Handout 2A
Description of Potential Changes to Part 26 in a Future Rulemaking - HHS Guideline Revisions

ID	HHS Guidelines Section	Description of HHS Guidelines Revision	Description of (Potential) Change to Part 26	Reasoning for (Potential) Change to Part 26
1	1.5	Added the term "lot."	Consider including "lot" in Section 26.5 , using a definition consistent with the HHS Guidelines.	This revision will improve consistency with the HHS Guidelines.
2	1.5	Added the term "sample."	Consider including "sample" in Section 26.5 , using a definition consistent with the HHS Guidelines.	This revision will improve consistency with the HHS Guidelines.
3	1.5	Revised definition of "certifying technician" to clarify the types of results the individual may report.	Consider adding a definition for "certifying technician" in Section 26.5 consistent with the HHS Guidelines.	This revision will improve consistency with the HHS Guidelines.
4	1.5	Definition of "instrumented initial test facility".	If NRC permits licensees to use IITFs, add a definition for "instrumented initial test facility (IITF)" in Section 26.5 consistent with the HHS Guidelines.	Revision necessary if determination is made to permit licensees to use IITFs.
5	1.5	Revised definition of "substituted specimen"	Consider revising the definition of "substituted specimen" in Section 26.5 to improve consistency with the HHS Guidelines. Consider including information to distinguish between a substituted specimen and a substituted validity test result. The terms are often used interchangeably but do not mean the same thing. A substituted validity test result is a laboratory result consistent with Section 26.161(d).	This revision will improve consistency with the HHS Guidelines. Consider the need for a revised requirement or implementation guidance.
6	1.7	Added a new section to clarify refusals to test and who ultimately determines if the conditions for verifying them are met (i.e. the collector, the MRO, the Federal Agency).	Consider including "refusal to test" in Section 26.5 , using a definition consistent with the HHS Guidelines. Consider including a new section in Part 26 to reflect the provisions in HHS Guidelines Section 1.7 to state refusal to test actions. The information is informative to those subject to rule given the permanent denial associated with such actions and also provides clear direction to licensees in addressing these situations. U.S. DOT includes refusal to test actions in Section 40.191 (drug testing) and Section 40.261 (alcohol testing).	This revision will improve consistency with the HHS Guidelines and other federal testing programs.
7	2.3, 2.4, 2.5	Only permit split specimen collections.	Revise Part 26 to require split specimen collections. The following sections would require revisions: 26.109, 26.113, 26.129(b)(1)(ii), 26.135, 26.159(f), 26.165, 26.168, and 26.185(n).	Improves consistency with the HHS Guidelines and other federal drug testing programs.
8	3.5, 3.6, 3.7, 3.8	Revised to clarify that only a certified laboratory may report a specimen as adulterated, substituted, or invalid; only a certified laboratory may report a specimen as dilute when creatinine is between 2 mg/dL and 5 mg/dL, but an HHS-certified laboratory or IITF may report a specimen as dilute if creatinine is greater than 5 mg/DL but less than 20 mg/Dl.	If NRC permits the use of IITFs, changes would need to be made to Section 26.131(b). If NRC revises Section 26.163(a)(2) to address dilute specimens with different creatinine concentrations (2-5 mg/dL; >5 mg/dL), additional changes would need to be made to 26.131 as well.	This revision will improve consistency with the HHS Guidelines.
9	3.7	Revised to clarify that a dilute result may be reported only in conjunction with a positive or negative test result. An adulterated or invalid result should not be reported as dilute.	Consider revising the definition of "dilute specimen" in Section 26.5 to clarify the term and improve consistency with the HHS Guidelines. Also consider revising the cut-off levels for a dilute specimen Section 26.161(e) to state that a dilute result may be reported only in conjunction with a positive or negative test result, and not for an adulterated or invalid result.	This revision will improve consistency with the HHS Guidelines. Enclosure 2

Handout 2A
Description of Potential Changes to Part 26 in a Future Rulemaking - HHS Guideline Revisions

