

**RADIOLOGIC TECHNOLOGY CERTIFICATION COMMITTEE (RTCC)
MEETING MINUTES**

October 4, 2023

California Department of Public Health

Meeting Location:
1500 Capitol Avenue, Building Auditorium, Sacramento, CA 95814

Rajiv Mishra, Ph.D., RTCC Chairman, Chief, Certification Section

COMMITTEE MEMBERS PRESENT

Rachelle Campbell, MSHA, RT(R)ARRT, CRT
Eric Goodman, MD
James Bronk, MD, FACR
Lisa Schmidt, PhD, RT(R)(M), ARRT, CRT
Islam Abudayyeh, MD, MPH, FACC, FSCAI
Tyler Fisher, M.S., DABR,

MEETING SUMMARY

I. WELCOME / OPENING REMARKS

Dr. Mishra called the meeting to order and introduced the RTCC members and California Department of Public Health-Radiologic Health Branch (CDPH-RHB) staff in attendance. He shared various meeting protocols proceeded to the first agenda item.

II. APPROVAL OF OCTOBER 12, 2022, RTCC MEETING MINUTES

Chairman Mishra entertained a motion to approve the October 12, 2022 meeting minutes as written or with necessary corrections.

MOTION I

The committee voted to approve the minutes as drafted.

Motion: Committee Member Bronk

Second: Committee Member Goodman

Vote:

6 Yes: Rachelle Campbell, Dr. James Bronk, Dr. Lisa Schmidt, Dr. Islam Abudayyeh, Dr. Eric Goodman, Mr. Tyler Fisher

0 No

0 Abstain

MOTION PASSED UNANIMOUSLY

III. LEGISLATIVE AND REGULATORY UPDATE

Phillip L. Scott, MA, CRT
Supervising Health Physicist
Registration, Regulations and Quality Assurance Section

Mr. Scott shared the California State Legislature, Assembly, and Senate websites where information on legislation and various bills could be found. He noted that we were in the middle of the 2023-2024 session. He then discussed the following legislative and regulatory updates.

- Assembly Bill (AB) 1069:
 - Would authorize a radiologic technologist who meets the curricula in HSC106985 to perform venipuncture under the general supervision of a physician and surgeon.
 - Would define “general supervision” to mean under the direction of a licensed physician and surgeon who is either physically present within the facility and available within the facility.
 - Assigned to Assembly Health Committee but has not been scheduled for a hearing.
- AB 1704 (2022) - Limited Podiatric Radiography Permit (DPH-22-020)
 - Regulations took effect July 1, 2023.
 - New Permit Scope: Tibia, Fibula, ankle & foot only: includes digital authorization.
 - Supervisor may only be a DPM-Radiography S&O
 - May only perform procedures in a podiatric office (i.e., the physical location of DPM's place of private practice, or, if the approved podiatrist is part of a podiatric medical group, that group's physical place of private practice. “Podiatric office” does not include an office of a medical group that includes a podiatrist, an office within a hospital of a podiatrist who provides services to the hospital patients, or a mobile office.
 - Establishes how a DPM can obtain approval as a limited podiatric radiography educational program.
- AB 188 (Stats. 2023, ch. 42)
 - Amended Radiologic Technology (RT) Act and the Nuclear Medicine Technology Certification law:

- Amended reasons to deny, suspend or revoke certification.
- Added or amended authority to levy civil and criminal penalties.
- Made non-substantial changes.
- Effective July 10, 2023.
- Updates were based on authorities of the California Podiatric Medicine Board, Pharmacy Board, Physical Therapy Board, and CDPH's Clinical Laboratory Technologist and Certified Nursing Assistant programs.

Mr. Scott explained that the legal actions referenced within were from 1969, were slightly amended in 1978, and hadn't been changed since. Due to this, there were unclear terms and terminology usage as well as limitations to those. He explained how this law now updates those to make it more current with today's standards and other allied health programs.

He provided the previous and current descriptions of the updated laws noting that the updates provided much stronger words, a better standard that could be followed, and stronger authority to take actions when necessary. He referenced new language regarding violations of the Radiologic Technology Act as well as the new criminal and civil penalties associate with those violations. He noted that "the department takes great care when taking an action against anyone."

Mr. Scott finished by noting that these were effective now and opened for questions.

DISCUSSION

Committee Member Schmidt referenced the enacted legislation and asked if anyone representing radiologic technology was represented while working on these updated.

