

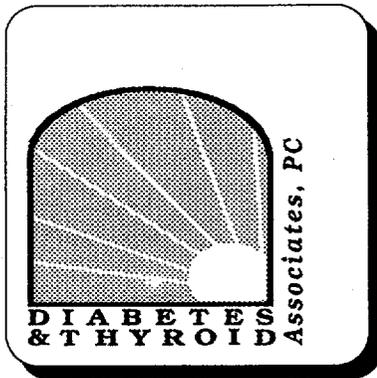
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PROPOSED RULE **PR 170 + 171**
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OFFICE OF THE
GENERAL COUNSEL
ADJUTANT GENERAL

April 11, 2000



Secretary of the U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Attention: Docketing and Services Branch

Re: Proposed fee increase for small entity nuclear license

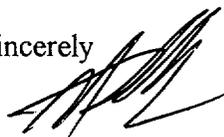
Dear Secretary:

I am writing to express my strong concern regarding the proposed fee increase for small business entities holding a nuclear handling license from the NRC. Even the current fee limits the ability of such entities to have a viable therapeutic practice. It is my belief as an endocrinologist the RAI therapy for hyperthyroidism is best delivered in an office based setting where continuity of care is assured and the risk for errors is at a minimum. Indeed the procedure was developed by an endocrinologist. Since initiating this office treatment about one year ago, my patients and their insurance carriers (including Medicare) have realized substantial cost savings from the streamlined procedure that is now available to them here. Furthermore, they are much happier as therapy can be delivered in a very timely fashion and without another "middle-person" care-provider who often cannot relate to the thyroid symptoms that they are experiencing and the impact that they are having on their lives. In short, the care my patients are receiving when they get I131 is now better than that given in a hospital setting for the prior eight years of my career, and the better care is given at a lower cost. However, the large licensing fee pinches that bottom line of our practice severely already, and there is no way to recover such costs as our fees are largely fixed by Medicare and third party insurance. I am not sure about our program's viability with the currently proposed increase. To me it seems that there is an inordinate spread between the revenue limits (i.e. \$350,000-5,000,000) in your fee schedule. Why not create more tiers? In practical terms, I doubt there are many entities generating less than \$350,000 annually. Or alternatively, why not consider a system that examines the revenue generated from nuclear procedures themselves in creating the tiers? For those of us who do just this one nuclear procedure, there are not other procedures that can recoup this fee cost, and this will create a huge burden.

10711 Spotsylvania Avenue, Fredericksburg, VA 22408
PH. (540)891-8499, Fax. (540)891-8662

Thank you for your assistance with this matter, and please let me know if I may be of assistance in any way.

Sincerely

A handwritten signature in black ink, appearing to read 'M. McClanahan', written in a cursive style.

Mark A. McClanahan, MD, F.A.C.E.

cc: Dr. Richard Dickey, MD, President AACE
Dr. H. Jack Baskin, MD, F.A.C.E.