

JUN 11 1984

The Honorable Phil Gramm
United States House of Representatives
Washington, DC 20515

Dear Congressman Gramm:

Thank you for your letter to Mr. Kammerer dated May 18, 1984, on behalf of your constituent, Mr. Bruce W. Hammond, President, Medical Ancillary Services, Inc. Mr. Hammond expressed some concerns about an early draft revision of our regulations governing the medical use of radioactive materials as it pertains to mobile nuclear medicine service companies.

The Nuclear Regulatory Commission staff is currently redrafting the proposed revision of the medical regulations for the Commissioners' consideration. The staff will take Mr. Hammond's comments under consideration when revising the mobile services sections.

The staff plans to forward the proposed revision to the Commissioners late this summer. If the Commissioners approve the proposed revision, it will be published in the Federal Register for public comment.

Thank you for your interest in this matter. If we can provide further information, please do not hesitate to contact us.

Sincerely,

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(Signed) T. A. Rehm

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William J. Dircks
Executive Director for
Operations

*see previous concurrence

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HOUSE OF REPRESENTATIVES, U.S.
WASHINGTON, D.C.

May 18, 1984

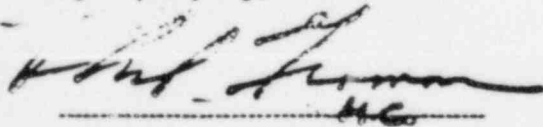
Respectfully referred to

Please update me on this
proposal and let me know
what the NRC plans to do with
it. Thank you.

Rep. Phil Gramm
1230 Longworth House Bldg.
Washington, D.C. 20515

ATTENTION: John Savercool

Very respectfully,



M.C., 6 District.



2100 Highway 360 Suite 806
Grand Prairie, Texas 75050
(214) 988-0703
(800) 442-9905

April 18, 1984

The Honorable Phil Gramm
Representative
United States Congress
United States Capital
Washington, D.C. 20515

Dear Representative Gramm:

Currently there is within the ~~NRC~~ a proposed revision to ~~Part 35, dealing with radioactive materials~~. If this proposed regulation is published and adopted by the NRC changes will have a direct and derogatory effect on the operation of not only our company but other similar providers throughout the country. MASI is a mobile medical services company, providing nuclear medicine, ultrasound and C.T. services to small rural hospitals, primarily in the north central Texas area. For the small rural hospital the mobile service is without a doubt the most efficient way to provide needed patient services. ~~The proposed revision of Part 35 would have a direct impact on not only our services but those of the client hospitals we service.~~

~~The proposed change in Part 35 that has implication on the mobile service has to do with the supplying of radiopharmaceuticals (the radioactive material needed to perform the exam).~~ Presently mobile services are allowed to transport multi dose and single dose vials of radioactive materials both in agreement and non-agreement states. The proposed change would be to allow only transportation and transfer of single, assigned unit doses. The problem with this change is that these unit doses would have to be ordered from a nuclear pharmacy or compounded by the technician before leaving the base hospital. Since they are assigned, no additional patients would be able to be done once we arrive at a hospital. We would be forced to tell the physician "I'm sorry, we cannot do this patient today, he will have to wait until tomorrow". This is neither quality medical care nor cost efficient, nor in my opinion, from a radiation safety standpoint, is it necessary. The impact on our business if we are unable to do additional patients during the day from a

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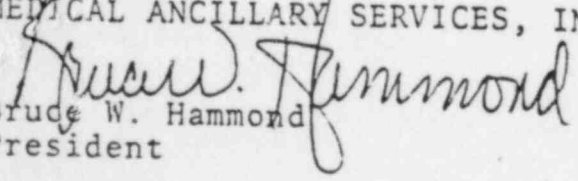
financial standpoint is obvious. The impact on the hospitals is one that is equally as serious. Since the passage of TEFRA and implementation of DRG's, cost effectiveness and efficiency have become major points in the provision of health care. This proposed rule would have the effect of increasing the length of stay for an inpatient in a hospital because we were not allowed to carry an extra dose to perform the examination.

The reason that this regulation would have such a large effect on the small rural hospital is that as you well know, in the rural areas on the average approximately 60-75% of patients are medicare and in some places this is as high as 85%. Obviously an extension in the length of stay for an inpatient could be financially devastating to a small hospital.

Another potential effect this would have on the provision of health care is the inability to perform emergency procedures, as necessary in the field. In most rural locations the nearest nuclear pharmacy is an hour to two hours away. This is not very conducive to providing prompt patient care. If it was your relative or my relative that was in need of this care, I would certainly be more than a bit upset if I had to wait to the next day or for the technician to drive two hours one way and two hours back before he could perform the examination.

I feel that the present licensing system is more than adequate to address the radiological safety aspects of the provision of mobile nuclear medicine. There may be some cases of abuse of the system, however, we should not punish the majority to control the minority. We also need a consistent federal policy. If through TEFRA we are to control costs, we certainly cannot do this if another governmental agency is placing restrictions upon the health care industry that would increase costs. We would appreciate whatever help you may be able to lend in this matter.

Sincerely,
MEDICAL ANCILLARY SERVICES, INC.


Bruce W. Hammond
President

BWH:clh