

COMMONWEALTH OF PENNSYLVANIA  
HOUSE OF REPRESENTATIVES

PROFESSIONAL LICENSURE COMMITTEE  
PUBLIC HEARING

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MONDAY, FEBRUARY 26, 2018  
1:02 P.M.

PRESENTATION ON  
HOUSE BILL 1344  
REGULATION OF MEDICAL PHYSICISTS

BEFORE:

HONORABLE GARY DAY  
HONORABLE KEITH GILLESPIE  
HONORABLE ZACHARY MAKO  
HONORABLE STEVE MENTZER  
HONORABLE JAMES SANTORA  
HONORABLE CURT SONNEY  
HONORABLE HARRY READSHAW, DEMOCRATIC CHAIRMAN  
HONORABLE CAROLYN COMITTA  
HONORABLE JORDAN HARRIS  
HONORABLE WILLIAM KORTZ

\* \* \* \* \*

*Pennsylvania House of Representatives*  
*Commonwealth of Pennsylvania*

## COMMITTEE STAFF PRESENT:

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I N D E X

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\* \* \*

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SUBMITTED WRITTEN TESTIMONY

\* \* \*

(See submitted written testimony and handouts online.)

## P R O C E E D I N G S

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1  
2  
3 DEMOCRATIC CHAIRMAN READSHAW: Good afternoon,  
4 everyone. We welcome you here. And I am appreciative of  
5 the Members that were able to come today. We know this is  
6 a very busy time of the year with appropriations and back  
7 in our districts, procuring signatures for the proper  
8 paperwork, which we have to turn in.

9 I am Representative Harry Readshaw, Minority  
10 Chair of this Committee. The Majority Chair,  
11 Representative Mark Mustio, had asked me to chair this  
12 hearing today because he is running late and probably won't  
13 be here till later this afternoon.

14 So with that welcome out of the way, I'm going to  
15 ask all the Members present, beginning with Representative  
16 Kortz, to introduce themselves and inform everyone where  
17 they are from.

18 REPRESENTATIVE KORTZ: Good afternoon, everyone.  
19 My name is Bill Kortz, State Representative, 38th District,  
20 Allegheny County.

21 REPRESENTATIVE SANTORA: Good afternoon. Jamie  
22 Santora, Delaware County, 163rd District.

23 REPRESENTATIVE SONNEY: Good afternoon. Curt  
24 Sonney, the 4th Legislative District, Erie County.

25 REPRESENTATIVE MENTZER: Steve Mentzer, 97th

1 District, Lancaster County.

2 REPRESENTATIVE GILLESPIE: Good afternoon,  
3 everybody. Keith Gillespie, 47th District, York County.

4 REPRESENTATIVE MAKO: Good afternoon. Zach Mako,  
5 183rd, Lehigh and Northampton Counties.

6 REPRESENTATIVE COMITTA: Good afternoon. Carolyn  
7 Comitta, the 156th District, West Chester, Chester County.

8 DEMOCRATIC CHAIRMAN READSHAW: And joining us is  
9 Representative Gary Day, who just arrived. And with that,  
10 could we have a proper calling of the roll, please?

11

12 (Roll was taken.)

13

14 DEMOCRATIC CHAIRMAN READSHAW: Okay. Thank you  
15 very much. As I said, we are honored by everyone who is  
16 going to testify today. This happens to be my legislation.  
17 We have introduced it in the past, and it is licensing of  
18 medical physicists. And I think what we -- from my past  
19 experience and questions asked to me, I think what our goal  
20 here today is, it's as far as I'm concerned, this is  
21 noncontroversial, but I think we should use the time and  
22 those that testify to inform us and educate us as to  
23 exactly what medical physicists do day to day and their  
24 role in medical care.

25 So with that, I would like to welcome and ask Dr.

1 Stephen Avery to please come to the table, please. And if  
2 you wish, why don't we have -- we have three people  
3 testifying. If it's convenient for you, why don't you all  
4 come up and sit at the table, and we will recognize you at  
5 the proper time?

6 So with that, Dr. Avery, please begin.

7 DR. AVERY: Thank you. Thank you, Chairman  
8 Readshaw and Members of the Committee, for allowing me to  
9 testify today on this very important topic of licensing for  
10 medical physicists.

11 A little bit about myself, I'm an associate  
12 professor of radiation oncology at the University of  
13 Pennsylvania. I work as a medical physicist. I was the  
14 program director for our graduate program for five years,  
15 and I also served on the review committee for CAMPEP for  
16 seven years. So currently, I'm a fellow for AAPM, and I'm  
17 also a member of the board at large for AAPM.

18 So my testimony today is going to talk about how  
19 the education process to prepare someone to be a qualified  
20 medical physicist. And so when we say qualified medical  
21 physicist, what we mean is someone who is board-certified  
22 by the American Board of Radiology. And that happens in  
23 three steps. The first two steps is a written exam, which  
24 covers general and clinical topics. It could be  
25 diagnostic, therapeutic, or nuclear medical physics, and

1 then there's an oral exam. So the education process  
2 prepares these students to pass this board exam.

3           And so for someone to be prepared, there's three  
4 steps, three processes. One, they can have a master's  
5 degree or Ph.D. from a CAMPEP-accredited medical physics  
6 program. Second, they can have a Ph.D. from a related  
7 field. It could be engineering, physics, computer science,  
8 something that's related, and then they would have to do  
9 what we call a post-graduate certificate program, which  
10 gives them the training in medical physics to prepare them  
11 for their career. And the third process could be a  
12 doctorate in medical physics. This is a professional  
13 degree. Basically, it's a master's degree and a residency  
14 put together in one program. It's a four-year program.

15           So after they've completed this master's degree  
16 or their post-graduate, they still have to do a residency,  
17 which is a two-year program, and then after their residency  
18 program, then they would complete their ABR.

19           Now, all these programs need to be what's called  
20 CAMPEP-accredited. CAMPEP stands for the Commission on  
21 Accreditation of Medical Physics Education Programs. As a  
22 member of CAMPEP, what we do is we review programs to make  
23 sure they meet the minimum requirements to prepare someone  
24 to become a qualified medical physicist. So there is a  
25 site visit that's done. Two members of the committee will

1 actually go visit the program, interview the faculty,  
2 interview the students, look at the institutional support,  
3 talk to the administration, but there's also what's called  
4 a self-study, so the program would have to prepare a  
5 document which includes all the information of what the  
6 objectives are, how does the admission process work, what  
7 is the program's structure, what kind of institutional  
8 support they expect to have. Also, what is the curriculum.  
9 And after all this process, we determine, okay, yes, this  
10 program should be certified by CAMPEP. And this is all on  
11 the website, so students who are applying to programs can  
12 see which programs have met these minimum requirements.

13           So given this process, I think that we understand  
14 how to train the physicists well and prepare them. I think  
15 the issue is once they go into the job market, that's where  
16 we lose control. We can't say that someone who's going to  
17 hire someone has gone through this process and that we can  
18 assure that the person working at your facility has met  
19 these minimum requirements and has been trained through a  
20 CAMPEP-accredited program. And so that's where, you know,  
21 I thank the Committee for reviewing this, and I think this  
22 is a very important topic so that we can ensure the safety  
23 of our patients, coworkers, also the general public to make  
24 sure that we can deliver the best care possible.

25           So thank you, and I'm open to any questions.

1                   DEMOCRATIC CHAIRMAN READSHAW: Thank you, Doctor.

2 Is there questions from any Members of the Committee?

3                   Representative Day.

4                   REPRESENTATIVE DAY: Would you mind just  
5 explaining again -- I'm looking at -- just explain to us  
6 maybe in a patient's terms --

7                   DR. AVERY: Sure.

8                   REPRESENTATIVE DAY: -- what a medical physicist  
9 does. I see diagnostic radiological physics and also  
10 therapeutic application of radiological and radiation, so  
11 it's measurement and -- I don't know. Go ahead. You --

12                  DR. AVERY: The normal goal of medical physicists  
13 is to ensure patient safety, patient and public safety.  
14 That's our number-one goal. How do we achieve that? We  
15 achieve that by doing measurements on the equipment to make  
16 sure that the output is at proper levels. We do that to  
17 make sure that people have received proper training. We do  
18 that to make sure people have the proper education. But  
19 the ultimate goal is patient and public safety.