Mr. Scott replied "We looked at the certification of similar or allied health programs...but the language is tailored to the Radiologic Technology Act or the nuclear medicine's reputation area. And so we needed to maintain consistency with other California boards."

Mr. Scott replied "Yes. We considered that... but the final signed bill just requires adoption of a new limited podiatric permit." He noted the existing permit's scope is from the knee down, and that person can be supervised by any supervisor and operator, which could be, for example, a medical doctor or chiropractor working in any facility.

Committee Member Campbell remarked “you mentioned ARRT and how students would go and apply and a lot of times they'll do an ethics review. Other allied health areas in California specifically also look at their historical behaviors as far as related to criminal activity or past convictions. Will that be something that's applied? Because I'm looking at this language, and it seems it's only after someone is certified that any of this would apply. Am I incorrect?”

Mr. Scott replied “Yes, this would be after an individual has certification, and then we've issued our certification. And again, we don't take it lightly. We go into very detailed discussions as to what the cause was. We try to find that information out. And whatever action we take has to be supported by the evidence.”

IV. INFORMATIONAL SESSION – OVERVIEW OF THE RADIOLOGIC HEALTH BRANCH (RHB), THE RT ACT, THE RADIATION CONTROL LAW, & THE REGULATORY CONTEXT

Phillip L. Scott, MA, CRT
Supervising Health Physicist
Registration, Regulations and Quality Assurance Section

Mr. Scott shared the objectives of his presentation which would include general terminology, a partial historical background of governmental actions leading to specific laws RHB administers and enforces, informing the community of who RHB is and what we do, providing population data on certificates, permits, school approvals, authorizations, & registrations and delineation of ‘Who and what is regulated under these laws, the regulatory structure of these laws, other laws that may apply, and what is not regulated under these laws.’

He explained terminology of licensed or permitted persons as:

- MD = Medical doctor
- DO = doctor of osteopathy
- DPM = doctor of podiatric medicine
- DC = doctor of chiropractic
- CRT = Certified Radiologic Technologist (diagnostic & therapeutic)
- XT = Limited Permit X-ray Technician

Mr. Scott referenced the Health and Safety Code and noted this was where the RT Act could be found. He referenced Title 17 California Code of Regulations and finally referred to the federal level, or the Nuclear Regulatory Commission (NRC) and the U.S. Food & Drug Administration (FDA)

He summarized the historical background of governmental actions leading to specific laws RHB administers and enforces.

- He noted that Congress enacted the Atomic Energy Act (AEA) of 1946 establishing the Atomic Energy Commission (AEC) and federal control of nuclear power but amended the AEA in 1954 to allow for commercial development of nuclear power, and State regulatory participation.
- In the 1950s, the California Legislature requests the federal government to determine if the AEC is fulfilling its protection responsibilities, and later requests jurisdictional clarifications. They initiated a comprehensive study relating to public health in general and the public health and protection of the public from the healing arts practices, occupations, facilities, and substances.
- In 1957, there was a proposed law to establish licensing for x-ray techs, but this proposal was referred for an interim study by a committee and then was reintroduced in 1967.

He continued that in the 1950s, the California Legislature prohibited the use of fluoroscopes or other x-ray emitting devices in the fitting of shoes unless done so by licentiates that's an MD, DO, DC, DPM or a person practicing a licensed healing art or any person working under the direct and immediate supervision of such persons. Also, in 1959 the Legislature enacted the California Atomic Energy Development and Radiation Protection Law which established a statewide coordinator of state agencies, cities, counties relating to rules and regulations on radiation protection.

Mr. Scott explained that in the 1960s, the California Legislature enacted a number of laws including control of environmental radiation contamination, transportation of radioactive material (RAM), and Radiation Control Law. He noted that in 1962, California became an agreement state under that 1954 Atomic Energy Act change. That agreement resulted in the federal government relinquishing regulatory control over certain radioactive materials in the State of California as long as California maintained that agreement and continued to maintain that.

He noted that the 1961 interim committee to study the regulation and licensing of X-ray equipment concluded in 1962 and said there was no need to amend the Radiation Control Law dealing with X-ray machines in professional offices. Despite this, he noted that there were 8 legislative proposals to amend it within that decade.

He emphasized that in February 1965, a Senate fact-finding committee report recommended legislation to provide that no one except licentiates of the healing arts shall use x-rays or x-ray producing equipment on human beings for

diagnostic or therapeutic purposes without having been certified by our department after meeting educational requirements and passing an exam.

