



Arizona House of Representatives House Majority Research MEMORANDUM

Kristine Stoddard 
Assistant Legislative Research Analyst
(602) 926-5299

1700 W. Washington
Phoenix, AZ 85007-2848
FAX (602) 417-3140

To: JOINT LEGISLATIVE AUDIT COMMITTEE
cc: Representative Rick Murphy, Chair
Senator Jim Waring, Vice-Chair
Re: Sunset Review of the Medical Radiologic Technology Board of Examiners
Date: December 2, 2005

Attached is the final report of the sunset review of the **Medical Radiologic Technology Board of Examiners**, which was conducted by the Senate Health and House of Representatives Health Committee of Reference.

This report has been distributed to the following individuals and agencies:

Governor of the State of Arizona
The Honorable Janet Napolitano

President of the Senate
Senator Ken Bennett

Speaker of the House of Representatives
Representative Jim Weiers

Senate Members
Senator Jim Waring, Vice-Chair
Senator Carolyn Allen
Senator Marsha Arzberger
Senator Robert Cannell
Senator Barbara Leff

House Members
Representative Rick Murphy, Chair
Representative David Bradley
Representative Laura Knaperek
Representative Linda Lopez
Representative Doug Qulland

Medical Radiologic Technology Board of Examiners
Department of Library, Archives & Public Records
Auditor General

Senate Republican Staff
Senate Research Staff
Senate Democratic Staff

House Majority Staff
House Research Staff
House Democratic Staff

***Senate Health and House of Representatives Health
Committee of Reference Report***

Medical Radiologic Technology Board of Examiners

Date: December 2, 2005

To: Joint Legislative Audit Committee
Representative Rick Murphy, Chair
Senator Jim Waring, Vice-Chair

Background

Pursuant to Arizona Revised Statutes (ARS) §41-2953, the Joint Legislative Audit Committee (JLAC) assigned the sunset review of the Medical Radiologic Technology Board of Examiners (Board) to the Senate Health and House of Representatives Health Committee of Reference.

The Board was established by Laws 1977, Chapter 145, §1, as a division of the Radiation Regulatory Agency. The Board is charged with protecting citizens of the state from the harmful effects of excessive and improper exposure to ionizing radiation. This requires that the Board issue certificates to and collect fees from those who meet the minimum standards. The Board requires persons operating ionizing equipment to practice under the direction of a licensed practitioner. The Board is responsible for disciplining or revoking the certificates of those who violate the statutory standards of conduct. Additionally, the Board establishes standards of education, training and experience and requires the examination and certification of operators of x-ray equipment. This includes conducting inspections to assure that only certified individuals apply ionizing radiation to humans and assuring that certified individuals are not practicing beyond the scope of their certificate.

Committee of Reference Sunset Review Procedures

The Committee of Reference held one public meeting on November 8, 2005 to review the Board's responses to the sunset factors as required by ARS §41-2954, subsections D and F, and to hear public testimony.

Committee of Reference Recommendations

The Committee of Reference recommends continuing the Medical Board of Radiologic Technology Board of Examiners for 10 years.

Attachments:

1. Sunset report requirements pursuant to ARS §41-2954, subsections D and F.
2. Meeting Notice.
3. Minutes of the Committee of Reference meeting.



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1700 W. Washington
Phoenix, AZ 85007-2848
FAX (602) 417-3140

To: Members of the House and Senate Health Committees of Reference

Re: Sunset Review of the Medical Radiologic Technology Board of Examiners

Date: October 26, 2005

The Medical Radiologic Technology Board of Examiners (Board) is scheduled to sunset July 1, 2006. The following is a brief description of the history and duties of the Board, as well as the Board's response to the sunset questionnaire. A public meeting is scheduled for November 8, 2005 to allow you to ask questions of the Board, take public testimony, and make a final recommendation on the Board's continuation. If you have any questions or need further assistance, please feel free to contact me.

BOARD HISTORY AND MISSION

The Board was established by Laws 1977, Chapter 145, §1, as a division of the Radiation Regulatory Agency. The Board is charged with protecting citizens of the state from the harmful effects of excessive and improper exposure to ionizing radiation. This requires that the Board issue certificates to and collect fees from those who meet the minimum standards. The Board requires persons operating ionizing equipment to practice under the direction of a licensed practitioner. The Board is responsible for disciplining or revoking the certificates of those who violate the statutory standards of conduct. Additionally, the Board establishes standards of education, training and experience and requires the examination and certification of operators of x-ray equipment. This includes conducting inspections to assure that only certified individuals apply ionizing radiation to humans and assuring that certified individuals are not practicing beyond the scope of their certificate.

ORGANIZATION AND DUTIES

The Board is a ten member board composed of four members who are practicing radiologic technologists, who have at least five years' experience and who hold radiologic technology certificates, two members who are licensed practitioners, one of whom is a radiologist; one member who is a practical technologist in radiology and two public members. All members serve three year terms that begin and end on the third Monday of January in the appropriate year. The Board is statutorily required to meet at least once every six months. The Board is required to hold examinations for applicants for certificates at least once every six months. Currently, the Board certifies 7,702 technologists.

FISCAL ISSUES

Pursuant to ARS §32-2823, the Board must deposit all monies for purposes of licensure received by the Board into the State Radiologic Technologist Certification Fund. In FY 2005, the State Radiologic Technologist Certification Fund contained \$247,700. The Board currently has three full-time employees and two vacant administrative positions.

LEGISLATIVE ISSUES

The Board does not require any statutory changes.

ADDITIONAL BACKGROUND

Staff contacted individuals and agencies in order to discuss their working relationships with the Board.

Dick Gwilt from Indian Health Services stated that the COR must make a recommendation to continue the Board because the Board serves over 5,000 radiographers and radiologic technologists throughout Arizona. Mr. Gwilt also stated that the Board members have served Arizona in the highest regard for years.



Janet Napolitano
Governor

Aubrey V. Godwin
Director

4814 South 40th Street

Phoenix, Arizona 85040-2940

(602) 255-4845

Fax (602) 437-0705

August 29, 2005

Rick Murphy
State Representative
Chair, Health Committee of Reference
1700 West Washington, Suite H
Phoenix, AZ 85007-2844

Dear Chairman Murphy;

It is with pleasure I respond to your letter of June 30, 2005 regarding the sunset review of the Medical Radiologic Technology Board of Examiners. Attached are the responses to the twelve factors listed in your letter and in A.R.S. § 41-2954. In addition, also attached is the 2005 Annual Report of the Agency.

I look forward to responding to the questions the Committee of Reference may have regarding the Agency.

Again thank you for the time you and the Committee spend reviewing and improving this Agency.

Sincerely

A handwritten signature in black ink, appearing to read "Aubrey V. Godwin".

Aubrey V. Godwin, M.S., C.H.P.
Chairman

MEDICAL RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS RESPONSE TO THE COMMITTEE OF REFERENCE

1. The objective and purpose in establishing the agency.

Response. The Legislature created the Medical Radiologic Technology Board of Examiners (Board) in 1977 to protect the public's health and safety against the harmful effects of excessive radiation. Laws 1977, Chapter 145 § 1 state that protection "can in some measure be accomplished by requiring adequate training and experience of persons operating x-ray equipment."

The Board is statutorily empowered to determine minimum competency standards for people who apply ionizing radiation to humans. The Board is charged with issuing certificates to and collecting fees from those who meet these minimum standards. The Board is also responsible for disciplining or revoking the certificates of those who violate the statutory standards of conduct. The Board is authorized to conduct inspections to assure that only certified individuals or those exempt from certification requirements apply ionizing radiation to humans, and to assure that certified individuals are not practicing beyond the scope of their certificate.

2. The effectiveness with which the agency has met its objective and purpose and the efficiency with which it has operated.

Response. The Board meets the requirements of the statute in that persons who have demonstrated competence are certified to practice in Arizona. The Board either administers a test or accepts those who have passed a national test of competence. In addition, the Board investigates complaints regarding the competence of the certified individuals.

The current renewal process has all regular certificates issued to an individual expiring in their birth month. This is the result of the amendment to the act, Laws 2001, Chapter 321 § 5. This helps the certificate holders to remember their renewal date. Even so most of the discipline cases are for a failure to renew the certificate. In addition, Laws 2002, Chapter 233 § 2, added the practice on nuclear medicine technology and bone densitometry technology to the list of certificates issued by the Board.

3. The extent to which the agency has operated within the public interest.

Response. The Board's authority to issue certificates to people who apply ionizing radiation to humans serves the public interest by ensuring that those who hold such certificates meet minimum competence standards. Such competence standards may protect the public from unnecessary exposure to such radiation, and from misdiagnosis due to inaccurate results from diagnostic tests. Since a violation of the statute is a petty offence, when certified practice is detected and immediately stopped, they are not referred to the county attorneys.