ID	HHS Guidelines Section	Description of HHS Guidelines Revision	Description of (Potential) Change to Part 26	Reasoning for (Potential) Change to Part 26
10	4.2	Revised to prohibit an individual from serving as a collector for a co-worker in the same testing pool or whom they work with on a daily basis. Also prohibits a collector from collecting his or her own specimens.	Consider revising Section 26.85 (collector qualifications and responsibilities) to specify that an individual cannot serve as a collector for a co-worker in the same testing pool or whom they work with on a daily basis, nor should an individual serve as his or her own collector.	Improves consistency with the HHS Guidelines.
11	4.3	Added details on collector training and documentation requirements.	Add training requirements for mock collections, refresher training, and training documentation under Section 26.85(a) and (b).	Improves consistency with the HHS Guidelines.
12	4.3(a)	Revised so that collector must be knowledgeable about collection procedure described in the HHS Guidelines, rather than the entirety of the Guidelines.	Consider revising Section 26.85(a) and (b) to clarify that collectors only are required to be knowledgeable about the collection procedure, rather than all of Part 26.	This revision will improve consistency with the HHS Guidelines.
13	4.4	Added section specifying training requirements for individuals serving as observers to a directly observed collection.	Add training requirements for the observer under Section 26.115(e) and (f).	Improves consistency with the HHS Guidelines.
14	5.2(a), 8.1	Added provisions to ensure donor privacy at collection site.	Consider whether revisions are needed to Sections 26.87(b) and 26.107(a)(1).	Improves consistency with the HHS Guidelines.
15	5.2(b) and (g)	Revised to restrict the donor from access to certain areas of the collection site, including a surface area for handling specimens and completing required paperwork, and access to areas with potential diluents.	Revise Section 26.87 to require collection sites to restrict the donor from access to certain areas of the collection site, including a surface area for handling specimens and completing required paperwork, and access to areas with potential diluents.	This revision will increase security of the collection process.
16	5.3	Revised to specify a 2 years records retention period for collector copies of Federal CCF.	Consider revision to 26.715 to require maintaining collector copy of custody-and-control forms for 2 years.	Improves consistency with the HHS Guidelines.
17	7.1	Added volume requirements for specimen containers to ensure that the containers used would be of sufficient size to hold the requirement 45 mL of urine for primary and split specimens.	Consider including a volume requirement for specimen collection containers used in Section 26.105. Also consider included including a provision in Section 26.105 to specify that the temperature strip affixed to the collection cup reach below the minimum fill line. [this is not an HHS Guidelines requirement]	Adding a volume requirement improves consistency with the HHS Guidelines. There is concern that some specimen collection containers have temperature strips above the minimum fill line. However, the rule already requires the temperature measuring device to adequately measure the temperature of the specimen.
18	8.1	Added donor privacy requirements. Requirements state (1) who may be present during a collection, (2) the collector may be a different gender but observer must be the same gender, and a monitor must be the same gender or a medical professional, and (3) privacy is limited to visual privacy, sounds are not covered.	Revise Sections 26.87, 26.107, and 26.115(c) to restrict who may be present during collection, explain the role of a monitor (as opposed to collector or observer), gender requirements, and discuss limitation of privacy to sounds.	This revision will improve consistency with the HHS Guidelines.
19	8.3(c)	Revised to provide examples of acceptable forms of identification (e.g., driver's license, employee badge).	Section 26.89(b)(1) includes similar language to 8.3(c). Unclear if additional revisions is needed. Should examples of acceptable forms of identification be added to the rule (e.g., state issued driver's license).	This revision will improve consistency with the HHS Guidelines.

Handout 2A
Description of Potential Changes to Part 26 in a Future Rulemaking - HHS Guideline Revisions