The report provided that licentiates of the healing arts must supervise all x-ray exposure of human beings for diagnostic and therapeutic purposes and amended the Medical Practice Act to require applicants for a physician's and surgeon's certificate and applicants for podiatrist's certificate to show evidence of having attended a medical school whose curriculum provided for adequate instruction in radiology including roentgenologic technique and radiation safety.

Finally, the report amended the Medical Practice Act to require applicants for a physician's and surgeon's certificate and applicants for a podiatrist's certificate to pass an examination in roentgenologic technique and radiation safety.

He explained that in 1965, June – SCR 53 (Res. Ch. 188) directed the Dental & Medical Boards, in examinations which they give applicants, to include a sufficient number and variety of questions concerning roentgenologic techniques and radiation safety to provide reasonable assurance that the candidates are adequately trained to use X-rays safely and skillfully. Each board was also required to submit a report in 1967.

He noted that in July 1965, the Medical Practice Act was amended to require, as of September 1, 1965, all MD/DO/DPM students to complete courses covering, and certification applicants to pass an exam, that included roentgenologic technique and radiation safety. The examination and these requirements were administered by the medical, osteopathic and podiatric boards.

In 1968, Congress enacts the "Radiation Control for Health and Safety Act" to establish national performance standards for products emitting ionizing radiation. U.S. FDA adopts standards effective August 1, 1974.

He explained that in 1969, California's Radiologic Technology Act was enacted, taking effect January 1, 1971 for non-licentiates, and January 1, 1972 for licentiates, but was set to expire at the end of the 1975 legislative session. This also accounted for Senate Bill (SB) 1379 which required dentists, or DDS, or any person employed by the dentist to pass a radiation safety exam administered by the Board of Dental Examiners.

Mr. Scott shared that from 1970 to the present day, there had been a number of amendments to the RT Act which he would cover later in his presentation. Lastly, he noted that in 1978 the Legislature enacts the certification requirements for nuclear medicine technology. At this time, he opened the floor to questions.

Committee Member Abudayyeh asked if there were provisions for updating the boards and the contents of the boards to maintain concurrency with changing technologies, practice pattern and protection equipment, which seems to be

changing almost twice a year? He clarified that he was speaking of the licensure boards.

Mr. Scott explained that each of the licensure boards have their own authorities and they are under their own legal structure. We don't have oversight of any of that. And so all we can do is recommend to those boards to do that. He noted that with our own things, we look at as much as possible as technology changes and we do have plenty of things on our list. And so, when we do those, we do put those out. Those go through a rulemaking if it's a regulatory change. If it's a statutory change, that has to be done by the Legislature. Lastly, he noted that he couldn't answer directly because the other boards are not under our purview.

Mr. Scott summarized and noted the reason for going through the history. He explained "we should recognize all those people that were involved in all of these actions, the people's effort, the legislative efforts, the congressional efforts, of people moving to where we are... I'm hoping that you take a better appreciation or understanding of what people brought to us, and how we can remember that many years ago things resulted in what we do today."

Mr. Scott resumed his presentation and proceeded to describe the makeup of the Radiologic Health Branch (RHB), the Center of Environmental Health, and the Division of Radiation Safety and Environmental Management. He noted that the RHB handled more than just certification and schools, they deal with radioactive materials and x-ray machines. He explained that they also administer and enforce specific laws such as control of radioactive contamination of the environment, transportation of radioactive material, Radiation Control Law, the Radiologic Technology Act, and the Nuclear Medicine Technology (NMT) certification laws.

He explained that under the Radiation Control Law (RCL), the state policy is in furtherance of its responsibility to protect the public health and safety, to institute and maintain a regulatory program for sources of ionizing radiation so as to provide for compatibility with the standards and regulatory programs of the federal government, an integrated effective system of regulation within the state, and a system consistent with, insofar as possible, with those of other states.

Further, he explained that the purpose of the RCL is to effectuate the policies set forth in Section 114965 by providing for programs to:

- Effectively regulate sources of ionizing radiation for the protection of the occupational and public health and safety.
- Promote an orderly regulatory pattern within the State, among the states, and between the federal government and the State, and facilitate intergovernmental co-operation with respect to use and regulation of sources of ionizing radiation to the end that duplication of regulation may be minimized.

- Establish procedures for assumption and performance of certain regulatory responsibilities with respect to byproduct, source, and special nuclear materials.
- Permit maximum utilization of sources of ionizing radiation consistent with the health and safety of the public. (HSC 114970.)