- 4. The extent to which rules adopted by the agency are consistent with the legislative mandate.**
Response. The statute requires the Board to adopt rules setting minimum standards of training and experience for persons to be certified. Since 1996, three rulemaking have been completed. All were publicly announced and public comments received. The Board has initiated further rulemakings to clarify current rules and define continuing education requirements for renewals.
- 5. The extent to which the agency has encouraged input from the public before adopting its rules and the extent to which it has informed the public as to its actions and their expected impact on the public.**
Response. As noted in the previous response, all rulemakings have been appropriately announced and we have received public input.
- 6. The extent to which the agency has been able to investigate and resolve complaints that are within its jurisdiction.**
Response. The Board received 246 complaints for the last three FYs. The Board was able to resolve 192 of them during this time. In resolving these complaints the Board initiated 242 investigations. Most of the complaints involved technologists working outside of the scope of their certificate or failing to timely renew their expired certificate. At least one case involved an individual who provided false training information on his application. Several individuals were investigated who had criminal records.
- 7. The extent to which the Attorney General or any other applicable agency of state government has the authority to prosecute actions under the enabling legislation.**
Response. The Attorney General or county attorney has authority to prosecute actions under the Board's enabling legislation. These would be prosecuted as a Class 2 misdemeanor, with a maximum fine of \$750.00 and/or a sentence of not more than 4 months in jail.
- 8. The extent to which the agency has addressed deficiencies in its enabling statutes that prevent it from fulfilling its statutory mandate.**
Response. As noted above in 4., several changes to the statute have facilitated the ability of the Board to conduct activities. These changes authorized the changes of the renewals to the birth month of the certificate holder, clearly added nuclear medicine technologists and authorized the bone density technologists as a practice group.
- 9. The extent to which changes are necessary in the laws of the agency to adequately comply with these factors.**
Response. It appears that the present statutory requirements are adequate. Recent changes to the Statutes has certainly have aided the Board in accomplishing its mandates.
- 10. The extent to which the termination of the agency would significantly harm the public health, safety or welfare.**

Response. The termination of the Board would result in the gradual replacement of trained personnel with untrained or barely trained operators. In time the radiation exposure to patient will rise. Within perhaps 5 – 8 years many of the x-rays performed in this state will expose areas of patients that should not have been exposed or use too much x-ray to make the exposures. In both cases patients are receiving unnecessary radiation. One could easily conclude that the situation would eventually be as it was when the statute took effect in 1978, i.e. 67% of the x-ray equipment operators outside of the hospitals and radiology clinics had no formal training in the use of x-ray equipment.

In addition, The State of Arizona would no longer comply with the Consumer-Patient Radiation Health and Safety Act of 1981, P.L. 97-35.

11. **The extent to which the level of regulation exercised by the agency is appropriate and whether less or more stringent levels of regulation would be appropriate.**

Response. In the Board's opinion, the present requirements for training and experience of certificate holders are the minimum needed to properly use ionizing radiation on humans.

12. **The extent to which the agency has uses private contractors in the performance of its duties and how effective use of private contractors could be accomplished.**

Response. The Board uses test from the American Registry of Radiologic Technologists to furnish the exams to those applying for the practical technologist certificate.

Additional issues to be addressed.

1. **An identification of the problem or needs that the agency is intended to address.**

Response. The Board is to assure the public of well trained users of x-ray equipment when the x-rays are not applied by a licensed practitioner.

2. **A statement, to the extent practicable, in quantitative and qualitative terms, of the objectives of such agency and its anticipated accomplishments.**

Response. The MRTBE certifies all users of human usage of radiation (except Dental) by technologists. Of the 7,702 certified technologists, less than 10 are discovered or reported as practicing without certification and training per year. In addition all applications were processed within the time limits of the Agency.

3. **An identification of any other agencies having similar, conflicting or duplicate objectives, and an explanation of the manner in which the agency avoids duplication or conflict with other such agencies.**

Response. We are unaware of any current conflicts or duplication.

4. **An assessment of the consequences of eliminating the agency or of consolidating it with another agency.**

Response. The termination of the Board would result in the gradual replacement of trained personnel with untrained or barely trained operators. In time the radiation exposure to patient will rise. Within perhaps 5 – 8 years many of the x-rays performed in this state will expose areas of patients that should not have been exposed or use too much x-ray to make the exposures. In both cases patients are receiving unnecessary radiation. One could easily conclude that the situation would eventually be as it was when the statute took effect in 1978, i.e. 67% of the x-ray equipment operators outside of the hospitals and radiology clinics had no formal training in the use of x-ray equipment.

In addition, The State of Arizona would no longer comply with the Consumer-Patient Radiation Health and Safety Act of 1981, P.L. 97-35.

The consolidation of the Agency effects would be hard to estimate. The final results is dependent on exactly how the law is amended in the combination of the Agencies.

**ARIZONA RADIATION
REGULATORY AGENCY**

ANNUAL REPORT

FY2005

**FY2005 ANNUAL REPORT
ARIZONA RADIATION REGULATORY AGENCY**

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HIGHLIGHTS OF FY2005

During calendar year 2004, shippers reported that 13,700,000 Curies of radioactive materials in the form of either Large Quantity Radioactive Material shipments or Highway Route Controlled Quantity shipments which were shipped across Arizona. All but 15,000 Curies were transported on I-40. The appropriate legislative committees and Governor's Office were notified about the general information of each shipment. In addition, law enforcement agencies were notified of the details of each shipment. The carriers of such shipments were required to periodically notify the Arizona Terrorism Intelligence Center while the shipments were in state. Please note these statistics do not include any data for shipments smaller than the Large Quantity Radioactive Material or Highway Route Controlled Quantity shipments. Virtually all of the shipments were Cobalt 60 to be utilized in the irradiation of products.

The Agency conducted several training classes for first responders. In case of an accident involving radioactive materials or a weapon of mass destruction, the first responders need to have access to information regarding the presence and quantity of radiation. These classes provide the necessary training for these individuals and the confidence to utilize the instrumentation provided. The Agency is purchasing equipment for use in the event of a weapon of mass destruction involving radioactive material. These devices are usually referred to as a radioactive material dispersion device or RDD. The Agency has also participated in exercises with the Phoenix Bomb Squad of the Phoenix Police Department.

In the event of a weapon of mass destruction attack in Arizona utilizing a radioactive material dispersion device the Agency is prepared to advise the Governor and other elected officials of the projected consequences. We estimate that if only one event occurs within the United States, we will have federal support within 4 to 8 hours. If multiple events occur within the United States, then federal support may be delayed by 12 to 48 hours arriving. Until federal support arrives all radiological technical assessment will be made by the Agency.

In August of 2004, the Agency responded to a reported leakage of a U.S. Department of Energy shipment. The shipment originated at the U.S. Department of Energy facility in Paducah, KY and consisted of waste material bound for the Nevada Test Site for disposal. On arriving on the scene, our representative determined, that while material was leaking out of the shipping container, none of the leaked material was radioactive. Several questions did arise regarding the adequacy of the shipping containers. We were informed that 3 of 5 containers were leaking in this series of shipments. As a result of inquiries by the Governor, the U.S. Department of Energy suspended the remaining shipments pending an investigation. The investigation was completed in June and the shipments were expected to resume in July with improved containers and packaging protocols.

As a result of concerns expressed by citizens in Mohave County regarding the fallout from the Nuclear Weapons testing in the 1950s and 1960s, the Agency Director conducted a public hearing. The Director's report of the hearing indicates that while some 50 persons testified as to their personal suffering they were unable to specifically state the any given case was in fact caused by the radiation exposure. Equally clear is, the Federal Government is paying compensation to persons in other areas of the state which were exposed even less than the

citizens in Mohave County. The Director recommended to Governor Napolitano and the National Academy of Science Committee that as a matter of simple equity, all of Mohave County should be receiving such payments. The citizens were also quite concerned that the United States may begin testing again, perhaps even secretly. At one time the Agency conducted monitoring through out the State which would detect any unreported leaks of significance, but the program had to be suspended due to budgetary constraints in 2002.

X-RAY COMPLIANCE PROGRAM

Fiscal Year 2005

The X-ray Program is responsible for the registration and inspection of machine produced radiation sources. Personnel are also available to interact with registrants and the public on issues of radiation safety.

COMPLIANCE

Activity in the Program continues to increase. The number of facilities grew from 4501 Registrants in FY 2004 to the FY 2005 total of 4677 Registrants, a 3.9% increase. Concurrently, the number of machines increased from 11028 to 11673, a 5.8% increase and the number of tubes increased from 11683 to 12281, a 5.1% increase.

624 Facility Inspections were completed representing 13.3% of all registered facilities. These inspections resulted in 101 violations occurring in 75 facilities. We inspected 1480 x-ray tubes during FY 2005. We ended FY 2005 with 39.3 % of the facilities overdue for inspection compared to 22.49 % overdue at the end of FY 2004. The overdue inspections can be directly attributed to a reduction in the number of available, funded inspector positions.

X-ray Program Rules require that those personnel applying radiation to humans be either licensed by the Medical Radiologic Technology Board of Examiners (MRTBE) or exempt from the rules. There were 6 registrant MRTBE violations during FY 2005, which was less than the 17 violations in FY 2004. These violations do not include those issued by MRTBE. The decrease in violations can be attributed to an increase in the MRTBE Investigator activity and a reduction in the number of hospital and medical facilities inspected.

Numerous registration actions occurred during the year as facilities were bought, sold, traded, merged and incorporated. These changes included replacement, modifications, additions and deletions to radiation equipment inventories. There were 1801 documented record changes to our database this fiscal year compared to 2212 changes in FY 2004.

Again, higher than usual personnel turnover was experienced during the year, which resulted in filling 2 positions. At the end of the fiscal year, there were two unfunded positions. A budgetary crisis during FY 2003 subsequently resulted in our loss of funding for two inspector positions.