20                  REPRESENTATIVE DAY: So you're monitoring people  
21 and equipment?

22                  DR. AVERY: People, equipment, process. We also  
23 monitor the -- you can say documentation, which is  
24 available. We monitor the, I guess, training of up-and-  
25 coming students also. And so we also give the public

1 information on what is this, what does it mean, you know,  
2 to be a medical physicist, what does it mean to, you know,  
3 have radiation therapy. But again, the number-one goal of  
4 a medical physicist is safety.

5 REPRESENTATIVE DAY: Thank you. Thank you, Mr.  
6 Chairman. I have other questions that I'd like to  
7 [inaudible].

8 DEMOCRATIC CHAIRMAN READSHAW: Thank you.  
9 Representative Kortz?

10 REPRESENTATIVE KORTZ: Yes, if I could follow up,  
11 Doctor. Thank you for your testimony on this.

12 So this person is kind of an oversight on the  
13 equipment and the people that are running the equipment to  
14 make sure they're following the proper procedures,  
15 practices, and they're testing the equipment to make sure  
16 that it's not putting out too much radiation or too little?  
17 Do I understand that correctly?

18 DR. AVERY: Correct. I mean, yes. I mean, when  
19 you look at the patient treatment, it's a team effort. It  
20 involves the medical physicists; the oncologists; the  
21 radiation therapists; a dosimetrist, who does the  
22 calculation of how much radiation should be delivered; and  
23 also the nurse. So this is a team effort, and the medical  
24 physicist plays a role in that team effort.

25 So, of course, everything starts with the

1 oncologist. They come up with a prescription. So you can  
2 think of us as pharmacists. We're filling the  
3 prescription. So you want so much radiation. We make sure  
4 that that radiation is delivered based on your prescription  
5 and where you want it to be delivered. And we work with  
6 this team, the dosimetrist who is doing the calculation, to  
7 make sure that the calculation is correct, that we've  
8 double-checked it, also that the therapists are setting the  
9 patient up correctly, so once we have a plan and we want to  
10 deliver the radiation. Is the plan applied the way that we  
11 planned to do it? So the physicist is involved in that  
12 part also.

13           And then as follow-up happens -- so once you have  
14 a plan you deliver, you just don't walk away. You make  
15 sure that you follow through throughout the whole course of  
16 treatment, that the plan is being delivered. And if  
17 something happens along the line, the anatomy changes,  
18 maybe the patient loses weight and adjustments need to made  
19 so the physicist needs to intervene to know when something  
20 has changed and when we need to make an adjustment to the  
21 plan.

22           REPRESENTATIVE KORTZ: If I may, Mr. Chairman,  
23 how many medical physicists do we have in the State of  
24 Pennsylvania? Would you happen to know that number or  
25 maybe the Executive Director would know?

1 DR. AVERY: I don't have that number off -- but I  
2 don't think anyone else on my board knows that number, but  
3 I would be guessing.

4 DEMOCRATIC CHAIRMAN READSHAW: Okay. I'm  
5 sorry --

6 MR. HOWARD: Can I speak out of turn or whatever?  
7 I think it's like 400 medical physicists in the State of  
8 Pennsylvania, give or take.

9 DEMOCRATIC CHAIRMAN READSHAW: Thank you.  
10 Representative Gillespie.

11 REPRESENTATIVE GILLESPIE: Thank you,  
12 Mr. Chairman. Thank you, Doctor, for your testimony.

13 I had 34 years in health care before I got  
14 elected to the General Assembly, but my time is really  
15 dated. You had mentioned about the therapists, I believe.  
16 You said how they can prep the patient. Does that still  
17 involve like shields to protect certain parts of the body  
18 from not receiving radiation and to focus it or they're  
19 using some other process and protection at this point?

20 DR. AVERY: Well, again, it depends on the  
21 treatment. I mean, if you need to protect a certain organ  
22 at risk and then -- so, yes, some shielding may be  
23 required. If delivering the medium itself is not enough  
24 and you need additional shielding, it could be in the form  
25 of a piece of lead or a piece of acrylic or, you know,

1 whatever, but, you know, it depends on the plan really. I  
2 mean, again, there's goals that we want to set, and it's  
3 what do we need in order to reach these goals.

4 REPRESENTATIVE GILLESPIE: So would that be a  
5 role of you placing the shield or instructing the therapist  
6 on how to place the shield?

7 DR. AVERY: Depending on the complexity of the  
8 plan, if it's something really simple where we're just  
9 laying it on an area that's been tattooed or targeted, then  
10 we may not need to be there. But the physicist would make  
11 that decision during the process. Again, like when we're  
12 developing the plan, we may see that, okay, someone should  
13 be there when this shield or whatever is placed so that we  
14 know it's properly placed. And again, the role of the  
15 physicist is to assure safety, so we're involved in the  
16 whole process. So if we see that something needs more  
17 attention than maybe just the standard-type planning, then  
18 that's our job is to bring that to the attention of the  
19 physician and everyone else that's involved in planning  
20 that we need to have more supervision for this particular  
21 case due to the complexity of it.

22 REPRESENTATIVE GILLESPIE: Thank you, Mr.  
23 Chairman.

24 DEMOCRATIC CHAIRMAN READSHAW: Representative,  
25 you're recognized.

1 REPRESENTATIVE COMITTA: Thank you, Mr. Chairman.

2 Dr. Avery, could you give an example of what  
3 could be a typical problem today for patient safety where  
4 there is no licensure for medical physicists?

5 DR. AVERY: Well, one problem, if you think of,  
6 say, some breast plans may require multiple fields where  
7 fields may overlap, and so if you have two separate fields  
8 and you have an overlap, that means that one section could  
9 get twice the amount of dose, and so we would call that  
10 like a typical hot spot. And so something along those  
11 lines could cause necrosis on the skin, and so that's the  
12 typical case where you would want a physicist who was  
13 involved to make sure what we call a match line to make  
14 sure that match line was done appropriately and it was  
15 delivered appropriately and we did the proper QA for that.  
16 QA would be quality assurance, that if there is multiple  
17 fields and there's possible overlap, that we are sure that  
18 when we set the patient up and what we've done, we're not  
19 going to have a large dose of radiation in a certain spot.  
20 And so this is something that is pretty typical in a lot of  
21 breast plans.

22 DEMOCRATIC CHAIRMAN READSHAW: Thank you. Anyone  
23 else? Representative?

24 REPRESENTATIVE SONNEY: Thank you, Mr. Chairman.  
25 Thank you, Doctor.

1           Where do we find you guys? Where are you at? Do  
2 you know what I mean? Are you everywhere? Are you at  
3 hospitals? Where are you?

4           DR. AVERY: So we're anywhere where there is  
5 radiation delivered for therapeutic purpose or the  
6 diagnostic purposes. That's where you would find us.  
7 You'll also find us in government. You'll find us in  
8 industry. You will find us anywhere where there's the use  
9 of ionizing radiation. The majority of the students who  
10 graduate from the program go into clinical careers, but  
11 there are some who go with strictly research, and there are  
12 some who go into industry, and, again, some who go into  
13 government. And so I think anywhere where you find the use  
14 of ionizing radiation materials for health purposes, that's  
15 where you will find someone who has medical physics  
16 training. They may not be called a medical physicist, but  
17 they need that training in order to complete the job or the  
18 task. But more than 90 percent of us are in hospitals or  
19 clinics.