Mr. Scott continued that California is an agreement state under the federal Nuclear Regulatory Commission. As such, we have to deal with the occupational and public dose limits of our personal monitoring. He then referenced the 1974 x-ray machine manufacturing standard laws found in Title 21 of the Code of Federal Regulations (10 CFR) as well as the Mammography Quality Standards Act (MQSA) of 1992 which established the mammography certification that we issue under the Radiologic Technology Act.

Mr. Scott explained that ionizing radiation is regulated under the Radiation Control Law and elaborated, referring to gamma rays and x-rays; alpha and beta particles, high-speed electrons, neutrons, protons, and other nuclear particles; but not sound or radio waves, or visible, infrared, or ultraviolet light. He then delineated the persons regulated and explained that “person” means “any individual, corporation, partnership, limited liability company, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this state, any other state or political subdivision or agency thereof, and any legal successor, representative, agent, or agency of the foregoing, other than the United States Nuclear Regulatory Commission, the United States Department of Energy, or any successor thereto, and other than federal government agencies licensed by the United States Nuclear Regulatory Commission, under prime contract to the United States Department of Energy, or any successor thereto.”

He explained ways in which the RHB regulates, noting that for radiation machines or x-ray machines, the department requires that people register those and renew that registration on a 2-year cycle. He noted that the RHB deals with Radioactive materials (RAM) and that licenses are issued for that under a specific or general license or may be exempt. He noted that all radiation users are subject to inspection. Next, he described other regulated persons such as Therapeutic physicists and mammography medical physicists. Lastly, he noted that his staff review the shielding calculations and drawings for x-ray machines operating over 500 kVp for therapy machines.

Mr. Scott proceeded to describe the Radiologic Technology (RT) Act, the purpose of which is to protect the public from excessive or improper exposure to ionizing radiation by establishing standards of education, training, and experience for persons who use X-rays on human beings and to prescribe means for assuring that these standards are met.

He continued that Pursuant to the RT Act, the RHB:

- Certifies individuals as radiologic technologists; permits individuals as limited permit X-ray technicians (XT) in specific permit categories.
- Permits licensed physician assistants in the use of fluoroscopy equipment.
- Certifies and permits licensed medical, osteopathic, podiatric, and chiropractic doctors for the use of diagnostic or therapeutic X-rays within the scope of their professional license.
- Approves schools that provide the training courses so an individual can become a CRT or Limited Permit Technician (XT).
- Manages the Radiologic Technology Certification Committee (RTCC) and its public meetings.

Mr. Scott described the RTCC's purpose is to assist, advise, and make recommendations for the establishment of rules and regulations necessary to ensure the proper administration and enforcement of RT Act. He noted the committee's professional makeup, legal requirements for membership, and remarked that members are appointed by the CDPH director.

Mr. Scott then described the RT Act and the numerous changes that had happened since enactment as follows:

- As enacted, RT Act:
 - The 1975 expiration date is fully repealed in 1980.
 - The licentiate exam requirement enacted in 1965 was placed into the RT Act.
 - Provided transition procedures for prior qualified individuals, later repealed.
- 1973 – On the Job training authority added.
- 1983 – CRT venipuncture assistance added, and last amended in 2012.
- 1992 – Separate mammography certification added.
- 2002 - Licentiate bone densitometry permit added.
- 2006 & 2008 – CT/PET authorization added & clarifications made.
- 2009 – Fluoro permitting for Physician Assistants added.
- 2022 – Limited Podiatric Radiography Permit added.

- 2023 – Denial, suspension, & revocation authorities and penalty provisions updated.

He offered terminology surrounding certification, Radiologic Technologists, Limited Permits, Licentiates and certified supervisor and operators (S&Os). He explained that a certificate or permit is issued to an individual and cannot be used by someone else to perform duties for which certification is required. He noted that certificates and permits may be denied, revoked, or suspended for impersonating another certified or permitted individual, or permitting or allowing another person to use a certificate or permit, for the purpose of providing radiologic technology services.

Mr. Scott then described the certification structure in regulation. He noted that the authorization types for certified rad technologists had 3 certificates (Diagnostic, Therapeutic, and Mammographic) and 1 permit (Fluoroscopy). He then described the x-ray technician structure noting the many different permit categories and explaining how each stands alone. He continued by describing the licentiate structure and describing the single Radiology certificate and the 5 types of permits available to supervisors and operators. He noted that the permits could be held in combination with others. Lastly, he referenced the physician assistant fluoroscopy permit.