MAMMOGRAPHY QUALITY STANDARDS ACT (MQSA)

In 1994 the Agency entered into an agreement with the Food and Drug Administration (FDA) to administer the MQSA Program for the State of Arizona. This Program requires an annual inspection of all state mammography facilities. Such an inspection consists of a comprehensive review of the facilities' mammographic diagnostic capabilities including the qualifications of

physicians, technologists and medical physicists; proper machine operation, development of film, reporting of results, and medical audit of positive results.

The Agency has developed and implemented rules for state mammography facilities that either coincide with the interim MQSA Law or provide for more specific rules applicable to the needs of Arizona. As a result, a state inspection is also performed at the time of the MQSA inspection. Substantial changes in state mammography regulations to comply with the final MQSA Regulations of April 29, 1999, were made during the 5 year rule review and have been submitted to the Governor's Regulatory Review Board.

During FY 2005, 140 facilities were inspected for the FDA and the state. Several facilities were inspected more than once since their scheduled annual inspection rotation occurred twice during the fiscal year. In retrospect, the State Inspection Program has improved the quality of Mammography in Arizona as demonstrated by a gradual reduction in the number of violations as the program has progressed. Specifically, the MQSA facility non-compliance rate has dropped from 42% initially, to a rate of 15.9% at the end of FY 1999. MQSA violations increased to 40 % during fiscal 2000 due to new facility startups and final FDA/MQSA Regulation requirements. State inspections during FY 2005 resulted in a noncompliance rate of 2.9%, a decrease in the rate of 3.1% in FY 2004.

At present, the Agency has two State Health Physicist assigned to mammography inspection duties. Future plans include training of an additional inspector to provide coverage for expanded activities and personnel backup.

The FDA continues to encourage voluntary compliance as the primary goal of the MQSA Program. The standards can be met with the continuous and diligent application of quality control procedures. Improved diagnostic images and accurate mammographic film interpretation will result in earlier detection of breast cancer prompting appropriate, life-saving, medical attention.

COMPUTERIZED TOMOGRAPHY PROGRAM

During FY 2002 new rules were adopted which require those facilities with medical CT X-ray Units to have their machine checked annually by a "qualified expert." The testing, as outlined in the rules, involves checking CT machines for patient dose levels, table alignment, image resolution and establishing quality control standard procedures. There are 177 CT facilities in Arizona, an increase of 41.6 % over the 2004 total of 125. The CT facilities have demonstrated compliance with the new rules for annual health physicist equipment review, providing the patients with an additional measure of radiation safety.

We continued to be challenged by facilities that wished to do "walk-in" patients or what we call screening. Rules allow a screening radiographic procedure only for mammography facilities. The CT facilities are required to perform their studies, as are other medical facilities, based upon an order from an Arizona licensed physician.

The regulatory and medical communities continue to debate the efficacy of “screening type CT studies.” While this discussion continues, the public is encouraged through advertisements to seek out the CT Procedures that they think are appropriate for their personal health care.

The medical community introduced the new Pet/CT Combination Unit for diagnosing various active disease processes, now referred to as Fusion Imaging. This temporarily created an issue of technologist operator certification for us since nuclear medicine and x-ray were being used together.

INDUSTRIAL RADIOGRAPHY

Revisions in rules affected the radiographer community in Arizona by requiring a certification of the radiation safety officer through testing. The American Society for Nondestructive Testing was selected as the administrator for the examination. The Agency has proctored the examination for radiographers several times during FY 2003. We are satisfied that this certification process will improve the industrial radiography safety practices in Arizona.

FUTURE RESOLVE

Plans for FY 2006 are to maintain the overall number of inspections performed at a high level consistent with efficient output. Newly hired State Health Physicists will continue their training either at special off-site sessions or through in-service education within the Agency. We plan to request additional clerical help to more efficiently respond to inquiries, to improve record keeping and to shorten correspondence and registration application turn around time.

X-RAY COMPLIANCE STATISTICS
Fy2005 Annual Report

| Category of Registrant | Tubes Registered (%) | Tubes Inspected (%) | Facilities Non-Comp. (%) |
|------------------------|----------------------|---------------------|--------------------------|
| Chiropractic | 792 (6.45) | 87 (10.98) | 10 (11.49) |
| Dental | 7,189 (58.54) | 921 (12.81) | 29 (11.11) |
| Educational | 154 (1.25) | 2 (1.30) | 0 (0.00) |
| Hospital | 1,252 (10.19) | 39 (3.12) | 3 (75.00) |
| Industrial | 446 (3.63) | 25 (5.61) | 4 (33.33) |
| Medical | 1,510 (12.30) | 106 (7.02) | 13 (20.63) |
| Mammography | 265 (2.16) | 214 (80.75) | 4 (3.10) |
| Podiatry | 133 (1.08) | 12 (9.02) | 3 (25.00) |
| Veterinary | 540 (4.40) | 62 (11.48) | 9 (19.15) |
| Totals | 12,281 | 1,468 (11.95) | 75 (12.18) |

RADIATION MEASUREMENTS LABORATORY

Radiation Measurements Laboratory (RML) activities during Fiscal Year 2005 included the following: Palo Verde Nuclear Generating Station (PVNGS) off-site radiological monitoring; participation in emergency response drills at PVNGS requiring analytical analyses; limited statewide environmental radiation monitoring; the Arizona Radon Project; and drinking water analysis support to the Arizona Department of Environmental Quality (ADEQ).

The RML has continued to perform radiological monitoring in accordance with the Palo Verde Nuclear Generating Station (PVNGS) Off-site Emergency Response Plan. This includes sampling and analysis of air, water, soil, milk, vegetation, and fruit as well as the use of thermoluminescent dosimeters (TLDs) to measure low-level ambient radiation. Resources include a mobile laboratory for field sample analyses. Laboratory analysis results reveal no increase in environmental background radiation levels in the vicinity of PVNGS.

Due to budgetary constraints, the RML had to suspend monitoring other locations within the state. The RML has contracted with the ADEQ to perform radioactive analyses for special drinking water and aquifer studies in the state. Laboratory analyses results reveal some waters to contain high levels of the naturally occurring radionuclides such as uranium and radium as established by the Safe Drinking Water Act. Continued monitoring is necessary in assuring future safe levels of radiation in Arizona's drinking water and represents one of the essential components of the Agency's operations.

RADIOACTIVE MATERIAL/NON-IONIZING RADIATION Annual Report FY 2005

RADIOACTIVE MATERIAL RADIATION COMPLIANCE

The Radioactive Materials (RAM) Program is still struggling to adjust and adapt to the changing needs of the Federal Government and the State of Arizona. The RAM Program, at this time, still retains four FTE's and when filled, fulfills the varying duties plus their normal inspection and compliance duties. One of the RAM positions spends most of their time drafting and publishing new and amended rules that govern the way that the Agency conducts its licensing, registration and inspection duties for the users of radioactive material and devices within the state. Additionally, this person is also responsible for conducting administrative duties with regard to RAM licensing, amendments and terminations. One of the RAM positions is tasked with the duty of keeping up with the posting and entering of Sealed Source and Device (SS&D) changes which are published by the United States Nuclear Regulatory Commission (USNRC). Additionally, one person is responsible for maintaining a log of the Therapeutic and Diagnostic Misadministration list. And finally, the fourth RAM member is responsible for the maintenance of the out-of-state licensee's which use RAM within the state while performing work in Arizona under Reciprocity.

Personnel shortage problems continue to plague the RAM program. The newly acquired RAM inspector, hired in November 2003, sent to the USNRC five week course in September 2004 and trained by the existing RAM inspectors, was lost to ASU in March of 2005. Fortunately, an X-Ray inspector trained at the same USNRC five week course in September, 2004, was recruited to fill the position. However, this person had to attend NEXT training on CT scanning X-Ray devices and has to perform a number of inspections within the state on these devices. Additionally, the individual has to be trained to perform RAM inspections. This Program has been continually tasked with the need to train new personnel in the performance of their duties which has caused the Program to fall further behind in the performance of RAM inspections.

This is further complicated by the fact that a vacant RAM position can not be filled due to budget constraints. This continues to have a deleterious effect on the ability of RAM to keep up with its schedule of required RAM inspections.

The continued non-availability of funding by the USNRC and the State of Arizona for the training and maintenance of inspector expertise has impacted greatly in the ability of ARRA inspection personnel to maintain currency with the fast changing regulatory requirements.

NON-IONIZING RADIATION

Arizona's regulatory authority to control sources of non-ionizing radiation stems from the Title 30, Chapter 4 sections authorizing other aspects of the program. The regulations controlling sources of non-ionizing radiation are found at Title 12, Chapter 1, Article 14 of the Arizona Administrative Code. The sources specifically covered by regulation include laser sources, radio frequency (RF) sources, and sources of ultraviolet radiation produced by electronic devices. The

statutory authority and the regulatory framework appropriately cover these sources and will help to assure Arizona residents of protection from unnecessary and hazardous exposures.

The number of nonionizing radiation registrants continues to increase annually. We have a current total of seven hundred thirty six registrants as of July 1, 2005. The total number of current registrants represents an overall increase of ninety-six new registrants. With the largest number being medical laser users. Approximately 17 percent of the registrants were inspected during the year.

The nonionizing radiation protection program has one FTE authorized. The program growth requires that efforts be placed on significant issues and projects. Maintenance of a satisfactory non-ionizing radiation program will require additional staffing. Additional time has been utilized in support of the Radioactive Materials Program due to staffing shortages within the NRC mandated program. Laser use in the human arena evolves daily with new procedures and laser/light source equipment being developed. Significant increases in cosmetics/aesthetics for hair removal and skin rejuvenation are being observed.