20           REPRESENTATIVE SONNEY: But currently, somebody  
21 else, some other person could be making some of those  
22 calls?

23           DR. AVERY: That's possible, yes. And I think  
24 that's why it's important to identify the person who is  
25 making that call, you know, has the proper training and the

1 proper education in order to do that. And I think that's  
2 why, you know, we're here today discussing this topic. It  
3 is possible. You could have someone --

4 REPRESENTATIVE SONNEY: I mean, do we see this as  
5 a problem? I mean, do we know of instances where, you  
6 know, it's been a problem or are we trying to just be  
7 proactive and make sure that those types of things don't  
8 happen?

9 DR. AVERY: Well, we know of instances that have  
10 happened in the past. In Pennsylvania I think that people  
11 are probably aware of even at the University of  
12 Pennsylvania we've had incidents of things that have  
13 occurred. I think what we wanted to show is that we want  
14 to, you know, be proactive and make sure that the people  
15 who are in place understand their job and their  
16 responsibility. And if you don't, then these things in the  
17 past can continue to happen. I mean, we see these things  
18 happen in other countries who don't have the same type of  
19 training or certificate that we want to establish here, and  
20 so we know -- I mean, we're human. I mean, things occur,  
21 but if you don't have the training that I described here  
22 and the practice and some of the skills necessary, then  
23 mistakes can happen, yes.

24 REPRESENTATIVE SONNEY: Thank you. Thank you,  
25 Mr. Chairman.

1 DEMOCRATIC CHAIRMAN READSHAW: Representative  
2 Harris.

3 REPRESENTATIVE HARRIS: Thank you. Thank you,  
4 Mr. Chairman. I apologize I'm a little under the weather.  
5 Who else can do the work that -- who else is currently  
6 doing the work that you guys do that's a part of your kind  
7 of team? Like is there any other specialty that can do  
8 this work or --

9 DR. AVERY: By the work, you mean the --

10 REPRESENTATIVE HARRIS: Is it like any  
11 overlapping I should say.

12 DR. AVERY: You mean the planning of the patients  
13 or the whole process I talked about earlier --

14 REPRESENTATIVE HARRIS: Yes.

15 DR. AVERY: -- with the team effort?

16 REPRESENTATIVE HARRIS: Yes.

17 DR. AVERY: No, I mean, we play a part that is  
18 unique. I think there is no one who can come in and say I  
19 can do that also. You know, if they do, then they haven't  
20 received the training that I just described.

21 REPRESENTATIVE HARRIS: But in practice, is there  
22 anyone doing that now if you're not available?

23 DR. AVERY: No.

24 REPRESENTATIVE HARRIS: Okay.

25 DR. AVERY: If we're not there, then it doesn't

1 get done.

2 REPRESENTATIVE HARRIS: Cool. Thank you.

3 Another thing I want say, Mr. Chairman, is I  
4 think one of the best things that University of Penn could  
5 have done today was to bring Steve Cobb from Philadelphia  
6 up here with you guys. Any time that we have a situation  
7 in my district with the University of Penn and with  
8 constituents and patient, Steve is the guy I would go to.  
9 So when you go back, tell your folks that that young man is  
10 doing a phenomenal job for you. Thank you, Mr. Chairman.

11 DR. AVERY: I'll do that.

12 DEMOCRATIC CHAIRMAN READSHAW: Thank you.  
13 Representative Comitta, do you have another question?

14 REPRESENTATIVE COMITTA: Yes, Thank you,  
15 Mr. Chairman.

16 A follow-up on who can provide these services.

17 DR. AVERY: Yes.

18 REPRESENTATIVE COMITTA: So you have listed the  
19 various routes that someone can take to be certified by the  
20 American Board of Radiology. I mean, basically, that's the  
21 bottom line. You can have the M.S. degree, the Ph.D. in a  
22 related field, then take additional education and end up  
23 getting certified by the American Board of Radiology?

24 DR. AVERY: Yes.

25 REPRESENTATIVE COMITTA: So can we assume that

1 anyone who is providing radiological treatment is certified  
2 by the American Board of Radiology?

3 DR. AVERY: You cannot. You cannot because right  
4 now, although I think we have these things in place, I  
5 don't know who's going to hire whoever they need. So  
6 there's nothing in place to say that that person who's  
7 making these decisions has been certified by the ABR  
8 because it's up to the employer to hire whoever he or she  
9 wants to hire.

10 REPRESENTATIVE COMITTA: So that is the heart of  
11 this bill --

12 DR. AVERY: Yes.

13 REPRESENTATIVE COMITTA: -- to make sure that  
14 only people who are certified by the American Board of  
15 Radiology and then licensed by the Commonwealth of  
16 Pennsylvania can treat --

17 DR. AVERY: Yes.

18 REPRESENTATIVE COMITTA: -- patients in  
19 radiology?

20 DR. AVERY: Correct.

21 REPRESENTATIVE COMITTA: So now, as it is now, it  
22 could be someone who's taken some courses in radiology but  
23 may not have actually achieved the level of certification  
24 that is complete and appropriate in the field?

25 DR. AVERY: Correct.

1                   REPRESENTATIVE COMITTA: Thank you.

2                   DEMOCRATIC CHAIRMAN READSHAW: Thank you very  
3 much, Doctor, for your testimony and your expertise. I  
4 invite you if your schedule permits if you would like to  
5 stay at the table until the other two gentlemen testify,  
6 you're welcome to do that.

7                   DR. AVERY: I will.

8                   DEMOCRATIC CHAIRMAN READSHAW: Next, I'd like to  
9 introduce from West Physics David Howard, Senior Medical  
10 Physicist and Philadelphia Field Office Director for West  
11 Physics. And if I may, before that testimony begins -- and  
12 I know it's coming and I'm sure that many Members of the  
13 Committee have the same thing on their minds. We thank the  
14 doctor for his educational aspects and training and  
15 recognition of these folks, but someplace -- and here  
16 again, I think it's coming -- if you could explain the day-  
17 to-day responsibilities of these individuals.

18                   So with that, thank you. Please go ahead.

19                   MR. HOWARD: So I would like to just echo  
20 everything that Dr. Avery said as far as the importance of  
21 licensure and the education involved and everything like  
22 that. He did a great job of explaining what a therapeutic  
23 physicist would do on his day to day. I am a diagnostic  
24 medical physicist, so I work on the diagnostic end, so  
25 working with radiography, fluoroscopy, mammography, CT,

1 MRI, nuclear medicine, any of those tests that you have  
2 before you actually have to begin your therapy.

3 For my day-to-day work I'll be doing a lot of  
4 testing of those machines, making sure that the radiation  
5 output is what it should be and what is appropriate for  
6 making good images for radiologists to read and diagnose  
7 with. I'll also be working with radiologists to kind of  
8 set up the protocols for those machines so that when the  
9 technologist positions the patient and presses the button  
10 to take the picture, we know that the correct picture is  
11 being taken.

12 So between those two things, I'm working with  
13 doing the quality control, making sure that the images are  
14 going to be looking the way that we need them to look and  
15 that the radiation output is acceptable is pretty much my  
16 day-to-day work. Does anybody have any questions about  
17 that?

18 The rest of my testimony pretty much echoes what  
19 Dr. Avery said in his introductory part, so I don't want to  
20 just be up here repeating everything.