ID	HHS Guidelines Section	Description of HHS Guidelines Revision	Description of (Potential) Change to Part 26	Reasoning for (Potential) Change to Part 26
20	8.6(c)(2)	If a specimen temperature is out of range, another specimen must be collected under direct observation. [current requirement not revised]	Clarify in Section 26.111(c) that if the only potential evidence of a possible subversion attempt is an out of temperature specimen, the donor must provide a second specimen under direct observation. A licensee may require a second specimen to be conducted. Section 26.111(c) affords the donor the option to volunteer to submit a second specimen under direction observation to counter the reason to believe the donor may have altered or substituted the specimen.	This revision will improve consistency with the HHS Guidelines.
21	9.3(a)	Retained composition requirements for performance test (PT) samples used to challenge HHS-certified labs and IITFs.	Is revision to the blind performance testing requirement in Section 26.168(g) necessary? The NRC provisions are more explicit than HHS Guidelines.	Evaluate consistency of Part 26 to HHS Guidelines.
22	10.1	Revised to require agencies to submit 3 percent blind performance samples each year.	Consider revising Section 26.168(a)(2) to require the number of blind performance test samples submitted per quarter to be a minimum of three percent of all specimens	This revision would improve consistency with the HHS Guidelines and would further ensure the reliability of testing at the HHS laboratory.
23	10.1(c)	Changed percent of negative blind samples from 80 to 75. Changed percent of non-negative blind samples to 15 percent positive and 10 percent adulterated or substituted.	Consider revising percentage of blind performance test samples sent to HHS-certified laboratories. Sections 26.168(b), (d), and (f)	This revision would improve consistency with the HHS Guidelines.
24	11.18(b)(1)	Revised to permit a laboratory to use a refractometer measuring to at least three decimal places for specific gravity screening testing when the creatinine is greater than 5.0 mg/dL and less than 20 mg/dL. Requires laboratory to use a refractometer that measures to four decimal places when creatinine concentration is less than 5.0 mg/dL or when three digit result is less than 1.002. Added quality control requirements for conducting specific gravity screening tests.	This change would be a relaxation to existing requirement in part. Consider revising Sections 26.137(b)(1) and 26.167(c) to permit an HHS-certified laboratory to: (1) use a refractometer that measures to at least three decimal places for specific gravity screening test when creatinine concentration is greater than 5.0 mg/dL and less than 20 mg/dL. (2) use a refractometer that measures to four decimal places when creatinine concentration is less than 5.0 mg/dL or when three digit result is less than 1.002. Add quality control requirements for conducting specific gravity screening tests.	This revision will improve consistency with the HHS Guidelines.
25	11.18(c)(2)	Added requirement that a pH meter used for the initial and confirmatory pH tests must report and display pH to at least one decimal place, must be interfaced with a LIMS or computer or must generate a paper copy of the digital electronic display.	Consider revising Sections 26.137(d)(2) and 26.167(c)(3) to require that a pH meter used for the initial and confirmatory pH tests must report and display pH to at least one decimal place, must be interfaced with a LIMS or computer or must generate a paper copy of the digital electronic display.	This revision will improve consistency with the HHS Guidelines.
26	11.19(o)	Revised guidance of any computer-generated reported produced by the HHS-certified laboratory that is provided to an MRO with test result information. The Guidelines state that computer-generated report must contain sufficient information to ensure that the test result is properly associated with the Federal CCF that the MRO received from the collector.	Consider revisions to 26.169(e) to improve consistency with the HHS Guidelines. Other electronic reporting considerations: e-reporting (custody-and-control form).	Consistency with HHS Guidelines.

Handout 2A

Description of Potential Changes to Part 26 in a Future Rulemaking - HHS Guideline Revisions

ID	HHS Guidelines Section	Description of HHS Guidelines Revision	Description of (Potential) Change to Part 26	Reasoning for (Potential) Change to Part 26
27	11.19(o)	Requires the HHS-certified laboratory to provide the concentration of a drug in a specimen at the time the test result is reported to the MRO. The change eliminates the need for the MRO to generate a request in writing to obtain the concentrations for positive specimens.	Revise 26.169(c)(2) to require the HHS-certified laboratory to report the concentration a drug in a specimen at the time the test result is reported to the MRO. The change eliminates the need for the MRO to generate a request in writing to obtain the concentrations for positive specimens.	This revision will improve consistency with the HHS Guidelines.
28	11.25	Added to clarify that any type of relationship is permitted between an HHS-certified laboratory and an IITF.	If NRC permits licensees to use IITFs, add a requirement in Section 26.153 to describe the permitted relationship between an IITF and an HHS-certified laboratory.	Consistency with HHS Guidelines if using IITFs.
29	11.17	New section added to describe what a certified laboratory must do to validate a specimen validity test.	Add a requirement under Section 26.167(c) requiring annual verification of validity testing.	This revision will improve consistency with the HHS Guidelines, and will ensure the quality of validity testing.
30	13.3(a)	Revised to require MRO to review at least 5% of all negative test results.	Revise Sections 26.137(d)(2) and 26.183(c) to require the MRO to review at least 5% of negative test results.	This revision will improve consistency with the HHS Guidelines.
31	13.3(a)	Deleted sentence stating "The MRO must cancel the result for any agency's specimen that is not collected or tested in accordance with these Guidelines."	Add to Sections 26.129(b)(2)(vi) and 26.159(b)(2)(vi) to require the MRO to cancel a test if it was not collected in accordance with Part 26 (unless permitted in the rule).	This revision will improve consistency with the HHS Guidelines.
32	15.4(c) and (d)	Revised to require the MRO to cancel a drug test when the required corrective action are not taken regarding unsigned Federal CCFs.	Revise Sections 26.129(b)(2)(i) and 26.159(b)(2)(i) to include the description of circumstances in which the MRO should cancel a drug test because of missing information or signatures on the custody and control form.	This revision will improve consistency with the HHS Guidelines.