Title 12, Chapter 1, Article 14 of the Arizona Administrative Code has finally been approved and is now in effect. The rule changes appear to have been accepted, with much activity in bringing the registrants into compliance. An inordinate amount of time has been devoted to the Cosmetic/Hair Removal issues during the year. This area of laser use is evolving faster than any other aspect of non-ionizing radiation use and has the potential for significant impact on the general public.

**FY 2005
Licensing Statistics
Radioactive Materials Licensing and Inspection Program**

| | |
|--|-----|
| Licenses (Total Number) | 379 |
| Medical (Types A, B, C, Broad and Tele) | 156 |
| General Medical | 15 |
| Industrial (Types A, B, C, Limited, Portable, and Fixed Gauges) | 135 |
| Industrial Radiography (Fixed and Mobile) | 6 |
| Academic (Broad and Limited) | 5 |
| Miscellaneous Licenses | 62 |
| * Number of Particle Accelerator's | 55 |
| ** Number of High Dose Rate Brachytherapy's (Included in the Licensed Facility) | 8 |
| New Licenses and Renewals | 90 |
| New Particle Accelerator Registration and Renewals | 33 |
| Inspections Performed | 110 |
| Licensing Actions (Amendments and Terminations) | 349 |
| *** Reciprocity (Inspections) | 2 |
| (Licensee's) | 35 |

- * As of January 1996, the RAM Program assumed the responsibility for the inspection and registration of Particle Accelerators (PA's). Management of these radiation users was transferred to RAM from the X-RAY Program.
- ** Not included in the overall Licensee total.
- *** Reciprocity is Arizona's recognition of an out-of-state licensee's Specific License for the use of radioactive materials within the State of Arizona. A General License is issued for this purpose.

NON-Ionizing Radiation Statistics

| Registration Type | # Inspected FY-2005 | # Registrations FY-2005 |
|-------------------------------------|------------------------|--------------------------------|
| Tanning Facilities | 49 | 289 |
| Medical Laser Facilities | 26 | 318 |
| Industrial Laser Facilities | 4 | 80 |
| Laser Light Shows | 9 | 51 |
| Radio Frequency Facilities | 3 | 24 |
| Power Line Surveys | 00 | |
| Other, include Radioactive Material | 31 | |
| Total inspections | 122 | Total Registrations 736 |
| | | |
| New Registrants | 135 | |
| Registrant Terminations | 39 | |
| Total Registrant Actions | 299 | |

EMERGENCY RESPONSE PROGRAM ANNUAL REPORT – FY 05

GENERAL

The Emergency Response Program (ER) is involved in and responds to radioactive materials (RAM) incidents. This includes preparation for and participation in offsite response to any incident occurring at the Palo Verde Nuclear Generating Station (PVNGS); the transportation of transuranics to the Waste Isolation Pilot Plant (WIPP), and on-scene response to hazardous materials incidents statewide in which RAM is involved. Training is also provided to organizations that respond initially to hazardous materials incidents around the state: police, fire, medical and emergency service personnel. The ER Program also tracks, and provides assistance in inspections of special radioactive materials shipments that travel across Arizona Interstate Highways.

PLANNING

As part of the radiation emergency response planning effort, the program requested and was granted U.S. Department of Home Land Security funds. The funds have allowed the program to acquire critical radiation monitoring equipment that will be essential to the response effort should a radiological incident occur in the state. The program will continue to strive for improvement in our planning efforts to meeting our state and national priorities of preventing and responding to any radiological emergency.

TRAINING

Training this fiscal year involved conducting two four-day training sessions in response to the Palo Verde Nuclear Generating Station (PVNGS). Several monitor pool refresher classes and participation in a full-scale Plume Exposure Drill. The Program conducted a large number of training sessions for hazardous materials first responders covering both “standard” response and if necessary, response to a “Dirty Bomb” –Explosives with Radioactive Materials used by terrorists. It is the Program’s goal to continue to train, assist and respond to any and all radiological incidents within our State.

WASTE ISOLATION PILOT PLANT

The Waste Isolation Pilot Plant (WIPP) in southern New Mexico has been open for several years and has been receiving transuranic waste. The first shipment of transuranics to the WIPP occurred along Arizona I-40 in January 2004. However, the waste scheduled to transit Arizona will be from the Nevada Test Site and Lawrence Livermore National Laboratory and is characterized as contact handled, meaning that radiation dose rate outside the containers is very low. The Program’s Emergency Response Coordinator for radioactive waste activities has been extremely active in reviewing and streamlining WIPP-related training programs primarily for

first responders, but also for medical personnel and hospitals. Coordination and outreach activities with affected state agencies, e.g., Emergency Management, Transportation and Public Safety, and with the five counties through which I-40 passes – Mohave, Yavapai, Coconino, Navajo, and Apache – for medical and first responder training have been major functions of this position during the past several years. Principal activities for first responders included equipment issue, e.g., survey instrument kits to units not receiving them in FY 2004 including instrument training; binoculars, instrument exchange for calibration; and personal protective equipment. WIPP briefings were also conducted and several meetings involving the affected states were held to assure continued safety.

INCIDENTS

During this fiscal year, ER and the Agency responded to 13 incidents involving radioactive materials. Several incidents involved moisture/density gauges that were stolen or involved in accidents; others involved radioactive scrap that were detected at the entrance of their facility and reported to the agency. The most noted incident/response was a Department of Energy shipment of Uranium Tetrafluoride (UF₄) that appeared to be leaking material en route to the uranium disposal site in Nevada. The incident response and investigation concluded no radioactive material had leaked from the shipment package. Governor Napolitano was deeply concerned about the incident and sent a letter to DOE requesting an appropriate investigation of the shipping program for this campaign. The Governor also was concerned as to what steps are being taken to improve the integrity of radioactive shipment across the State of Arizona.

The Agency has continued the program of placing civil defense monitoring instruments with response organizations that want them. This year, ER calibrated 45 survey instruments, 200 dosimeters, and exchanged/distributed 45 civil defense instrument sets to HAZMAT organizations.

RADIOACTIVE SHIPMENTS THROUGH ARIZONA

Fifty three highway route controlled quantity (HRCQ) shipments totaling 10.7 million curies of radioactive material crossed Arizona highways this fiscal year. Notifications were sent to DPS officers to alert them of these shipments in the case of they are involved in an accident or emergency.

COMMUNICATIONS

Communication is one of the most important aspects of emergency response planning as well as of the actual response. During this reporting period, there were 55 Nuclear Alert Net (NAN) drills and four telecommunications tests. The latter tests are those in which the entire communications system is checked.

COMMITMENT TO EXCELLENCE BY PROVIDING THE BEST POSSIBLE RESPONSE TO THE STATE OF ARIZONA.

Emergency Response Program is committed to providing the best possible response capability to the citizens of Arizona. The program will continue to work with our partners in the first responder community and provide highest quality of assistance to any radiological accident or incident in the state of Arizona.

Arizona Medical Radiologic Technology Board of Examiners 2004-2005 Annual Report

The Medical Radiologic Technology Board of Examiners (MRTBE) was established in 1977 after extensive study and review of documented statistics revealed that: (1) the major portion of the populations man-made radiation exposure in the United States is from the use of medical and dental x-ray producing equipment; and (2) of that portion, a significant amount is unnecessary because of the sub-optimal use of equipment by the operator. The preamble of the MRTBE law states:

“It is declared to be the policy of this State that the health and safety of the people of the state must be protected against the harmful effects of excessive and improper exposure to ionizing radiation. Such protection can, in some major measure, be accomplished by requiring adequate training and experience of persons operating ionizing radiation equipment under the direction of licensed practitioners. It is the purpose of this act to establish standards of education, training and experience and to require the examination and certification of operators of x-ray equipment.”

Arizona Revised Statutes §32-2801 et. sec., provide for a Board of Examiners consisting of ten members appointed by the Governor, and a statutory chairman who is the Director of the Arizona Radiation Regulatory Agency. The responsibilities of the Board include:

Assuring that applicants have met minimum standards of education and training.

Setting standards for, and granting approval to schools of radiologic technology.

Administering certification exams for technologists, special permit applicants and refresher exams for technologists who have not practiced for three years.

Conducting investigations to assure compliance with MRTBE statutes and rules.

Pursuing statutory remedies to resolve problems involving uncertified, non-exempt ionizing machine operators.

Interacting with national and state professional and certifying organizations for technologists.

Assuring optimum testing standards by contracting when necessary with national professional registries to administer certifying exams to qualified applicants.