21 DEMOCRATIC CHAIRMAN READSHAW: All right. I was  
22 still reading through your testimony --

23 MR. HOWARD: Oh, that's fine.

24 DEMOCRATIC CHAIRMAN READSHAW: -- and I assume  
25 others are also.

1 MR. HOWARD: Yes.

2 DEMOCRATIC CHAIRMAN READSHAW: Representative  
3 Kortz.

4 REPRESENTATIVE KORTZ: Thank you for your  
5 testimony, Dr. Howard.

6 So I assume you have a whole bag of tools.  
7 You're going in there with some type of plates and you're  
8 reading the gamma rays or picocuries or whatever you're  
9 reading to see the output. And obviously, there's probably  
10 a nominal, a plus or minus --

11 MR. HOWARD: Right.

12 REPRESENTATIVE KORTZ: -- right?

13 MR. HOWARD: Yes.

14 REPRESENTATIVE KORTZ: What do you do when it's  
15 out of that range?

16 MR. HOWARD: When it's out of that range, there's  
17 different ways to identify what is making it out of that  
18 range, so we'll identify that and we'll work with the  
19 equipment manufacturer or some sort of service engineer to  
20 make sure that that is replaced or fixed or whatever needs  
21 to be done to make sure that the radiation levels are back  
22 to what --

23 REPRESENTATIVE KORTZ: Okay. That's where I was  
24 going. You don't actually fix the equipment. You're  
25 auditing the equipment to make sure that it's in

1 calibration.

2 MR. HOWARD: Yes. And --

3 REPRESENTATIVE KORTZ: Is that correct?

4 MR. HOWARD: -- working with the people who fix  
5 it to make sure that they're --

6 REPRESENTATIVE KORTZ: And do you work with them  
7 when they come in?

8 MR. HOWARD: I'll usually -- you know, if I'm  
9 around, I'll stick around and I'll kind of say like this is  
10 what I found so this is what it could be or I'll just leave  
11 a report with them and, you know, be available for them to  
12 call me and say, "So what did you see there? Like what is  
13 out of spec?" And I will be able to walk them through.

14 REPRESENTATIVE KORTZ: Okay. Now, how often do  
15 you find a faulty piece of equipment?

16 MR. HOWARD: It depends on the modality.  
17 Mammography has stricter rules because they are used as,  
18 you know, a screening thing so we don't know if the patient  
19 is actually sick. We're just giving mammographies to every  
20 woman over the age of 40. So the specifications for what's  
21 going to fail on that is a lot tighter because we don't  
22 want to be giving healthy patient more radiation than they  
23 need. So I would say maybe like 15 percent of  
24 mammographies will have something wrong with them, and then  
25 lower for the other modalities.

1           REPRESENTATIVE KORTZ: And if I may, one last  
2 question, Mr. Chairman. How often do you test the  
3 equipment? Is it once a week, once a month, once a day?

4           MR. HOWARD: So a thorough investigation is done  
5 once a year, every piece of equipment. Different States  
6 have different, you know, limits on that, but in  
7 Pennsylvania it's once a year for CT, rad, fluoro,  
8 mammography.

9           REPRESENTATIVE KORTZ: Okay. Thank you. Thank  
10 you, Mr. Chairman.

11          DEMOCRATIC CHAIRMAN READSHAW: Representative  
12 Day.

13          REPRESENTATIVE DAY: Thank you, Mr. Chairman.  
14 And thank you all for your testimony. I really appreciate  
15 you being here.

16          I'm curious. Are medical physicists required by  
17 law now or by insurance or hospitals for liability? Like  
18 are you required to be part of the process or is it just  
19 something that has --

20          MR. HOWARD: So right now for reimbursement, I  
21 can only talk from the diagnostic end, but, say, like if a  
22 hospital or an outpatient imaging center has a CT machine  
23 and they want to get reimbursed by Medicare for that, they  
24 need to be accredited by an accrediting body, so that's  
25 either the ACR, the American College of Radiology, or for a

1 lot of hospitals it's a joint commission. And both those  
2 bodies require a qualified medical physicist to do an  
3 annual survey.

4 REPRESENTATIVE DAY: So the facility and the  
5 machine has to be accredited, not the --

6 MR. HOWARD: Yes, the facility --

7 REPRESENTATIVE DAY: -- x-ray tech --

8 MR. HOWARD: Right.

9 REPRESENTATIVE DAY: -- or not the technician,  
10 right?

11 MR. HOWARD: Right. But to be accredited by  
12 those bodies, they set specifications for the personnel.

13 REPRESENTATIVE DAY: And then I was going to ask  
14 you -- you kind of answered it I guess but billing for  
15 insurance, Medicare, Medicaid, are you billed as a team or  
16 are you billed as a medical physicist? How does that work  
17 there?

18 MR. HOWARD: So I don't work for a -- like I work  
19 for an organization that, you know, has a lot of different  
20 clients at our different hospitals and outpatient centers,  
21 so we don't really work with the billing on the Medicare  
22 side. You know, we'll bill the hospital or the outpatient  
23 imaging center, and then they will, you know -- yes,  
24 they'll work with Medicare to get reimbursed per scan  
25 pretty much is what they do.

1           REPRESENTATIVE DAY: Two questions, then I'm  
2 looking for a real short answer just so I can get it back  
3 to the rest of my colleagues to ask questions. Where are  
4 the programs that provide the doctorate or any of the  
5 training for this? So I'm looking for answers like Penn --

6           MR. HOWARD: I actually saw a list here. Someone  
7 attached it.

8           REPRESENTATIVE DAY: Oh, is it --

9           MR. HOWARD: It's at the very end. In  
10 Pennsylvania, the only graduate school program is the  
11 University of Pennsylvania, but there are also residency  
12 programs at Thomas Jefferson, Fox Chase Cancer Center, and  
13 UPMC, as well as --

14          REPRESENTATIVE DAY: And you say that's in our  
15 packets --

16          MR. HOWARD: Yes, it's like the last --

17          REPRESENTATIVE DAY: -- and in your testimony?

18          MR. HOWARD: -- page, it says CAMPEP-accredited  
19 residence programs in medical physics, and I think there's  
20 another one for graduate programs, but I could be wrong.

21          REPRESENTATIVE DAY: And the other, you know,  
22 short -- looking for more the short -- who would oppose  
23 licensure for this? I don't think we have opposition here  
24 today, but I'm just curious. Who would oppose that?

25          MR. HOWARD: I think we do have opposition here

1 today.

2 MR. KING: Yes.

3 REPRESENTATIVE DAY: Oh, do we have --

4 MR. KING: Yes, in my testimony, I just discuss a  
5 little differences of --

6 REPRESENTATIVE DAY: Okay.

7 MR. KING: -- opinion. That's all.

8 REPRESENTATIVE DAY: Then I'll wait for your  
9 testimony. Thank you for your answers. I appreciate it.

10 DR. AVERY: May I have --

11 REPRESENTATIVE DAY: Oh, sure.

12 DR. AVERY: -- a quick answer because you  
13 mentioned who -- the physicists, are they required to be  
14 there. For some of our special treatments like  
15 brachytherapy is one where the source is actually delivered  
16 right to the location. A medical physicist has to be  
17 present. And also we sign off on all of the charts that  
18 the patient have to say that it was approved by a physicist  
19 before we can even treat a patient. And so the physicist  
20 has to do that before --

21 REPRESENTATIVE DAY: Do you know why they have to  
22 be there? Is it law or just liability through the  
23 insurance companies, you know, that they don't want  
24 liability?

25 DR. AVERY: I think it's a regulation, an R.C.

1 regulation that physicists have to be there. And also I  
2 guess to your question in the back, we do daily, monthly,  
3 and annual testing of equipment, but some equipment may be  
4 annual, but we do measurements every day, as well as  
5 monthly on our equipment.

6 REPRESENTATIVE DAY: Thank you for your answers.  
7 Thank you, Mr. Chair.

8 DEMOCRATIC CHAIRMAN READSHAW: Seeing no other  
9 questions, we thank you, Mr. Howard and Doctor, for  
10 providing further information. And some mentioned packets,  
11 and I'd just like to draw your attention that you should  
12 peruse the information in those packets. One which you may  
13 find -- I'm sure you'll find all of them interesting, but  
14 there's one in there from the *New York Times* which says  
15 they check the medical equipment, but who is checking on  
16 them? And there's other information in there that you may  
17 find interesting.

