



American Association of Physicists in Medicine

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Office of the Chairman of the Board

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June 23, 2014

The Honorable Jane Nelson, Chair
Texas Sunset Advisory Commission
Robert E. Johnson Building
1501 North Congress Avenue, 6th Floor
Austin, Texas 78701

Dear Chairwoman Nelson:

I am writing you today in my capacity as Chairman of the Board for the American Association of Physicists in Medicine (AAPM) and a Texas licensed medical physicist (LMP, No. MP0135). AAPM's mission is to advance the science, education and professional practice of Medical Physics. With over 8,000 members worldwide and just over 500 members in Texas, the AAPM supports the Medical Physicist community with a focus on advancing patient care through education, improving safety and efficacy of radiation oncology and medical imaging procedures through research, and the maintenance of professional standards.

We have read the Sunset Commission's staff review of the Texas State Department of Health Services (DSHS) and are extremely concerned by the recommendations. Of particular concern is the staff recommendation to eliminate licensure programs for both licensed medical physicists (LMP) and medical radiologic technologists (MRT) by DSHS.

As a licensed medical physicist and the Chairman of the Department of Imaging Physics at The University of Texas MD Anderson Cancer Center, I can attest first hand to the difference licensure of medical physicists has made in Texas. Licensure in Texas requires medical physicists to meet educational and experience requirements and to pass an examination of their knowledge in the specialty field in which they intend to practice. Without licensure, that minimum level of knowledge and experience would no longer be a requirement, and negative future consequences could result. Additionally without licensure, there is no guarantee of the credentials of someone claiming to be a medical physicist or a medical radiologic technologist.

The report suggests that the programs are unnecessary because; (1) deregulation would have little impact on health and safety, (2) they cover professionals that operate in a highly regulated environment, (3) they have 'regulation' provided by another body or through private sector accreditation, and (4) they generate little regulatory activity.

I would like to address each of the areas to provide you with additional information that is not reflected in the report.

1. The report states "deregulation would have little impact on health and safety." Texas is very fortunate to be home to some of the most advanced imaging and treatment facilities in the world. In order for equipment used in these facilities and elsewhere in Texas to operate safely, highly trained individuals are required to assure the safe use of the equipment. Professional regulations are essential. Worldwide there have been some very serious injuries associated with radiation emitting equipment.

Currently, **licensed** medical physicists are required to provide annual performance evaluations on the equipment to assure that they meet regulatory standards. Without such requirements these annual quality assurance measures might not be performed or be performed by others with less or no qualifications.

2. The report states the medical physicist licensure program is a “profession that operates in a highly regulated environment.” It is true that exposure to radiation in medical applications is regulated for adherence to equipment specification. It is not true that those who practice in radiation imaging, nuclear medicine or therapy are regulated by any other government entity except for those who provide services to support the Mammography Quality Standards Act (MQSA). Less than professional conduct has been a contributor to numerous medical errors. In 2009, reports of medical errors in the Veteran Administration highlighted lack of professional responsibility and accountability. Professional licenses hold individuals accountable in providing services that meet regulatory compliance. When the services do not meet this requirement, professional licensure standards can be used for enforcement against the professional licensee. Without medical physicist licensing this would not be possible.
3. The third item in the report to be addressed is the view that medical physicists “have ‘regulation’ provided by another body or through private sector accreditation.” I am not aware of any duplication of professional accountability for medical physicists in another regulatory body or accreditation that meets the equivalent standards for a licensed professional with the exception of the MQSA requirements. In fact accreditation is not required for several types of medical imaging services or for radiation therapy. For some, imaging and radiation therapy accreditation is voluntary and does not require the medical physicists involved to have any specific qualifications. Without licensure there would be no requirement to use experienced, knowledgeable medical physicists. Also, it is only through licensure that all medical physicists practicing in Texas must meet continuing education requirements as some board certified individuals are not required to meet continuing education requirements.
4. The last rationale for sunset, medical physicists “generate little regulatory activity.” is confusing. Do we only regulate those professions that have activity? Is it possible that because of regulations, medical physicists are meeting the requirement of the regulations, improving health care in Texas, and do not require extensive support from agency staff? The Texas licensure law was written and enforced to protect citizens from individuals with little or no knowledge of radiation equipment from providing services that could in fact harm them. Licensed medical physicists must meet minimum educational and board certification requirements to obtain a license. To maintain their Texas license, medical physicists must meet continuing education requirements each renewal cycle (which is quite consistent with other medical professionals).