Handout 2B

Description of Potential Changes to Part 26 in a Future Rulemaking - non-HHS Guidelines related

ID	Part 26 Section	Discussion of topic for potential rulemaking
1	26.3 26.4	Consider expanding the scope of Part 26 activities to irradiated spent fuel activities at decommission power reactors, site-specific ISFSIs, and dry fuel storage facilities.
2	26.4	Consider revising the rule regarding FFD program applicability: - consider whether persons (such as shop foreman and secretaries) involved in the notification of individuals selected for testing but do not have prior knowledge of the selection list are covered (clarify FFD program personnel, 26.4(g)(4) - consider whether persons who have access to or are involved in the computer or site processes that implement the FFD program (such as information technology personnel who design, implement, or maintain software programs for selecting individuals for random testing) should be subject to the rule. - consider revising the rule to clarify whether SSNM transporters are covered (26.4(d)(4) & (g)(3)) by any FFD program (NRC or DOT).
3	26.4(h)	Consider adding 26.29(c) training requirement for authorization to the 26.4(h) list.
4	26.5	Consider changing the term "controlled substance" to “illegal drug” or name the exact substances. Part 26 defines "illegal drug" but the HHS Guidelines do not. U.S. DOT in 49 CFR Part 40 uses "drug". Also, "controlled substance" is not defined in Part 26, but is used.
5	26.5	Consider revising the rule for consistent use of the terms "managers" and "supervisors."
6	26.11	Consider the need to describe the “authentication” in Section 26.11 as being part of verification that the submission is true and accurate. See Section 50.9.
7	26.11	Consider adding the descriptive e-reporting information of Part 55 to better enable e-reporting.
8	26.23, 26.27	1. Consider strengthening the FFD policy statement to clearly state the performance objectives in Section 26.23. Policy statements implemented by licensees do not consistently articulate the performance objectives of the Commission’s FFD requirements. 2. Consider adding a statement that the use of synthetic marijuana (other announced DOY/DEA illegal drug determination) is an FFD policy violation
9	26.27(b)(4)	Consider adding the requirement to ensure that persons do not "possess" alcohol onsite as well.
10	26.27(b)(5) 26.27(c)(2)(ii) 26.27(c)(3)(ii)(D) & (iii)	Consider clarifying the 5-hour abstinence period provisions in the rule to consider actions to take if an individual self-declares alcohol consumption during an abstinence period.
11	26.27(b)(11) 26.27(c)(4) 26.29(a)(10)	Consider clarifying the rule regarding self declaration of being unfit for duty during normal working hours. Consider if this type of declaration justifies For Cause per Section 26.31(c)(2)
12	26.31 26.161	Consider the testing (or the enabling of testing) of synthetic urine with conforming changes to address 26.3526.75, 26.161, etc.
13	26.31(d) 26.133, 26.163, 26.85	Consider adding synthetic opiates (e.g., oxymorphone, oxcodone; hydromorphone, and hydrocodone) to the drug panel, establishing notification thresholds to initiate MRO review of a person's fitness.