18 Thank you, Mr. Howard, again for your testimony.  
19 And I would ask Mr. Steven King, Director, Division of  
20 Health Physics, Department of Radiology, Penn State Health,  
21 Milton S. Hershey Medical Center -- I recognize you, sir,  
22 and I thank you for being here, and you may begin your  
23 testimony.

24 MR. KING: Good afternoon, Chairman Readshaw and  
25 Members of the House Professional Licensure Committee.

1 Thank you for allowing me to testify regarding House Bill  
2 1344. I appreciate it.

3 My name is Steve King, and I'm a Director of  
4 Health Physics and the radiation safety officer for Penn  
5 State, Milton S. Hershey Medical Center in Hershey, PA.  
6 I've worked at the medical center for 35 years now, and I'm  
7 a faculty member of the Department of Radiology. I'm  
8 active nationally in the American Association of Physicists  
9 in Medicine, and I'm currently the Chair of the Examination  
10 Panel in Medical Health Physics for the American Board of  
11 Medical Physics, and I'm the Treasurer-elect of the Health  
12 Physics Society.

13 I was appointed to Secretary of the DEP to serve  
14 on the Pennsylvania Radiation Protection Advisory  
15 Committee, the RPAC Committee. This Committee was created  
16 to assist the Department in drafting rules and regulations  
17 and to advise the Department regarding implementation of  
18 specific portions of the regulations or specific programs  
19 of the Department. I'm also an international atomic energy  
20 expert and supporting capacity in developing countries, and  
21 I am a medical editor for "Ask the Editor" for the Health  
22 Physics Society, and we answer questions that patient have  
23 on radiation.

24 My comments only pertain to myself and my  
25 association with Penn State Hershey Medical Center.

1           And you had two people give you information, one  
2 on therapeutic physics and one on diagnostic. I'm both a  
3 diagnostic physicist and I'm a medical health physicist, so  
4 that's another physicist. It's interesting when I'm at a  
5 dinner party and they ask what I do for a living. I  
6 usually say I'm a scientist. Exactly.

7           So medical health physics practice radiation  
8 safety. I'm in charge of a very large facility. I take  
9 care of all the licensing. I take care of the training of  
10 everyone in their use of radioactive materials and  
11 radiation-producing equipment. I train physicians. I  
12 train technologists. I work with the Patient Safety  
13 Committee. We work with the Nuclear Medicine Department,  
14 the technologists, so we're over the entire Hershey Medical  
15 Center, the entire facility.

16           In addition to the daily duties that the  
17 gentleman next to me talked to, as a health physicist, on a  
18 daily basis I'm going around the facility to make sure that  
19 things are being done in a correct manner. One of the  
20 things that is very powerful is the NRC has given us a  
21 statement from our management that states in my instance  
22 that I'm responsible for radiation safety of every person  
23 coming into the medical center, every worker and every  
24 patient. If I don't like the way something is going, I can  
25 stop the process.

1           I have a Radiation Safety Committee that looks at  
2 all of my actions. We go over it, we discuss it, and it's  
3 a very tightly regulated community, and it works very well,  
4 at least in my institution.

5           My testimony was forward to the Committee earlier  
6 last week, and it contained conditions for hospitals to be  
7 able to collect Medicare payments for radiology-based  
8 exams, and I think we already discussed a little bit of  
9 that.

10           So in addition, I think we heard Dr. Avery talk  
11 about the correct degrees, the accreditations, accredited  
12 degrees, the residencies, and the certification that's  
13 required, and I would really challenge anyone to go to a  
14 medical center or a large area that doesn't have an  
15 accredited certified person working. That would be a  
16 liability for the organization to take on. And I'm not  
17 going to say I don't know that it's 100 percent, but I'd be  
18 very surprised.

19           All the physicists -- and we have nine now in our  
20 medical center -- have all been through accreditation.  
21 They're certified and have the correct degrees.

22           One of the things that I have to do to maintain  
23 my certification is continually attend meetings, read  
24 papers, produce papers and presentations so that my  
25 professional skills keep pace with new developments. When

1 you take care of many different pieces of equipment, like  
2 was described before and is varied, I have so many  
3 different certifications and different places that check on  
4 me, it sometimes gets a little maddening. And I need to  
5 attend different presentations and accumulate various  
6 credit categories. This is part of my profession, and I  
7 willingly give up four or five weekends a year going to  
8 meetings and gathering this credit.

9           The regulatory community looks into a physicist's  
10 background to determine if this individual can function as  
11 a qualified medical physicist. The State, DEP, Bureau of  
12 Radiation Protection personally checks each and every  
13 person's credentials who measures x-ray equipment in the  
14 State. And I verified this talking to Dr. David Allard two  
15 days ago.

16           The Joint Commission checks physicists'  
17 qualifications for checking certain pieces of equipment.  
18 The U.S. Food and Drug Administration checks physicists'  
19 qualifications to check mammography equipment, and the NRC,  
20 the Nuclear Regulatory Commission and such the Pennsylvania  
21 Bureau of Radiation Protection acts as an agreement state,  
22 checks out the qualifications of anyone wanting to be a  
23 radiation safety officer.

24           So I'm asking the Committee to consider the  
25 already substantial educational, professional, and

1 regulatory checks and balances that are currently levied  
2 towards this profession, and I'd be happy to answer any  
3 questions now or later. And I truly appreciate the  
4 opportunity to talk to you all.

5 DEMOCRATIC CHAIRMAN READSHAW: Thank you very  
6 much for your testimony. Questions, Representative Day?

7 REPRESENTATIVE DAY: Thank you. Thank you for  
8 your testimony. So your testimony is that they're fairly  
9 highly regulated already?

10 MR. KING: Yes, sir.

11 REPRESENTATIVE DAY: So you talked about  
12 Pennsylvania's DEP checks into the regulations of people,  
13 the physicists?

14 MR. KING: Checks the qualifications, correct.

15 REPRESENTATIVE DAY: Joint Commission checks in  
16 on equipment?

17 MR. KING: And the qualifications of the  
18 physicists.

19 REPRESENTATIVE DAY: And the qualifications of  
20 the people.

21 MR. KING: Correct.

22 REPRESENTATIVE DAY: The NRC checks on the  
23 qualifications of the people --

24 MR. KING: Correct.

25 REPRESENTATIVE DAY: -- and the equipment?

1           MR. KING: No, just the qualifications of the  
2 people. Right. The FDA checks the qualifications of the  
3 physicists as well.

4           REPRESENTATIVE DAY: One of the things with  
5 licensure is that it allows Pennsylvanians to, you know,  
6 apply a complaint in the area and the board to review it.  
7 Can a patient, you know, or an attorney for that patient,  
8 you know, the same thing with all these bodies? Can they  
9 lodge a complaint and have that -- is that function there  
10 like it is with the Board of Licensure?

11          MR. KING: You know, I don't know that for  
12 certain. I know that for the FDA you can lodge a complaint  
13 directly with the FDA, and they'll react to that. I don't  
14 know about the State, though.

15          REPRESENTATIVE DAY: [inaudible] do you know what  
16 I'm talking about, that function that a board provides?  
17 Would these other agencies have the same mechanism or not?

18          MR. KING: I don't know.

19          REPRESENTATIVE DAY: Okay.

20          MR. KING: I'd have to look into it.

21          REPRESENTATIVE DAY: Well, thanks. I didn't want  
22 to put you guys on the spot. That's all of my questions.  
23 I was going to ask you about other States. You said  
24 there's four in your testimony. There's four --

25          MR. KING: That are licensed --

1 REPRESENTATIVE DAY: -- other States, right --

2 MR. KING: -- right.

3 REPRESENTATIVE DAY: -- that have it?

4 MR. KING: Correct.

5 REPRESENTATIVE DAY: You feel like your industry  
6 is well-regulated by many different agencies. Do you see  
7 any value in bringing it all under one Board of Licensure  
8 at the Commonwealth of Pennsylvania?