Mr. Scott noted that under the RT Act, the RHB approves all the Radiologic Technology (RT) schools or “x-ray schools.” He noted the amount of RT schools, X-ray Technician Permit schools, and Physician Assistant (PA) schools. He commented that the RHB had a new limited podiatric radiography permit school category that had some applicants and then described the statewide geographic locations of all RT schools.

Mr. Scott then introduced the Nuclear Medicine Technology (NMT) certification noting that the certification law was enacted in 1978 and clarifying that the RT Act doesn’t apply to NMT. He explained that the NMT certificate authorizes:

- Diagnostic in vivo and in vitro tests involving measurement of uptake, dilution, or excretion, including venipuncture, but not involving imaging.
- Diagnostic nuclear medicine technology procedures involving imaging, including venipuncture.
- Use of generators and reagent kits for preparation of radioactive material.
- Internal radioactive material therapy.

Mr. Scott proceeded to explain terminology noting Certified Technologists, Nuclear Medicine as CTNM and Nuclear Medicine Physicians as NMP. He explained that NMP must be listed on a RAM license issued under the Radiation Control Law and is subject to NRC regulatory changes. Lastly, he stated that

technologist must be under the NMP's supervision. At this time, he opened the floor to questions.

Committee Member Goodman asked Mr. Scott to go over the difference between a certificate and a permit for the positions. Member Goodman confirmed his understanding that certificate is a radiologist only, the designation. And the permits are the cardiologists, the orthopaedic surgeons and the pulmonologist and everyone else that wants to use the radiology equipment. Mr. Scott affirmed this understanding.

Mr. Scott advised "The certificate permit number that you see in your authorization document on the bottom left, a lot of people like to use the acronym that's in front of the numbers. Please don't use that to determine what the authorization is. Because that is tied to a data base and it's just coding. If you see an RHL or an RHC in front of those numbers, please don't use that. The document states what the authorization is. And the authorization, the scope, is specified in the regulation."

Committee Member Goodman asked if physician assistants with fluoroscopy licenses had to be under supervision by a radiologist or someone similar. Mr. Scott affirmed that physician assistants with fluoroscopy permits can only function under the supervision of a licensed physician and surgeon, an MD or a DO. He noted that they are also regulated oversight by the Physician Assistant Board and referred to the regulations regarding supervision starting at section 30456.

Committee Member Fisher asked "Can you break down the facilities excluding dental, because with 31,000 facilities and 26,000 diagnostic RTs, I think there's a disconnect there."

Mr. Scott replied "The certification numbers that I identified here are individuals. A facility is a person which encompasses anything. And it could be an individual doctor. And so you really can't equate the two. They just don't connect... you can't equate the registration side and the certification side."

Mr. Scott continued and noted that the RHB perform actual inspections on all the facilities to verify compliance with the RCL, the RT Act, and the Nuclear Medicine Certification requirements when they apply. He explained that the inspection of x-ray facilities were done on certain frequencies. He described high priority machines and users, noting their inspection frequencies. He shared that mammography is always annually inspected separate from other machines. He noted that the RAM inspection frequency must be same as the NRC. Lastly, he shared that all complaints received are evaluated and investigation is initiated as appropriate.

V. MORNING RECESS

11:10am – 11:25am

When the meeting reconvened, Mr. Scott shared the RHB does not perform:

- Certification of Dentists, and those under their supervision (HSC 106975(e)) – Performed by Dental Board.
 - Use of X-ray equipment remains regulated by RHB under the RCL.
- Magnetic Resonance Imaging – MRI operators are not regulated.
 - Providers of MRI may be subject to other CDPH licensing programs, state agency requirements, or reimbursement laws.
- Ultrasound – 2 exceptions:
 - Enforced by other CDPH program: HSC 1264
 - Prenatal screening ultrasound to detect congenital heart defects.
- Commercial use - Keepsake: HSC 123620
 - Must provide client with specific disclosure statement that such use is not approved by FDA.
- Lasers

Mr. Scott reiterated that the physician assistant fluoroscopy permit does not authorize the PA to function as a certified S&O... Their physician assistant license grants them other things that the RT is not authorized to do... but a PA fluoroscopy permit is not a supervisor and operator permit.