MRTBE CERTIFICATES

| Certification | Number of Active Certificates |
|--|--------------------------------------|
| <u>Radiologic Technologist</u> | 5,824 |
| <u>Therapy Radiologic Technologist</u> | 453 |
| <u>Nuclear Medicine Technologist</u> | 462 |
| <u>Mammography Radiologic Technologist</u> | 998 |
| <u>Practical Radiologic Technologist</u> | 1,031 |
| <u>Practical Radiologic Technologist Unlimited</u> | 24 |
| <u>Practical Radiologic Technologist Podiatry</u> | 100 |
| <u>Special Permit</u> | 6 |
| <u>TOTAL</u> | 8,898 |

**THE MEDICAL RADIOLOGIC TECHNOLOGY
BOARD OF EXAMINERS**

MEMBERS

Aubrey V. Godwin, MS, Chairman
Tammy Allgood, Public Member
Carol A. Conti, Radiologic Technologist
Dean L. Gain, M.D., Licensed Practitioner
Marco Lara, Radiologic Technologist
Michael J. Locke, Practical Radiologic Technologist
Jonathan Sanders, Radiologic Technologist
Martin G. Schotten, Radiologic Technologist
Burton N. Shapiro, D.C., Licensed Practitioner
Shirley Wagner, Nuclear Medicine Technologist
Vacant, Public Member

STAFF

John M. Gray, RT
Executive Director

Sarah Penttinen
Special Investigator

Stephanie Erra
Administrative Secretary

Vacant
Administrative Secretary (2)

Correspondence should be to:

Mr. John Gray, RT; MRTBE; 4814 S. 40th Street; Phoenix, AZ 85040-2940. Phone (602) 255-4845

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ARIZONA STATE LEGISLATURE

INTERIM MEETING NOTICE **OPEN TO THE PUBLIC**

**SENATE HEALTH AND HOUSE OF REPRESENTATIVES HEALTH
COMMITTEE OF REFERENCE FOR THE:
SUNSET OF THE HEALTH FACILITIES AUTHORITY
SUNSET OF THE MEDICAL RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS
SUNSET OF THE NURSING CARE INSTITUTION ADMINISTRATION AND ASSISTED LIVING
SUNSET OF THE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS
SUNRISE REQUEST OF THE ARIZONA ASSOCIATION FOR HOME CARE
SUNRISE REQUEST OF THE ARIZONA MIDWIFERY INSTITUTE
SUNRISE REQUEST OF THE ARIZONA ALLIANCE OF SURGICAL SPECIALISTS**

Date: Tuesday, November 8, 2005

Time: 9:00 a.m.

Place: House Hearing Room 1

AGENDA

1. Call to Order – Opening Remarks
2. Health Facilities Authority
 - Presentation by the Health Facilities Authority
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
3. Medical Radiologic Technology Board of Examiners
 - Presentation by the Medical Radiologic Technology Board of Examiners
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
4. Nursing Care Institution Administration and Assisted Living Facility Managers Board
 - Presentation by the Nursing Care Institution Administration and Assisted Living Facility Managers Board
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
5. Board of Homeopathic Medical Examiners
 - Presentation by the Board of Homeopathic Medical Examiners

- Public Testimony
 - Discussion and Recommendations by Committee of Reference
6. Arizona Alliance of Surgical Specialists
 - Presentation by the Arizona Alliance of Surgical Specialists
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
 7. Arizona Association for Home Care
 - Presentation by the Arizona Association for Home Care
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
 8. Arizona Midwifery Institute
 - Presentation by the Arizona Midwifery Institute
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
 9. Adjourn

Members:

Senator Jim Waring, Co-Chair
Senator Carolyn Allen
Senator Marsha Arzberger
Senator Robert Cannell
Senator Barbara Leff

Representative Rick Murphy, Co-Chair
Representative David Bradley
Representative Laura Knaperek
Representative Linda Lopez
Representative Doug Quelland

10/31/05
jmb

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ARIZONA STATE LEGISLATURE

SENATE HEALTH AND HOUSE OF REPRESENTATIVES HEALTH COMMITTEE OF
REFERENCE FOR THE:
SUNSET OF THE HEALTH FACILITIES AUTHORITY
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ASSISTED LIVING
SUNSET OF THE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS
SUNRISE REQUEST OF THE ARIZONA ASSOCIATION FOR HOME CARE
SUNRISE REQUEST OF THE ARIZONA MIDWIFERY INSTITUTE
SUNRISE REQUEST OF THE ARIZONA ALLIANCE OF SURGICAL SPECIALISTS

Minutes of the Meeting
Tuesday, November 8, 2005
9:00 a.m., House Hearing Room 1

Members Present:

Senator Jim Waring, Co-Chair
Senator Carolyn Allen
Senator Marsha Arzberger
Senator Robert Cannell
Senator Barbara Leff

Representative Rick Murphy, Co-Chair
Representative Laura Knaperek
Representative Linda Lopez
Representative Doug Quelland

Members Absent:

Representative David Bradley

Staff:

Beth Kohler, Senate Health Research Analyst
Elizabeth Baskett, House Health Research Analyst

Co-chairman Murphy called the meeting to order at 9:12 a.m. and attendance was noted.

Presentation by the Health Facilities Authority

Blaine Bandi, Executive Director, Health Facilities Authority (HFA), stated that his organization was established in 1977 to issue bonds exempt from income tax on the Authorities interest which enables them to get lower interest rates. He explained that the Authority would then loan their proceeds to health care facilities at lower rates than the healthcare facilities would receive from banks. Mr. Bandi remarked that the Authority provided low cost loans for rural and underserved healthcare facilities.

He stated that rural communities that have benefited from the program included:

- Flagstaff
- Kingman
- Prescott
- Wickenburg
- Douglas
- Springerville
- Page
- Bisbee
- Camp Verde
- Fort Mojave
- Peach Springs
- Sacaton
- Elfrida
- Morenci
- Ajo
- St. Michaels

Mr. Bandi remarked that the Health Facilities Authority was not a regulatory agency and that it existed solely to improve the health care for the residents of Arizona through the financing of critical health care projects. He remarked that failure to continue the Authority would deprive the State's health care providers of a needed source of tax exempt financing. He respectfully requested the Committee of Reference recommend the Arizona Health Facilities Authority be continued for ten years.

In response to Senator Cannell's question about the possibility of a hospital not paying their loan back, Mr. Bandi told the Committee that since the inception of the HFA in 1977, this had only occurred once. He remarked that payments by that hospital were still being made to HFA. Mr. Bandi added that the residents of the State have no legal obligation to back up those bonds because they were issued solely on the credit of the institution.

Representative Knaperek asked Mr. Bandi to list the seven directors for HFA and he did so as follows:

1. **Bruce Gullede**, health care underwriter who does financing for health care institutions across the country.
2. **Donald Shropshire**, former hospital administrator; Tucson Medical Center.
3. **Jennifer Ryan**, community health center director from Southern Arizona.
4. **Rufus Glasper**, Chancellor of the Maricopa County Community College District.

5. **William Emerson**, City Attorney for the City of Peoria.
6. **Susan Straussner**, Community Health Nurse from Parnell County.
7. **Steven Russo**, Bond Attorney based in Tucson.

In response to Representative Knaperek's question about funding, Mr. Bandi told the Committee that the HFA's annual budget was approximately \$300,000 per year and that revenues to the Authority were generated through bond financing activities. He stated that when the HFA approved bonds, applicants are paying one basis point, which is .01 of one percent of total financing. He remarked that additionally applicants paid 7.5 basis points which was equal to .075 percent. Mr. Bandi told the Committee that the HFA brought in between \$300,000 to one million dollars per year, a five year cycle with one million dollars every fifth year. He added that the extra money was used for loans to other healthcare facilities in underserved parts of the State. Mr. Bandi told the Committee that the credit rate was predicated on a number of things, the most prominent being the credit worthiness of the applicant and also on the term and purpose of the loan. He remarked that he had seen the interest rates in the range of about four percent up to about seven percent.

Representative Knaperek asked the amount of savings in interest rates there was for people who used the HFA services. Mr. Bandi responded that historically, the industry used a figure of 15 percent savings going to tax exempt financing versus taxable financing. He stated that today, when interest rates are lower, that 15 percent figure would be closer to 10 or 11 percent.

In response to Representative Quelland, Mr. Bandi stated that the title holder on any property in which the HFA loaned money is going to be that non-profit corporation. He remarked that the HFA had liens on record for every loan they do. Mr. Bandi explained that the bond financing has specific guidelines and rules the HFA must follow in the event of a default.

In response to Senator Leff, Mr. Bandi told the Committee that HFA hired a lobbyist solely from lack of experience with legislative scenarios and to help the organization navigate through the process.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend to continue the Health Facilities Authority Board for ten years. By voice vote, the motion CARRIED.

Presentation by the Medical Radiologic Technology Board of Examiners

Aubrey Godwin, Director, Radiation Regulatory Agency, told the Committee that the Medical Radiologic Technology Board of Examiners (MRTBE) was created in 1977 by

legislation due to the large number of unqualified technicians in the State. He stated that the role of MRTBE was to make sure that technicians or people applying ionizing radiation to a human being had been properly trained. He remarked that the type of technologist observed by MRTBE were X-ray, therapy, nuclear medicine and mammography technologists. Mr. Godwin pointed out that nuclear medicine technology had been added recently to MRTBE's certification program. He stated that MRTBE presently had approximately 9,000 certificate holders, some of whom hold dual certification. Mr. Godwin pointed out that most of the MRTBE cases dealing with disciplinary matters were related to failure to pay dues or questionable certifications since their last sunset review.

In response to Senator Allen, Mr. Godwin explained that drug treatment was made available through MRTBE for certified technicians who may need it and failure to successfully complete these proceedings would result in termination of certification.

In response to Senator Cannell, Mr. Godwin said that most of the drug related issues with technicians took place in larger institutions such as hospitals as opposed to private physician offices. He stated that if the institution where a troubled technician worked had a drug treatment program, MRTBE would direct the technician to utilize that program and if not, the technician would attend an independent drug program paid for by the technician.