9 MR. KING: At this time I don't see a value in  
10 having another group look at all my qualifications that are  
11 already being looked at by other groups and then charging  
12 me a fee on an annual basis.

13 REPRESENTATIVE DAY: Do all these other agencies  
14 require continuing education or not?

15 MR. KING: Yes.

16 REPRESENTATIVE DAY: Which one do you know for  
17 sure requires --

18 MR. KING: All of them because --

19 REPRESENTATIVE DAY: All of them?

20 MR. KING: Yes, that's why I spend my time  
21 collecting --

22 REPRESENTATIVE DAY: And do we know whether --

23 MR. KING: -- credits.

24 REPRESENTATIVE DAY: -- the Board would require  
25 an additional set of continuing education or would the

1 Board accept that continuing education as [inaudible]. I  
2 don't know if you guys know that issue.

3 MR. HOWARD: I'm not sure.

4 REPRESENTATIVE DAY: Okay. Thank you all for  
5 being here. This is quite tough for us to, you know,  
6 understand the issue and then decide whether licensure is  
7 required, and it's very helpful that you're here to help  
8 us, so thank you very much. And thank you, Mr. Chairman.

9 DEMOCRATIC CHAIRMAN READSHAW: Thank you. I  
10 recognize Representation Kortz.

11 REPRESENTATIVE KORTZ: Thank you, Mr. Chairman.  
12 And thank you, sir, for your testimony.

13 Your very last paragraph you talk about the  
14 confusion that may come about if House Bill 1344 becomes  
15 law. I'm curious; the other four States that have it, do  
16 they have the same confusion? Is there a mixed bag there?  
17 Do you talk with your colleagues in these other States, and  
18 what have you found?

19 MR. KING: This is my personal belief from --  
20 people that I talked to in other States feel that it is  
21 just an added regulatory layer that they have to deal with,  
22 and they have no choice. They have to deal with it.

23 REPRESENTATIVE KORTZ: Okay. And how long have  
24 these other four States had licensure? Are you aware of  
25 the amount of time?

1           MR. KING: I think New York's had it for quite  
2 some time. You can help me out. I don't know the others.  
3 I know Hawaii might be --

4           MR. HOWARD: Yes, Texas, Hawaii, Florida.

5           MR. KING: Hawaii might be recent but --

6           MR. HOWARD: New York. Yes, I'm not sure about  
7 Hawaii, but, yes, New York has been for a while.

8           REPRESENTATIVE KORTZ: Okay. Okay. Thank you.  
9 Thank you, Mr. Chairman.

10          DEMOCRATIC CHAIRMAN READSHAW: Representative  
11 Comitta.

12          REPRESENTATIVE COMITTA: Thank you, Mr. Chairman.

13          And thank you, Dr. King. So we have written  
14 testimony here from Peter Speaks, the Deputy Secretary for  
15 Regulatory Programs, Pennsylvania Department of State, who  
16 is not here to present, but we have it in writing. And of  
17 course the Department of State's concerns about adding a  
18 licensure for medical physicists are the same as anyone  
19 coming forward to ask for licensure. And the five things  
20 they include are whether licensure will support the health,  
21 safety, and well-being of its citizens. I don't know, I'd  
22 like to know if anybody thinks it would hurt it. But  
23 number two is the cost of regulating the profession is  
24 always a concern. Three, the effect on the availability of  
25 practitioners of the profession, which I should think, you

1 know, could be a concern, but if you have to be certified,  
2 maybe it's not. Four, the need for minimum standards and  
3 continuing education, which is good in any medical  
4 profession, any profession at all. And five is whether  
5 less burdensome alternatives to licensure exist. And I  
6 think that, Dr. King, that you're suggesting that perhaps  
7 licensure would be more burdensome than is necessary.

8 And so I wanted to ask -- so there were four  
9 other States that require licensure of medical physicists,  
10 27 States that require only registration. And Peter Speaks  
11 says, "The anticipated population of licensees in  
12 Pennsylvania would be approximately 1-2,000," so unless we  
13 got the wrong, you know, population of providers, I don't  
14 know, but that's what he's saying.

15 MR. HOWARD: I think I saw that there's 900  
16 registered physicists in the AAPM, so if there's 9,000 in  
17 the entire country, I don't think we have --

18 REPRESENTATIVE COMITTA: No, 1-2,000 in  
19 Pennsylvania.

20 MR. HOWARD: Yes, right, so I'm not sure if that  
21 number is --

22 REPRESENTATIVE COMITTA: Okay.

23 MR. HOWARD: I think that might be high.

24 REPRESENTATIVE COMITTA: Okay. Well, then his  
25 point would be even more strongly taken. He says, "The

1 anticipated population of licensees, approximately 1-2,000,  
2 would make the implementation of a 30th licensing board for  
3 such a small population extremely cost prohibitive." So  
4 that answers, you know, the cost or that's a consideration.

5 And it's great that we have two people testifying  
6 today who see a need for licensure and one who doesn't  
7 because this is how we can get at -- how is that three of  
8 you in the same field don't all say, you know, three thumbs  
9 up on licensure. So I would like if you could explain what  
10 is the difference between certification, registration, and  
11 licensure?

12 MR. KING: So if I look at the professional  
13 bodies, the AAPM, the Health Physics Society, and the  
14 American Board of Medical Physics, in order to be  
15 certified, you have to have a certain educational  
16 background, experience, and then take and pass an exam that  
17 makes sure that you're competent and qualified. Licensure  
18 may or may not require that. I don't know from -- I have  
19 not read New York or Florida or Texas or Hawaii. I don't  
20 understand what they're actually requiring. They may or  
21 may not require certification. I would assume they would  
22 since that's pretty much the definition of a qualified  
23 medical physicist that we use with the AAPM. And then, I'm  
24 sorry the --

25 REPRESENTATIVE COMITTA: Registration.

1           MR. KING: -- registration like a registered x-  
2 ray tech would just be to indicate to the State that you  
3 have this qualification, you've taken the exam, and that  
4 you are part of a registered group that can be included.  
5 For example, if someone were to be taking x-ray, you know,  
6 this is not a physicist, this is an x-ray tech, they'd be a  
7 registered tech, they would be on a list that the State  
8 keeps, and then we would make sure that that person keeps  
9 up the registration, keeps paying their money, and that  
10 type of thing, makes sure that they get their credentials  
11 reinstated once a year.

12           REPRESENTATIVE COMITTA: Mr. Chairman, may I ask  
13 another question?

14           DEMOCRATIC CHAIRMAN READSHAW: Yes, you may.

15           REPRESENTATIVE COMITTA: And may I ask it of all  
16 three?

17           DEMOCRATIC CHAIRMAN READSHAW: Do I have time to  
18 think about that? Yes, go ahead, please.

19           REPRESENTATIVE COMITTA: And we'll certainly let  
20 Dr. King go first since you're testifying. What are the  
21 requirements for someone to provide radiology, either  
22 therapeutic or diagnostic, relative to certification,  
23 registration -- well, there isn't licensure in Pennsylvania  
24 -- and can anyone practice radiology without certification?  
25 Do we have registration in Pennsylvania? No, we just have

1 certification. Okay. Okay. So can anyone practice  
2 radiology without certification in Pennsylvania?

3 MR. KING: So you're referring to medical physics  
4 regarding radiology. So in my institution I have a  
5 gentleman that I have trained to work on fluoroscopy and x-  
6 ray equipment under my oversight. So he has been working  
7 on it for about 25, 26 years now. He's an x-ray tech.  
8 he's not a physicist. I would not consider him a  
9 physicist, although I would consider him to be as learned  
10 as many of the physicists I know. However, I don't let his  
11 checking of equipment go by without me looking at it and  
12 verifying that it's done correctly. Any of the other  
13 equipment that we work on, CT, nuclear medicine, MRI, and  
14 mammography must be done by a certified, competent,  
15 qualified medical physicist.

