devastate a cardiology office, even a solo or anybody actually. I am proposing that you think about following NUREG 1556, as far as, the way the NRC fines. It's very clear, very defined. Even in the mammo guidelines I find that very vague and don't find it consistent in nuclear medicine.

John Wega comments: with Kindred Hospital, we support the proposed changes that David has set forth.

Linda Anderson comment: with Deputy Attorney General's Office, are any in Carson City in support of comments made so far?

Adrian Howe comments: with Radiation Control Program, yes, everyone in attendance, 15 people roughly.

John Garcia comments: with Healthcare Partners, I actually agree with what Troy and David said. Of a strike 1, strike 2, and strike 3 philosophy as opposed to this is your \$2,000 fine compounded by X amount of dates that it has been installed a month ago. Currently the law reads for regulation that they have 30 days to correct an issue. But it can be financially stressing to facilities and organizations and even the employee that is going to the inspection.

Jeremy Cope comments: with Centennial Hospital, I support the recommended changes. I also want to note that I think that like you mentioned one of the key factors making sure that there is structured, consistent way for them to perform these inspections, because it will make your inspectors job harder as well, because they have all the stuff that is supposed to be out there. Interpretation of that way and or you have the Mammo program is very lined out in what is inspected, and what is going to be looked at not only does it make the licensee a little more prepared, and make sure we are providing great care for our patients, but it will let the inspectors come through in a more efficient process to go through and find what is in line and what is out of line. If you can find more structure. I think that will support whatever fine structure you have a little better as well.

Irene LaZlow comments: with 8th Judicial District Court, we have baggage scanners, and it was brought to my attention that it is recommended to use radiation measures. So, that when the inspectors did come, with the use of the reports that our Marshall's are not getting radiated that they go away from the Radiation badges, but it is recommendable to have some type of product there to measure the dosage, still. Can we get something in writing or what the new by-laws have something in this matter, about going away from Radiation badges?

Karen Beckley comments: with Radiation Control Program, Ms. LaZlow, we can discuss after the meeting.

Victor Taylor comments: with Southwest Medical, if I could meet with the two of you afterwards, we have our accudexa units, and we were just told to go away from using the badges. I would like to discuss having something in writing for years later just in case I am not there anymore.

Carl Collier comments: with Cardinal Health, my comment would be historically for 15 years in the industry, the State, the pharmacy, and the technologists have all done a great job of partnering in the community to further advance our knowledge and our adherence to the regulations. And I think we have all done a great job with pharmacists, and technologists being able to approach the inspectors and ask them about the regulations. Ask them what their interpretation is and to show them their procedures and to say, "Hey, this is what I do; this is how I do it". This is appropriate is there a way I can modify this. My concern with the fine is we are kind of establishing an adversarial world between the licensees and the State. So, my opinion is that if we are going to set up an adversarial world are we going to close the line of communication. And my question would be, in reviewing these proposed regulations, and I do apologize, if this is addressed in a previous meeting addressed or if it is in the proposed regulations. But, I don't see anywhere that explains to us the appeal process or if you could tell me where to search that out I would appreciate it.

Linda Anderson comments: with Deputy Attorney General's Office, NRS Chapter 439 is the Nevada Administrative code appeal process.

Aimie Redding comments: with Reno Diagnostic Centers, I have a question regarding, I believe, its section 12. Regarding the RSO appointment, if we currently have an RSO will these changes that are implemented here need to be updated.

Karen Beckley comment: with Radiation Control Program, Ms. Redding we need to address your question after the meeting.

Jennifer Rathban comment: with Healthcare Partners, is every fine \$2,000.00 or is paperwork fine different are there weighted fines?

David Addington comment: with MedSmart, was the Small Business Impact Questionnaire sent to everyone medical and dental?

Karen Beckley comments: with Radiation Control Program, Yes, anybody who the regulations were affected by.

Ty Allen comments: with MedSmart, Small Business Impact Questionnaire, why is there a limit of 150?

Linda Anderson, comments: with Deputy Attorney General's Office, NRS 233B Small Business Impact for Nevada Legislature specifically asks how it impacts small business industry.

Karen Beckley, comments: with Radiation Control Program, in the closing statement provide comments to supervisors that will get back to you, make sure and get all comments to Mike Schmidt he is lead staff member; give him a call, is there no further comment.

Linda Anderson, comments: with Deputy Attorney General's Office, in the closing statement all of the comments, both written and verbal will be taken into consideration. The final draft regulations will be drafted and submitted for public comment with a notification of the hearing date before the Board of Health. An opportunity will be given for both written comment and verbal comment before the Board Health meeting March 11, 2016.

No further comments: Meeting adjourned at 1:00 pm.