In response to Senator Arzberger, Mr. Godwin remarked that due to the different State requirements for technician certification, out of town applicants must be certified in Arizona before working in this State.

In response to Representative Knaperek, Mr. Godwin told the Committee that there were both nationally certified and non-nationally certified radiological technician schools in Arizona. He stated that the vacancy on MRTBE had been available for less than one year.

In response to Representative Murphy, Mr. Godwin told the Committee that he looked forward to finding a citizen to fill the vacancy on the MRTBE.

In response to Representative Knaperek, Mr. Godwin remarked that due to the shortage of technicians in the State, Arizona has experienced an influx of out of State technicians.

In response to Senator Allen, **John Gray, Program Manager, MRTBE**, informed the Committee that a high school graduate could enter into the field of radiological technology either through community college or privately funded programs. He added that private school training took two years or less.

In response to Senator Leff, Mr. Godwin stated that there was a continuing education requirement in place for the field of radiological technology due to changing technology.

Public Testimony

Jerry High, Arizona State Society of Radiologic Technologists, told the Committee that out of concern for public safety, he was glad that certification was required before becoming a technician.

In response to Senator Leff, Mr. Hyde said that passing the "Registry," a test sponsored by the American Association of Radiologic Technology (AART) was very difficult, yet allowed him to be nationally certified.

In response to Senator Leff, Mr. Godwin told the Committee that radiologic technologists were certified professionals, not licensed professionals.

Stephen Sapareto, Director of Medical Physics, Banner Good Samaritan Hospital, stated that he was the boss of the technologists at his facility and expressed the importance of technologists to be certified. He pointed out that another group certified by MRTBE were radiologic therapists, who administered ongoing care such as chemotherapy, and that it was especially important for these therapists to be certified.

In response to Senator Leff, Mr. Safereto explained that radiologic technologists and therapists had a chief technologist or therapist supervising them, followed by a chain of command that ultimately led to a physician at his facility.

Jeff Siupik, Director of Radiation Services, MRTBE told the Committee that being a director of technologists, he is concerned about the shortage of technologists in the State due to strict standards by the MRTBE on non-local technologist operating machinery in a crisis situation.

Senator Leff opined that two weeks, the time it takes for MRTBE to certify a non-local technician, was not a long period of time.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend to continue the Medical Radiologic Technology Board of Examiners for ten years. The motion CARRIED by voice vote.

Presentation by the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers

Allen Imig, Executive Director, Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers (BENCIA/ALFM), informed the Committee that the Board was created in 1975 to protect the public's health and welfare by regulating and licensing nursing care institution administrators. He stated that in 1990, the board statutes were amended to add the responsibility of certifying and regulating adult home care managers and renamed in 1998 to Assisted Living Facility Managers. The mission of the Board was to protect the health, welfare and safety of its

citizens, to seek and institute the use of services of nursing care institution administrators and assisted living facility managers. Mr. Imig said that the Board's procedures helped ensure quality and competency standards were met by administrators and managers. In addition, the Board approves continuing education courses to make sure quality and useful education is being taught. He explained that since June of 2005, the Board had undergone an "extreme makeover" with virtually all new members being appointed. This reduced the back log of uninvestigated complaints significantly. Mr. Imig told the Committee that the Board had reduced their staff from five to three, leaving an executive director, investigator and a licensing coordinator. He encouraged the Committee to continue the BENCIA/ALFM.

In response to Senator Allen, Mr. Imig said that the Board consisted of five managers, two public members and the remaining members were administrators.

Senator Allen opined that home care nursing staff deserved better pay.

In response to Senator Waring, Mr. Imig stated that the changes made to the Board has helped, but not solved its financial problems.

In response to Senator Arzberger, Mr. Imig said that his Board investigated complaints from citizens regarding private care nurses and administrators as well as complaints filed by the Department of Health Services.

In response to Senator Waring, Mr. Imig told the Committee that the Board's website contained information regarding decisions on disciplinary action.

In response to Senator Allen, Mr. Imig explained that out of the last renewal period for managers, 2,000 of 2,500-2,600 renewal notices sent were renewed, causing 578 expired notices to be sent by the Board.

In response to Senator Leff, Mr. Imig opined that his Board received between 60 and 70 complaints a year, mainly not health care related but administrative related.

In response to Senator Waring, Mr. Imig stated that with the current staff, the Board should catch up on its back log of complaints by January 2006.

In response to Representative Quelland, Mr. Imig remarked that the Board was actively seeking replacements for the three vacancies on the Board.

Senator Leff suggested that the Committee send a letter to the Governor encouraging her to appoint the three positions.

In response to Representative Quelland, Mr. Imig opined that he would like to see a five year continuation be given to the Board.

Representative Knaperek remarked that time elected to the Board would reflect concerns with term limits and not reflect faith in Mr. Imig.

Public Testimony

Robert Frechette, President, Arizona Health Care Association (AHCA), told the Committee that on behalf of his Board, he would like to offer support in the continuation of the BENCIA/ALFM. He opined that the efforts implemented by the new staff showed that the Board was very serious about suggestions and concerns brought forth by the Legislature.

In response to Senator Waring, Mr. Bruschette stated that the AHCA was seen as the organization that represented the for profit facilities, containing some non-profit facilities and representing assisted living communities and independent full service communities. He said that Assisted Living Federation represents assisted living centers in homes and the Arizona Association of Homes for the Aging represents a number of facilities seen as non-profit businesses.

In response to Senator Cannell, Mr. Bruschette opined that if fee increases were necessary to fund the continuation of the Board, that it would be supported by AHCA.

Senator Leff stated that if the Committee made a five year recommendation at this meeting and the audit comes out in December and is changed, the legislation coming out in January does not have to be the same as the recommendation.

Representative Knaperek told the Committee that Mr. Imig had a good work history as a Director in other fields.

In response to Representative Knaperek, Beth Kohler, Senate Health Research Analyst, stated that the first audit of the Board would take place approximately six months after nomination adding an 18 month follow up audit, only if the requirements and recommendations made by the report were not met.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend that the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers be continued for two years. The motion FAILED.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend that the Board of Examiners Nursing Care Institution Administrators and Assisted Living Facility Managers be continued for five years pending the findings of the Auditor General's report due in December of 2005. The motion CARRIED.

Presentation by the Board of Homeopathic Medical Examiners

Chris Springer, Executive Director, Homeopathic Board, told the Committee that she had worked for the Board of Homeopathic Medical Examiners (BHME) since 1999. She complimented appointments made to the Board by all of the Governors on both the Democrat and Republican side. She opined that the laws governing the licensing of homeopathic physicians set forth by the State had been upheld. Ms. Springer stated that a potential audit could be helpful in improving procedures and welcomed the process of an impartial audit. She said that the Board currently has 117 licensed homeopathic physicians.

Senator Leff opined that it was nice to hear Ms. Springer suggest an audit of the Board and noted that BHME had gone approximately 20 years without an audit.

Senator Allen opined that she would like to see an audit of the BHME as well. She added that in no way did legislation intend to do away with the homeopathic form of medicine.

In response to Representative Lopez, Ms. Springer stated that a licensed homeopathic physician could only continue to practice in one state after receiving disciplinary action in another state for less than one year, due to the Board's annual renewal application required of all homeopathic physicians, which would discover the violation in the other state.

In response to Representative Murphy, Ms. Springer said that there was the possibility of a physician being dishonest about any past disciplinary action, however, there is a standard penalty in place for such an event.

In response to Senator Waring, Ms. Springer told the Committee that there was not an easily accessible data base of criminal background checks for physicians and added that the fee to search names on the federal data base was \$3.75 per name.

Senator Leff opined that being dishonest on an application should have strong consequences for any physician when dealing with the subject matter of past disciplinary action.

Dr. Charles Schwengel, President of the Homeopathic Medical Licensing Board, told the Committee that being dishonest on an application was the most egregious of unprofessional conduct that could happen.

In response to Representative Knaperek, Ms. Springer stated that a physician lying on the application was discovered once and a letter of concern was issued.

Representative Knaperek opined that there should be a certain amount of consideration afforded to the applicant on whether the incident was an issue of forgetfulness or deliberate intent.

In response to Senator Cannell, Ms. Springer stated that setting aside funds to check each individual physician's background would be a step in the right direction.

Senator Allen remarked that the concerns stated today could be addressed in the forthcoming audit.

In response to Representative Quelland, Ms. Springer told the Committee that some traditional doctors became homeopathic physicians, and then dropped their traditional medical license.

In response to Representative Quelland's comments on a medical doctor dropping their license to pursue homeopathy due to decreased chances of medical malpractice occurring, Dr. Schwengel remarked that he could not comment on the personal reasons a physician might do this.

In response to Representative Murphy, Ms. Springer stated that the percentage of homeopathic physicians who were previously licensed as medical doctors was very low.

Representative Murphy told the Committee that some physicians may choose to not carry medical malpractice insurance to avoid becoming a target for medical malpractice.

Senator Cannell opined that there was a fear with physicians of becoming a target for medical malpractice by carrying medical malpractice insurance.

In response to Senator Waring, Ms. Springer stated that BHME kept records indefinitely of reported complaints against homeopathic physicians. She told the Committee that in her opinion, the BHME should only keep records for up to five years similar to other medical boards.

In response to Senator Waring, Ms. Springer remarked that she felt it necessary to keep records of complaints for longer than five years, only if they were substantiated.