16 So there are regulations that go on with those --  
17 the ability to check the other equipment that -- there are  
18 some circumstances you might not have to be certified if  
19 you've been working on the equipment for so long they've  
20 grandfathered you. So if you've been working for 50 years  
21 on equipment and you've been doing it and you're probably  
22 the expert, you can qualify as an expert and not have to be  
23 certified. But the population of those people is becoming  
24 lower and lower and lower because certification was  
25 required about eight years ago I believe. Yes, about eight

1 years ago for everyone in CT, MRI, and for nuclear  
2 medicine.

3 REPRESENTATIVE COMITTA: Would you agree?

4 MR. HOWARD: Yes, if I could interject. When you  
5 said eight years ago when certification started to be  
6 required, that was because of the ABRs. We were talking  
7 with the Medicare reimbursement before. They changed their  
8 rules for Medicare reimbursement that you needed to have  
9 board-certified physicists.

10 DR. AVERY: And to answer your question, for us  
11 it would be no. I mean, if you're not board-certified, you  
12 cannot work independently. You have to work underneath  
13 someone who is a qualified medical physicist, same thing  
14 that he was suggesting. For us, you can have -- that  
15 person can only take it to a certain point, but then it  
16 stops there, and a qualified medical physicist can only  
17 finish it. For example, if we have a treatment plan, it's  
18 only the qualified medical physicist that can give the  
19 approval to turn the beam on to treat that patient. If you  
20 don't have that, you don't have those rights to make that  
21 decision. And so they can be involved in the process, but  
22 they can't make the final decision to say, yes, this plan  
23 is appropriate, we can treat this patient, and I'm going to  
24 sign my name on it.

25 Or if you buy a new piece of equipment, a LINAC

1 that treats a patient, you have to be a qualified medical  
2 physicist to sign off on those papers to accept that piece  
3 of equipment. If you don't have that, you can't accept  
4 that equipment. So, again, you may have the understanding  
5 and training but you can only take it so far without that  
6 certification.

7 REPRESENTATIVE COMITTA: Mr. Chair, I have other  
8 questions, but I will hold off until my colleagues ask  
9 theirs.

10 DEMOCRATIC CHAIRMAN READSHAW: Thank you.

11 I would like to ask Mr. Howard if you would like  
12 to respond from a medical physicist's point of view about  
13 the statements or the belief that there is no more  
14 regulations or oversight needed. I assume you have  
15 definite feelings about that?

16 MR. HOWARD: Yes, especially just for the State  
17 of Pennsylvania. I am registered and licensed in over 30  
18 States, including -- I have a licensure in New York. I was  
19 shocked when I began working here that Pennsylvania was one  
20 of like the few States that you didn't even have to  
21 register. So you asked how many physicists are operating  
22 in the State. We don't know because, you know, we don't  
23 even have to tell anybody that we're operating as medical  
24 physicists here. So I just think that compared to our  
25 neighbors and any other State that has registration and

1 licensure, I don't think anybody in those States thinks  
2 it's a bad thing for them to have medical physicists  
3 registered.

4           As a licensed physicist in New York, I do think  
5 that there is a definite advantage to having a licensure  
6 board. I see that there's more communication amongst  
7 physicists in New York. There's, you know, meetings and  
8 emails that I get from the State of New York that I don't  
9 see from other States, and I think the licensing board has  
10 a positive effect on that.

11           DEMOCRATIC CHAIRMAN READSHAW: Okay. Thank you.  
12 You may not be able to answer this. Of all the medical  
13 physicists -- and I don't know how you communicate or how  
14 you come in contact with them professionally, but out of  
15 the 400, would you say the vast majority of them would seek  
16 licensure or want licensure? Or I don't know if you've  
17 interacted with them and asked that question, but it would  
18 be an interesting response to hear.

19           MR. HOWARD: I recently got a poll from my local  
20 AAPM division, and I haven't heard the results, so I don't  
21 know.

22           REPRESENTATIVE COMITTA: [inaudible].

23           MR. HOWARD: Yes, right, I'll let you know.

24           DEMOCRATIC CHAIRMAN READSHAW: Well, we'd  
25 appreciate you sharing the results when it comes in.

1           With that, I recognize Representative Kortz.

2           REPRESENTATIVE KORTZ: Thank you, Mr. Chairman.

3           And a question for all three of you. My dentist  
4 has an x-ray machine. The chiropractor has an x-ray  
5 machine, podiatrist. Do you guys contract out to these  
6 folks to sign off of these machines? How does that work?  
7 What happens in that case?

8           MR. HOWARD: So for a chiropractor office, they  
9 have like an actual x-ray machine. That needs to be tested  
10 regularly just like any other doctor's office or any other  
11 hospital that has an x-ray machine. Dental x-rays are a  
12 little bit lower radiation so they're not as tightly  
13 regulated as the other ones, but I test hundreds of dental  
14 x-rays every year.

15           REPRESENTATIVE KORTZ: Okay. So you do contract  
16 out? Okay. And what is that, they have to get once a year  
17 or once a month?

18           MR. HOWARD: It depends on where, you know, what  
19 State it's in, but it's definitely not once a month. It's  
20 once a year in some places. It's once every other year in  
21 other places.

22           REPRESENTATIVE KORTZ: Okay. So the bottom line  
23 is these machines are getting checked?

24           MR. HOWARD: Yes, they're being checked.

25           REPRESENTATIVE KORTZ: Okay. I was just curious.

1 MR. HOWARD: Yes.

2 REPRESENTATIVE KORTZ: You're talking about this  
3 checking of equipment.

4 MR. HOWARD: Yes.

5 REPRESENTATIVE KORTZ: All right. Thank you.  
6 Thank you, Mr. Chairman.

7 DEMOCRATIC CHAIRMAN READSHAW: Representative  
8 Comitta, are you prepared to continue?

9 REPRESENTATIVE COMITTA: Thank you, Mr. Chairman.

10 And this is a question for all three. So there's  
11 certification and then there's registration, so  
12 certification would be the first level of proficiency let's  
13 say or oversight, registration the second level, and  
14 licensure the third? What are the differences and what  
15 would be the advantage of requiring not only certification  
16 but registration and then perhaps licensure?

17 MR. KING: Well, so my certification is my  
18 professional background, the exams that I've taken and the  
19 credits that I keep up. If I were to register with the  
20 State, I would just merely tell the State that I'm working  
21 as a physicist in the State so they have my name, my  
22 address, my phone number, could contact me.

23 As it is, since I work at the medical center,  
24 they know who I am. I've been there a long time and we  
25 interact quite freely. And then licensure would just be

1 another added assurance if you may that I have some of the  
2 qualifications on top of the certification that I already  
3 have right now. So I think the registration is just merely  
4 putting your name in so the State knows who you are.

5 MR. HOWARD: Whereas I think licensure would be  
6 more active oversight.

7 DR. AVERY: The other part, too, with  
8 certification is once you take courses to stay up to date,  
9 call it maintenance of certification, if those things lag,  
10 they can actually take your certification until you bring  
11 things up to where they should be. And I don't know if  
12 that information goes out to people that, okay, this person  
13 may have lost their certification because they didn't  
14 maintain it. So that's information that I'm not sure the  
15 Committee may be aware of is that that can happen to an  
16 individual.

17 REPRESENTATIVE COMITTA: And would the employer  
18 or a prospective employer know that, that the certification  
19 had expired or was not up to date without licensure?

20 DR. AVERY: Yes, they would know that because  
21 they would be required to make up the credits needed or  
22 make up a project in order to reinstate your certification.  
23 So I mean, that's also part of the -- they can take it away  
24 from you until you have reached the number of credits  
25 necessary to maintain that certification.