He proceeded to describe the regulatory structure and introduced the California Code of Regulations website which has 28 codes of regulation. He called directed interested parties to the RHB webpage as a resource. Mr. Scott then navigated a web browser to Title 17, Division 1, Chapter 5 noting that the Radiation Control Law regulations were in subchapter 4. He identified various sections relevant to shielding which is subject to the California Building Standards Commission.

He proceeded to identify specific subchapters for the RT Act (Subchapter 4.5) and Nuclear Medicine Technology Certification (Subchapter 4.7). He then described the hierarchical structure of regulations and provided examples and referenced citations in detail.

Committee Member Goodman asked “Where is MRI covered? If there was a patient safety incident and an MRI, where would we go to find out about that?”

Mr. Scott replied “I am not absolutely sure, but it would probably fall within our Licensing and Certification Division on how the hospital organization has set up its safety plan and its requirements.”

Mr. Scott shared website resources from RHB's website such as the X-ray & NMT Certificate/Permit Search Tool, Lists of Authorized Persons or Entities, Therapeutic Calibration & Survey Physicists, Mammography physicists, Temporary Fluoroscopy Permit holders, and the Approved X-ray Schools List. He commented that a redesign of the entire RHB webpage was underway. Lastly, he provided links for interested parties to access California's Laws and Regulations (RHB Site), California Legislation, and California Regulation.

DISCUSSION

Committee Member Abudayyeh thanked Mr. Scott for his presentation and noted one of his questions was answer on the last slide. He commented “Is there an option or plans for an online renewal option as opposed to the mail-in?”

Committee Member Schmidt commented “Related to the renewal. It does take some time for processing for graduates of radiography programs, and it can delay their employment. And is there a plan to create an online system for this?”

Chairman Mishra responded “We are trying to move our obsolete database to our cloud. This is the recent development that I have been told... Before we go that route, we have to make sure of the security of the data, personal information and outlet. That will take a lot of efforts. Sometimes we are not successful to find the proper contractor; or the proper contractor, even if he is assigned, was not able to deliver the goods. So from our side, there is definitely a genuine effort to make everything in the cloud online, and we will pass on this benefit to the all applicants.” He continued “we have implemented, if applicants have accessible emails, we correspond with email, with the only caveat that we will not be sending the final certification through email due to security concerns.”

Mr. Scott added “We have been in discussions with our Information Technology Division, and we have to work through them to do anything online. And so we are working with them, as we speak.”

Committee Member Campbell asked “So what happened to NOLA?”

Chairman Mishra responded “I have already stated sometimes the contractor would not be able to deliver the goods. That was the case.”

VI. PUBLIC COMMENT

Chairman Mishra welcomed public comments from the audience.

Diane Przepiorski commented “The Division actually created an email address that -- I don't know if Dr. Mishra is personally checking, but I know he has staff that regularly checks it to answer any questions about delays in your certification or permit being issued, questions about fluoroscopy, et cetera. And I just wanted to let you know too that I've heard several very positive comments about having that direct email. And I think it helps get the issues around the fluoroscopy permits resolved a little more quickly. So that's been very helpful.”

Chairman Mishra noted “I'm checking those emails, my staff is checking that email on a daily basis. And I have seen and I have considered some requests depending on case-by-case basis. We are understaffed right now. We are short of four staff members, just everybody, I want you to understand. And we cannot help and expedite every request.” He referenced an email received from Hannah Barlow requesting to add a motion to this meeting for physician assistants fluoroscopy. He noted that due to the Bagley-Keene Act requirements, he would not be entertaining it at this meeting. He recommended Hannah Barlow approach appropriate RTCC members so that his issue can be on the formal agenda items next RTCC meeting.

Chairman Mishra announced “if you have any issues, we are open; we are here to help this very effective platform for all the stakeholders. If you guys are not providing us agenda items, we cannot help you. So if there are some issues, please provide us the agenda items for the RTCC meetings. We will definitely consider it and we will discuss those items.”

Committee Member Schmidt made a suggestion for the next meeting to discuss abdominopelvic shielding.

Chairperson Mishra responded “We will definitely consider. Please include it when we are soliciting the agenda items.”

Seeing no further public comment, Chairman Mishra proceeded with closing comments.

VII. CLOSING COMMENTS

Chairman Mishra stated the next RTCC meeting would be held in Southern California on April 24, 2024 with the caveat of having enough agenda items to justify the expenditure of funds. He thanked all in attendance for their participation and stated that the California Department of Public Health would continue to partner with the regulated community to better serve the citizens of California by continuing to maintain focus on health and safety. He adjourned the meeting at 11:21 a.m.