In response to Senator Allen suggesting that more public members should be on the BHME, Ms. Springer said that additional public members on the Board would be a good idea.

Public Testimony

Dr. Kathleen Fry, dually licensed by the Arizona Medical Board and Arizona Homeopathic Medical Board, told the Committee that she had gathered a large amount of important information pertaining to the BHME that she would like to share with the Legislature and the Office of the Auditor General. She stated that she had been committed to the practice of homeopathic and alternative medicine for twenty years in Scottsdale, Arizona. She remarked that it was not her intent to keep patients from receiving homeopathic care. Dr. Fry opined that the BHME had been grossly negligent

in its spiritual, moral and judicial responsibilities to protect the public from unscrupulous physicians by licensing felons, failing to adequately discipline physicians who had harmed patients, failing to adequately file complaints against other board members and by giving licenses to physicians who could not pass a basic oral examination of homeopathy. She stated that when she was recruited to the BHME in 1994, she was informed by the Board that her dues were necessary to keep the Board in existence and to allow her to continue to practice homeopathic medicine. Dr. Fry remarked that the dues for the Association were \$1000 per year in addition to the \$500 per year licensing fee and the \$150 dispensing fee. She explained that if a homeopathic physician in Arizona lost their M.D. license in another state, they could still practice homeopathy here in Arizona which gives that physician the power to write prescriptions for all classes of drugs, conduct minor surgery in their office, perform acupuncture and various other medical techniques. In conclusion, Dr. Fry told the Committee that the homeopathic license gives the physician a much broader range of modalities that they can use with much less scrutiny and training.

In response to Senator Waring, Dr. Fry stated that in theory, physicians who had marks on their records in other states should be rehabilitated in that state before being allowed a license in Arizona, but that had not always been the case.

In response to Representative Knaperek, Dr. Fry remarked that transcripts from board meetings that she had obtained from Ms. Springer, were public record.

In response to Senator Leff, Dr. Fry explained that a device called a sputnik originated in Russia and is swallowed by a patient and designed to kill parasites by radiation. She told the committee that a physician sold the device to a patient in Florida over the phone, and that upon taking this device orally, the patient developed a bowel obstruction resulting in the removal of several feet of her intestine. She added that the said physician, being one of the originators of the BHME, only received a letter of concern and an apology by the Board for placing that letter in the physicians file.

In response to Senator Waring, Dr. Springer told the Committee that she disagreed with Ms. Fry's perception of the Board.

Dr. Todd Rowe, Homeopathic and Integrative Medical Physician, Desert Institute of Classical Homeopathy, dually licensed, told the Committee that he had been practicing homeopathic medicine for over twenty years. He urged the Committee to continue the BHME. He remarked that after attending several meetings over the years of the BHME, he had found most of what Dr. Fry said to be untrue.

In response to Senator Cannell, Dr. Rowe stated that the number of out-of-state homeopathic physicians licensed in Arizona was very small. He explained that Arizona was one of only three states who had homeopathy boards and that this was another reason for an increase in out-of-state applicants in this State.

In response to Senator Leff, Dr. Rowe said that his homeopathy school had a 1,000 hour program for homeopathy, with plans on expanding that program to 4,000 hours within the next few years.

In response to Senator Leff, Dr. Rowe stated that the qualifications for a license for homeopathy consisted of either 40 hours of class of homeopathy, in addition to 300 hours of alternative medicine, or 90 hours of class for homeopathy. He opined that this met the minimum requirements to become a homeopathic physician and commented on the fact that some applicants were already licensed medical doctors.

Lee Bakunin, practicing attorney in Arizona for 36 years, representing self, told the committee that he had spent the last eleven years of his life studying homeopathy. He explained that after the required 90 hours, there was no continuing education required to continue practicing homeopathy. Mr. Bakunin said that the Auditor General may come across the problem of incomplete records of past BHME meetings.

In response to Representative Quelland, Mr. Bakunin said that he currently had studied about 2,000 hours of homeopathy.

Gladys Conroy, patient of homeopathy, representing self stated that homeopathy had saved her life. She told the Committee that standard medication caused her great danger.

Clifford Heinrich, practicing family physician for alternative medicines, opined that no alternative medical board should be able to have jurisdiction over the spiritual practice of homeopathy. He added that he had obtained over 1,200 hours of homeopathy. Dr. Heinrich told the Committee that he had a petition with 200 signatures recognizing homeopathy as a spiritual practice. He stated that he had an additional petition to request the Legislature audit the BHME for "reasons previously addressed in the meeting."

In response to Senator Allen, Dr. Heinrich opined that homeopathy was being misrepresented by the BHME from its original spiritual foundation, causing the public to believe they were receiving homeopathic care when in fact, they were not.

In response to Representative Knaperek question about the spiritual aspect of homeopathy, Dr. Heinrich explained that a nonmaterial substance was one that had been diluted to a point where the original property is no longer there, leaving only the essence of that object.

In response to Representative Murphy, Dr. Heinrich told the Committee that he wanted the separation between homeopathy and alternative medicines distinguished by the State.

Amanya Jacobs, Director of Evolution of Self/Soul School Homeopathy, remarked that she was deeply committed to making homeopathy available to all citizens in the

State. She said that the Board regulated activities that it deemed homeopathy which were totally unrelated to that area of medicine. Ms. Jacobs stated that she was in favor of an audit of the BHME.

Linda Heming, Arizona Homeopathic and Integrative Medical Association, told the committee that western medicine could not help her and homeopathy saved her life.

Senator Leff remarked that the open meeting law stated that recordings and minutes must be kept by the open body and must be accurate and open for inspection three days after the meeting, with no language about whether or not they could be destroyed at any time period.

Russell Olinsky, patient of homeopathy, spoke in favor of the BHME.

Cynthia MacLuskie, patient of homeopathy, told the Committee that all homeopathy medicines were not available at health food stores and that prescriptions were the only way to obtain some of these medicines.

Lisa Platt, Arizona Homeopathic and Integrative Medical Association, speaking on behalf of the BHME, remarked that BHME was not recruiting felons. She stated that a number of patients had told her how homeopathy had saved their lives.

Senator Allen moved that the Senate Health and House Health Committee of Reference recommend that the Board of Homeopathic Medical Examiners continue for two years, adding the request for an audit addressing the concerns covered in today's committee.

Representative Quelland explained his vote. He said that although he did not have an educational background in homeopathy, the homeopathic physicians had a certain amount of disagreement and confusion among themselves. He reminded the Committee that this was just a recommendation and that someone was going to create a bill and that bill would be voted on, making today's vote not a guarantee that the Board will continue, and he voted "aye."

Senator Cannell explained his vote. He said that although he advocated homeopathy and the continuation of the Board, that the BHME had suffered a "major black eye" today. He opined that the director and the president of the boards had not changed their attitudes and that they should consider their Board a precious commodity by not diluting their group of good physicians with out of state applicants with questionable credentials and he voted "aye."

Senator Leff explained her vote. She requested the Auditor General to do both a financial and performance audit. She remarked that the people who came forward today against the Board should feel free to do so without retaliation and she voted "aye."

Senator Waring explained his vote. He said that he was very frustrated with the Board, and that he would be the first to vote "no" on a bill in the following session if changes weren't made, but since today's vote was merely a recommendation, he would vote "aye."

Representative Murphy explained his vote. He said that he shared many of the concerns voiced by the Committee members today and looked forward to hearing what the Auditor General had to say and he voted "aye."

The motion CARRIED by a roll call vote of 9-0-1 (Attachment 1).

Representative Murphy RECESSED the meeting at 1:35 p.m. to the sound of the gavel.

Representative Murphy RECONVENED the meeting at 2:30 p.m.

Presentation by the Arizona Midwifery Institute

Marinah Valenzuela Farrell, President of the Arizona Midwifery Institute (AMI), submitted handouts (Attachment A) and (Attachment B) to the Committee. She told the Committee that as midwives, their main concern was for safe outcomes of mothers and babies. She remarked that midwives chose home birth because they believe that birth is a natural and safe event in the life of a woman. Ms. Farrell explained that in the 1970's, midwifery became licensed in the State, yet because of medical liability issues, midwives had experienced difficulty in consults with physicians and access to items to assist in home birth.

In response to Senator Allen, Ms. Farrell stated that midwife licensing exams were very tough and that she had received specialized intravenous training in New Mexico through the local hospital.

In response to Senator Cannell, Ms. Farrell told the Committee that licensing of midwives was dependent upon number of hours of experience in child birth delivery with that applicant. She stated that there were also schools available to midwives that involved intense clinical training. Ms. Farrell said that a surveyor in the Department of Special Licensure administered a national exam to applicants in which upon passing, the applicant must then go through an oral board and upon passing this, must complete a practical exam which is overseen by the surveyor and other midwives. She told the Committee that midwives were trained in resuscitating babies.

In response to Senator Leff, Ms. Farrell stated that the midwives were requesting that a physician not be required to sign off on supplies.

Representative Lopez opined that her own personal experience of giving birth to her last two children at home from midwives was a wonderful experience.

Representative Quelland informed the Committee that Arizona had 53 licensed midwives with 22 of them located in Maricopa County and that there were 343 midwife births in the home in 2004 in the State.