1           MR. KING: The other thing that I was going to  
2 mention is I just recently took -- we have to take a series  
3 of exams every year from my employer, and one of the  
4 requirements is to follow the professional ethics of my  
5 certification boards. It's a requirement from my employer,  
6 Penn State. So that means I have to go back to the other  
7 certification boards. And what does it say? It says I'm  
8 going to practice within what I'm competent and qualified  
9 for, I'm not going to lie, I'm not going to do these other  
10 things that you're not supposed to do. And it's part of me  
11 being employed. And if I violated any of that, I'd be  
12 justly fired from my position.

13           REPRESENTATIVE COMITTA: Thank you. Mr.  
14 Chairman, may I ask one more question?

15           DEMOCRATIC CHAIRMAN READSHAW: Yes, you may ask  
16 one more question.

17           REPRESENTATIVE COMITTA: Thank you. So let's say  
18 licensure was not on the table because it's too expensive  
19 because there's not enough -- let's just say that that was  
20 not going to happen. Is there anything -- is it  
21 registration or is it something else that would resolve the  
22 issues that two of our panelists have expressed that would  
23 make treatment safer for the patient?

24           MR. HOWARD: I mean, if licensure wasn't an  
25 option, registration would definitely be a step in the

1 right direction.

2 MR. KING: Yes, I agree with that.

3 DR. AVERY: I think also each State has different  
4 types of modalities. Pennsylvania, you know, we have  
5 proton therapy. Not every State has that. And so I think  
6 that that -- you know, you want to make sure that you have  
7 the proper people in place in order to administer that type  
8 of treatment, although more and more people are getting  
9 this type of modality.

10 I think it's important for the State to ensure  
11 that, okay, these people are the right people in place  
12 because it is fairly new. There are not a lot of people  
13 that have access to this type of technology, and so as  
14 places do come up, you want to make sure that these people  
15 are properly trained, you know, to use this type of  
16 equipment for patient treatment.

17 MR. KING: And to be honest with you, I think  
18 making sure you're registered, it's an interesting thought  
19 process because many of the places -- for example, my own,  
20 we have our own in-house physicists that work on a daily  
21 basis on the issues and problems that are confronting us,  
22 so if you have to hire in a group from the outside, it's  
23 not economically feasible to bring them in on a very  
24 frequent basis. It would cost you a lot of money to do  
25 that, and if you have a lot of equipment, it might not be

1 necessary to actually get it done. So we have a different  
2 way of looking at how we attack our equipment and how we  
3 make sure that it's working correctly.

4           So I think that in my own perspective the State  
5 knows who I am, knows who my people are, and knows the  
6 quality of our work, but in the case of a small hospital  
7 somewhere that needed to hire someone in, maybe having  
8 someone registered wouldn't be a bad idea so they knew who  
9 they were, although I have been told by the State that they  
10 do check on the qualifications of people who sign their  
11 name on each piece of equipment so that they know who they  
12 are. Whether or not that's actually true, I don't know.  
13 I've asked and been told that.

14           REPRESENTATIVE COMITTA: Mr. Chairman, just one  
15 last question if you would permit.

16           DEMOCRATIC CHAIRMAN READSHAW: Representative, on  
17 a lighter note, you're sounding like my wife, but go right  
18 ahead.

19           REPRESENTATIVE COMITTA: Thank you. She must be  
20 very, very smart. I don't leave any stone unturned. No, I  
21 mean, we have three professionals here and we're not going  
22 to have this opportunity again. And so following on --  
23 well, we might but we may not have each of you.

24           Following on Peter Speaks, Deputy Secretary of  
25 Regulatory Programs from Department of State, number three

1 on how they -- you know, deciding whether to support  
2 licensure for a new board is the effect on the availability  
3 of practitioners of the profession. How would a licensure  
4 -- I would expect registration would be like pretty much a  
5 no-brainer and not a lot of time consumed, but what would a  
6 requirement of licensure, what effect would it have on the  
7 availability of practitioners in this profession?

8 MR. HOWARD: I think the only effect on the  
9 availability of practitioners would be maybe removing some  
10 practitioners that are practicing that aren't qualified is  
11 what would be -- I don't think the couple hundred dollars a  
12 year would make somebody not want to be a medical physicist  
13 anymore. I think all it would do is maybe remove some  
14 people who wouldn't be able to qualify for the licensure.

15 DR. AVERY: I think that I guess -- yes, I agree  
16 because there's people that are still going through I guess  
17 the process. Until you become a qualified medical  
18 physicist, you may still be going through the board  
19 process. I don't think that is going to I guess affect the  
20 number of medical physicists. I believe that's the  
21 question, is it going to affect --

22 REPRESENTATIVE COMMITTEE: Yes.

23 DR. AVERY: -- the overall number? No, because  
24 what really drives that is the amount of residency  
25 positions because you have to have that residency in order

1 to take the next step, so that controls. Similar to  
2 medical school, that really controls the number of medical  
3 physicists coming into the field.

4 MR. KING: And at this point we're not super  
5 abundant in the amount of physicists available, especially  
6 imaging physicists. I don't know what, you know, adding a  
7 couple hundred to a couple thousand dollars on an annual  
8 basis would do to your thought process of coming to  
9 Pennsylvania or not. I would think groups, you know, that  
10 have large groups of physicists might -- you know, you can  
11 incur pretty good cost to their bottom line to have to  
12 license every single physicist in every single State that  
13 they could possibly be going to, but I don't have that  
14 problem because I only practice in Hershey, Pennsylvania,  
15 so --

16 REPRESENTATIVE COMITTA: Thank you.

17 DEMOCRATIC CHAIRMAN READSHAW: I'd like to  
18 recognize Representative Kortz.

19 REPRESENTATIVE KORTZ: Thank you, Mr. Chairman,  
20 for the last time. Gentlemen, again, thank you for your  
21 testimony.

22 It was mentioned a little while ago that if  
23 licensure is not available that registration would be a  
24 good first step. Who would you register with, the DEP,  
25 Department of Health? What's your suggestion?

1           MR. HOWARD: I would think the DEP because they  
2           oversee -- as far as diagnostic goes, they oversee all the  
3           diagnostic equipment. I would think that that would be  
4           logical department.

5           REPRESENTATIVE KORTZ: Okay. Thank you. Thank  
6           you, Mr. Chairman.

7           DEMOCRATIC CHAIRMAN READSHAW: Thank you. Are  
8           there any other questions from Committee Members?

9           Representative Day?

10          REPRESENTATIVE DAY: Chairman, I anticipate that  
11          because it's such a small number of people that would be  
12          licensed that it wouldn't be covering the licensure cost to  
13          have a licensure board, that we may run into problems with  
14          our colleagues in the Legislature due to that fact. I know  
15          we have other licensure like that, but I know from our  
16          caucus in particular that they'll be asking those  
17          questions, so maybe we need to come up with, you know, a  
18          better way to fund some of these licensure boards. But I  
19          just wanted to bring that to your attention out of a  
20          courtesy because it is your bill.

21          And thank you all for testifying.

22          DEMOCRATIC CHAIRMAN READSHAW: Okay. Thank you.  
23          If there's no further questions, speaking on behalf of the  
24          Majority Chair Representative Mark Mustio and myself, we  
25          obviously thank you for being here. As you well imagine,

1 it's the Committee's obligation to get educated about all  
2 the subject matter we consider. And particular to this, I  
3 think it's very interesting. It's my legislation, but I  
4 think it becomes a little more complicated because most  
5 people, if you'd asked them to define a medical physicist  
6 or what they do day-to-day, it becomes very difficult since  
7 they don't come in contact with them. And if they do come  
8 in contact with them, they don't know what their title is  
9 or what their qualifications are.

10           So we indeed thank all three of you for being  
11 here and providing the necessary testimony that we require  
12 to make reasonable decisions. And if there are no other  
13 questions, we'll thank you once again, and this is  
14 adjourned.

15  
16           (The hearing concluded at 2:09 p.m.)

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2 are a true and accurate transcription produced from audio  
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