



DOCKET NUMBER
PROPOSED RULE PR 74, 170 + 171
(56 FR 14870)
SCHEURER HOSPITAL

159

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PHONE (517) 453-3223

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May 7, 1991

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

ATTN: Docketing and Service Branch

RE: Revisions of Fee Schedules, 10 CFR Parts 170 and 171

This communication is in response to the proposed revisions to license fee regulations in 10 CFR Parts 170 and 171. We at Scheurer Hospital feel that the annual fees are excessive and do not accurately reflect the complexity of our operation.

In these times of slashed reimbursements, the proposed ease of the existing fees and the introduction of additional fees will have significant impact on our budget. In addition, these fees do not reflect the scope of our activities in a small hospital versus those of a large hospital.

The current license renewal fee is \$830 and is required once every five years. The frequency of inspections is once every three years and is \$830 per inspection. Assuming no amendments are filed for our hospital and we have no non-routine inspections, the current fee schedule results in a cost of a minimum of \$1660 over the five years.

The proposed fee schedule raises this cost to \$2000 (\$1000 per license renewal and \$1000 per routine inspection.) This 25% increase is on top of a 43% increase in renewal fees and a 73% increase in inspection fees last July.

The annual fees for our small hospital does not accurately reflect the scope of our licensed activities. We are assessed the same annual fee of \$4300 as a large hospital performing diagnostic nuclear medicine and radiopharmaceutical therapies.

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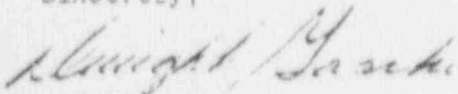
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The NRC recognizes a difference in complexity for licensees performing teletherapy and assesses higher annual fees. Therefore, we see that you make some distinction between levels of licensed activities. This logic should also apply to the difference between a small hospital active only in diagnostic nuclear medicine and a hospital active in radiopharmaceutical therapies and be reflected in the fees.

It is proposed that the first annual fee will be due on approximately August 31, 1991. We function on yearly budgets prepared prior to the start of the fiscal year. We have already entered our fiscal year. This insufficient notice of additional fees due within such a short period of time will present a significant financial hardship to our facility.

We ask that you please reconsider these revisions and their impart on the medical community.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dwight Gasch".

Dwight Gasch.
Administrator

MEDICAL PHYSICS CONSULTANTS, INC.

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Indianapolis, Indiana 46230
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2309 Shelby
Ann Arbor, Michigan 48103
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April 24, 1991

Dear Client:

The NRC recently mailed a proposed revision of fee schedules to all licensees. This proposal includes both increases in existing fees and the introduction of an annual fee.

This increase in regulatory costs are reportedly a direct result of a law passed by Congress in November 1990. This law requires that the USNRC recover 100% of its budget authority rather than the 33 or 45% as in the past. The NRC is, therefore, proposing to recover the remainder of its budget from its licensees.

These proposed revisions include three important changes.

1. Existing fees will be raised 25%
(license applications, renewals, amendments, and inspections)
2. An annual fee is introduced for all medical licensees. This will be a minimum of \$3400 per year for human use licensees.
3. Municipal facilities will no longer be exempt from licensing fees.

The first annual fee has a proposed due date of August 31, 1991 and the fee increases have a proposed effective date of August 1, 1991.

We at MPC have drafted a response letter tailored for your facility. This is enclosed. If you wish to respond to these proposed revisions, please feel free to draft an original letter, modify the enclosed letter, or simply type the enclosed letter onto your letterhead. The comment period ends May 12, 1991. Mail your comments by May 8, 1991 to ensure that they are received and noted. It is important that the NRC get as many comment letters as possible.

Medical Physics Consultants, Inc.

Regarding other regulatory matters, the NRC's proposed Quality Assurance Program for Medical Use is still not out in final form. The project director, Anthony Tse, recently attended a meeting in Ann Arbor. He was not able to give any indication as to the content of the final regulation and is unsure of the date of publication. As soon as it is out in final form, we will begin to assist you in implementing the changes required by the final rule.

We would like to take this opportunity to introduce to you the newest member of Medical Physics Consultants, Inc. - Tom Kumpuris. Tom joined our physics staff in January. He comes to us from Harper Hospital, has fifteen years of experience in the medical physics field, and is ABR certified in Medical Nuclear Physics. Tom is the sixth full-time master level physicist at MPC.

We are pleased to announce that Jim Tomlinson has passed his ABR exam in Diagnostic Radiology. We now have two physicists boarded in Diagnostic Radiology Physics, three boarded in Medical Nuclear Physics, and one boarded in Radiological Physics.

Again, we would like to encourage you to respond to the NRC with your comments regarding the proposed fee revisions. If you have any questions or if we may be of further assistance, please contact us.

Sincerely,

Medical Physics Consultants, Inc.