In response to Representative Quelland, Ms. Farrell remarked that none of the 343 reported midwife births reported in 2004 resulted in any problems. She stated that although medical malpractice and liability insurance was available to midwives, the majority refused it due to its cost in proportion to their pay. She told the Committee that the Arizona Health Care Cost Containment System (AHCCCS) discontinued the payment for midwife delivery two years ago due to midwives not carrying medical malpractice and liability insurance which could possibly put AHCCCS at risk for such claims.

Senator Leff stated that midwives dealt mostly with low-risk births and that she would like to see the issue of AHCCCS discontinuing payment for midwife births examined.

Senator Cannell opined that the Committee should hear from AHCCCS because they obviously found midwifery funds a financial risk for some legitimate reason.

Ms. Farrell told the Committee that mothers who chose home births mainly did so, not for financial reasons, but because of belief that the hospital environment was just one intervention leading to another.

Public Testimony

Rory Hays, Arizona Nurses Association, said that the items asked for by the AMI were appropriate, if accompanied by more training. She stated that she opposed expanding prescription privileges for anything requiring a Drug Enforcement Agency number.

In response to Representative Quelland, Ms. Hays said that certification would be appropriate for midwives.

Ms. Farrell stated that the only thing midwives were requesting was the power to obtain items already in their reach through a physician, without that physician's pre-approval and that the laws were already in place on limitations for uses with these items.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend that the Legislature expand the scope of practice for Arizona's licensed midwives by allowing procurement, possession, and administration of various medical devices and medications which will be named in the bill. The motion was CARRIED by voice vote.

Senator Allen opined that midwifery was a choice to be made by the citizen and she hoped that fatalities did not occur due to the choice of using such a method.

Presentation by the Arizona Association for Home Care

Suzanne Gilstrap, representing the patients for the Arizona Association for Home Care (AAHC), stated that AAHC was founded in 1983 with a mission to advance quality home care as an integral component of the health care delivery system. She told the Committee that she believed in continuing education for home care providers. She remarked that AAHC had discussed having a joint workshop with the Physical Therapy Association (PTA) but never actually initiated these workshops. Ms. Gilstrap requested that the Committee grant an expansion to allow physical therapy assistants to work under general supervision of a physical therapist as opposed to direct supervision. She told the Committee that the AAHC respectfully requested the joint Committee recommend that physical therapy assistants be allowed to practice in the home health care setting and only in that setting under the following conditions:

- The supervising physical therapist shall be solely responsible for evaluating the patient and determining a plan of care.
- The supervising physical therapist shall be available at all times via telecommunication while the physical therapist assistant is providing treatment interventions.
- The supervising physical therapist supervises no more than two physical therapy assistants.
- The supervising physical therapist shall see the patient and revise the plan of care no less than every 21 days.
- The supervising physical therapist not assign responsibilities to the physical therapy assistants that in any way allow them to provide evaluation services for procedures.
- Continuing education requirements should be added to the statute as well.
- The physical therapist would be the one responsible for final evaluation and discharge of the patient.

In response to Senator Arzberger, Ms. Gilstrap said that proposing a mileage limit would be a good idea in reference to a physical therapist along with the constant telecommunication contact. She stated that it was not unusual to recommend that the practice of home care be extended to other areas outside of the home such as hospitals.

In response to Senator Leff, Ms. Gilstrap remarked that the AAHC was not intending to mandate what physical therapists do, but to enable legislation that would allow them to choose.

In response to Representative Murphy, Ms. Gilstrap stated that home care therapist assistants were well schooled for their job no matter what setting, with the exception of no clinical experience required of the physical therapist.

In response to Senator Waring, Ms. Gilstrap remarked that in all fields of medicine, health care providers were experiencing an inability to serve patients.

Representative Lopez opined that an outside organization should not be directing physical therapists on how to conduct their practice.

In response to Senator Allen, Ms. Gilstrap told the Committee that currently more than 45 states allow general supervision in the home health care setting and that the only two states that do not allow it are Pennsylvania and Arizona.

Public Testimony

Karen Jeselun, President of the Arizona Association for Home Care, stated that even if there were no home care physical therapist available at the time, a patient could still be released from the hospital even though they required home care to continue recovery. Ms. Jeselun compared the relationship between a physical therapist and a physical therapist assistant to that of a registered nurse and a licensed practical nurse. She told the Committee that all of their home care providers go through an interview process, a mandatory criminal background check and participate in orientation often with preceptors.

In response to Representative Knaperek, Ms. Jeselun stated that Medicare currently paid home health agencies on an episode basis, meaning for every 60 days of time that patient is in the care of a home health provider, the home care provider gets a lump sum. She opined that she was hoping to serve more patients with no increase in cost.

Susie Stevens, representing the Arizona Physical Therapy Association (AZPTA), informed the Committee that the definitions of general supervision and direct supervision needed to be reviewed. She stated that she was there in opposition to the sunrise request.

Heidi Herbst Paakkonen, Executive Director of the Arizona Board of Physical Therapy (ABPT), told the Committee that the ABPT regulates about 3,200 physical therapists and 434 physical therapist assistants. She said that due to lack of detailed information at this time, she would encourage the Board to oppose the Sunrise Application of the AAHC.

In response to Representative Knaperek, Ms. Paakkonen remarked that there were exactly 3,268 licensed in the State but not all of them worked in Arizona. She told the Committee that approximately 2,800 physical therapists listed Arizona addresses. She stated that there were 434 physical therapy assistants and that approximately 396 reside in Arizona and that it was ABPT's estimate that 350 of them were currently working in the field of physical therapy.

In response to Representative Quelland, Ms. Paakkonen stated that the ABPT was required by statute to have three physical therapists and two public members, but no physical therapist assistants.

In response to Senator Leff, Ms. Paakkonen told the Committee that the ABPT does and has disciplined physical therapist assistants.

Bob Direnfeld, President of the Arizona Physical Therapy Association (AZPTA), remarked that his organization was the only one in the State representing physical therapists. He told the Committee that his association opposed the idea of general supervision. Mr. Direnfeld said that patients were getting discharged from the hospital too early in most cases compared to years ago, which cause a greater need for these home care physicians. He remarked that a therapist was ultimately responsible for anything the physical therapy assistant does which puts the physical therapist's license on the line.

In response to Representative Murphy, Mr. Direnfeld opined that passing legislation supporting general care could potentially decrease an even larger amount of physical therapists.

In response to Senator Cannell, Mr. Direnfeld stated that he was not sure that there was a shortage in home health care providers. He also remarked that setting a parameter or definition of a home care patient, would cut down on the patient load.

Representative Knaperek opined that physical therapist assistants should have more of a vote on the Board.

Peter Zawicki, in favor of the sunrise recommendation, told the Committee that physical therapists and physical therapist assistants were trained at community colleges and technical schools across the country. He opined that it was critical that there be communication between the physical therapist and the physical therapist assistant in all patient care.

In response to Senator Cannell, Mr. Zawicki stated that physical therapist assistants were under direct supervision during the education process.

In response to Representative Murphy, Mr. Zawicki remarked that to be able to perform in public health care, it would be helpful if a physical therapist assistant had a certain amount or certain type of training.

Senator Leff opined that home health patients are the most vulnerable patients and she felt uncomfortable "experimenting" with the care of those patients.

Kerry Halcomb, Physical Therapy on Wheels, representing AAHC, opined that he did not believe that a physical therapist could adequately supervise a physical therapist assistant.

Gayle Haas, physical therapist, representing AAHC, remarked that a physical therapist and a physical therapist assistant can work together for years and develop a relationship which allowed for better understanding and communication skills with one another.

Deborah Bornmann, physical therapist, stated that she did not feel represented by her own board. She opined that it was great for an outside organization to try to help physical therapists.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend that the Legislature expand the scope of practice for licensed physical therapist assistants by allowing home health visits under the general supervision of licensed physical therapists. The motion was CARRIED by voice vote.

Senator Waring stated that although he was unhappy with what he had heard today, he hoped discussions were started to improve the situation.

Representative Knaperek remarked that she hoped they could work out their differences for the benefit of the State.

Senator Arzberger opined that changes do need to be made and issues need to be addressed.

Representative Murphy stated that hopefully, this would get people back into discussions.

There being no further business, the meeting was adjourned at 5:12 p.m.

Respectfully submitted,



Jeff Turner
Committee Secretary

(Tapes and attachments on file in the Secretary of the Senate's Office/Resource Center, Room 115.)

Senate Health and House of Representatives Health Committee
of Reference

ARIZONA STATE LEGISLATURE

FORTY-FIFTH LEGISLATURE – ROLL CALL VOTE

Recommendation: THAT THE BOARD OF HOMEOPATHY
MEDICAL EXAMINERS CONTINUE FOR TWO YEARS WITH
A REQUEST FOR AN AUDIT BY THE AUDITOR GENERAL.

| MEMBER | AYE | NO | NOT VOTING | OTHER |
|-------------------------|-----|----|------------|-------|
| Rep. Bradley | | | ✓ | |
| Rep. Knaperek | ✓ | | | |
| Rep. Lopez | ✓ | | | |
| Rep. Quelland | ✓ | | | |
| Senator Allen | ✓ | | | |
| Senator Arzberger | ✓ | | | |
| Senator Cannell | ✓ | | | |
| Senator Leff | ✓ | | | |
| Senator Waring, CoChair | ✓ | | | |
| Rep. Murphy, CoChair | ✓ | | | |
| | 9 | | 1 | |

Committee Secretary JEFF TURNER Date 11-08-2005

Attachment 1