As taxpayer in Texas, I fully appreciate the need for an efficient state government. However, accomplishing this at the expense of good patient care simply does not make sense. Without licensure, there is no guarantee of the credentials of someone claiming to be a medical physicist or a medical radiologic technologist.

The AAPM has addressed the issue of licensure of medical physicists a number of times and it is the position of the AAPM that licensure of medical physicists should be a goal in every state. In fact, AAPM has developed a model licensure template based in part on the TX medical physicist licensure law. We currently have bills pending in the Commonwealths of Massachusetts and Pennsylvania.

AAPM agrees with the comments of the Texas Radiological Society that sunsetting the licensure of medical physicists and medical radiologic technologists raises the potential for compromise of patient safety, quality of patient care, and minimization of medical costs. As TRS pointed out in

their June 19th letter: “[F]irst and foremost, LMPs and MRTs are essential members of the radiology team. Their competence plays a significant role in patient safety and imaging quality. Radiologists view medical physicists and medical radiologic technologists as professionals who render a technically authoritative opinion that we use to provide quality care to patients. While we as radiologists and radiation oncologists are ultimately responsible for patient safety and procedure quality, we do rely on medical physicists and medical radiologic technologists to measure and characterize, and to properly apply the radiation beam and dose that we prescribe. When the radiation dose is miscalculated or misapplied, there are patient consequences.”

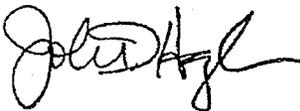
Millions of people receive medical radiation annually, either for the diagnosis or treatment of disease. The vast majority of these people benefit from the use of radiation and for many the radiation is part of a life-saving procedure. However, even minor errors can result in injury or death for patients. A series of articles in the New York Times have highlighted some of these cases where things went wrong. These events suggest quite clearly that care can be improved and that oversight of the medical physics profession is needed to ensure that the medical physicists who are responsible for these errors are held accountable. The recent press articles suggest a multifaceted problem that touches on the oversight of medical devices, oversight of certification and licensing of allied health professionals including medical physicists and medical radiologic technologists, oversight of hospitals and physicians, and efforts to improve the quality of health care. Without licensure, there is little recourse for the State of Texas to take action. It is only through licensure of medical physicists that credentials of individuals working as medical physicists are verified. Links to all of the articles are included as an attachment for your review.

Thank you in advance for your consideration of this very important issue and for all you do for the Texans you represent. I would appreciate the opportunity to discuss this issue with you or your staff further to answer any questions you may have regarding AAPM’s position on this matter. In addition, the AAPM’s annual meeting is in Austin this July 20 – 24, 2014 and we would welcome you and your staff to join us in order to learn firsthand what a medical physicist does and the difference a qualified medical physicist makes in quality patient care.

If this is not possible, we would be happy to meet with you or your staff during that week. Please contact Lynne Fairbent, Senior Manager of Government Relations at lynne@aapm.org or via phone at 703-626-8556 or Debbie Gilley, Government Relations Specialist at Debbie@aapm.org or via phone at 301-209-3369 and they would be happy to coordinate that or to answer any additional questions you might have.

Again, the AAPM strongly urges you to reconsider and to withdraw the staff recommendation to eliminate licensure programs for both licensed medical physicists medical radiologic technologists and by DSHS. Continuation of these programs will ensure the continued oversight of these important healthcare professions, maintain standards of practice for licensed medical physicists and medical radiologic technologists, and protect the safety and welfare of the public.

Sincerely,



John D. Hazle, Ph.D., FAAPM, FACR
LMP No. MP0135

Attachment