Handout 2B

Description of Potential Changes to Part 26 in a Future Rulemaking - non-HHS Guidelines related

ID	Part 26 Section	Discussion of topic for potential rulemaking
14	26.31(b)(1)(v)	Consider whether Substance Abuse Experts (SAEs) located onsite should be included in the licensee or other entities' behavioral observation program (BOP)
15	26.33	Consider conforming Part 26 BOP with that described in Part 73.56(f) to ensure that its clear that a licensee need only one BOP (note that Part 26 does not observe "activities".
16	26.37(b)(6)	Consider revising Section 26.37(b)(6) so that: (1) the proceeding initiated by the subject individual must concern a wrongful termination for an FFD violation; (2) a disclosure of information to a licensee's attorney is limited to those attorneys involved in the FFD wrongful termination proceeding; (3) the information disclosed to the attorneys and presiding officer is limited to personal FFD information about the individual that is at issue in the proceeding; (4) the information disclosed to the attorneys is the same information given to the presiding officers; and (5) the disclosure must include a binding stipulation that the presiding officer and attorneys will not make the information publicly available.
17	26.39	Consider establishing a time requirement to help ensure that reviews are reasonably timely. Consider revising 26.39(a) to seek a better phrase than "applied for authorization." A person does not apply.
18	26.75(h), 26.75(j)	Consider amending to identify additional substances/metabolites (only includes marijuana and cocaine).
19	26.75(i)	Consider expanding the rule to require licensee testing facility personnel to inform management of a positive initial drug test result and to take action. Review whether an MRO review is required.
20	26.77(a),(b)	Consider revising Section 26.77 to account for self-declarations as follows: "(a) This section defines management actions that licensees and other entities who are subject to this subpart must take when an individual who is subject to this subpart admits or shows indications that he or she may not be fit to safely and competently perform his or her duties. (b) If an individual admits or appears to be impaired or the individual's fitness is questionable, except as permitted under §§ 26.27(c)(3), 26.207, and 26.209, the licensee or other entity shall take immediate action to prevent the individual from performing the duties that require him or her to be subject to this subpart. (1) If the self-disclosure or an observed behavior or physical condition creates a reasonable suspicion of possible substance abuse, the licensee or other entity shall perform drug and alcohol testing. The results must be negative before the individual returns to performing the duties..."
21	26.77(b)(3) 26.103(b)	Consider whether to include the phrase "pursuant to 26.189" after the reference to determinations of fitness.
22	26.81	Consider clarifying the last sentence in the rule to specify that the requirements in Subpart E do not apply to individuals in Section 26.4(j) or to specimen collections governed by Section 26.31(b)(2) and Subpart K.
23	26.85	Consider whether 26.85 should include a provision to challenge specimen collectors (i.e. a Collector Challenge Test). Part 26 includes quality assurance measures for HHS laboratories and and LTFs (i.e., blind specimens).

Handout 2B

Description of Potential Changes to Part 26 in a Future Rulemaking - non-HHS Guidelines related

ID	Part 26 Section	Discussion of topic for potential rulemaking
24	26.93(a)(3), 26.101(a)	Consider revising Section 26.93(a)(3) to align with U.S. DOT breath alcohol testing requirements. DOT does not permit a delay in initiating alcohol testing (49 CFR 40.241). A minimum 15-minute waiting period is required only after the initial test has been conducted (if the test result is 0.02 or greater - 49 CFR 40.251(a)(1))). Permitting an individual to wait for 15 minutes prior to submitting to an initial test result permits additional time to pass before testing can commence. Aligning with DOT will improve consistency in the collection process as Part 26 permits USDOT specimen collections under certain circumstances.
25	26.95	Evaluate the need to conduct an air blank before initial breath alcohol testing under Section 26.95, similar to the air blank required under Section 26.101.
26	26.97	Is a waiting period similarly to 26.93(a)(3) necessary for oral fluid testing?
27	26.97(a)	Should the donor be allowed to select the oral fluids device (unopened package) for us in testing similar to the requirement in Section 26.97(a) to allow the donor to select the individually wrapped mouthpiece for a breath alcohol specimen collection?
28	26.103	Consider revising Section 26.103 to address BAC results when an individual has a test result of 0.03% and has been in work status for less than 1 hour.
29	26.105	Consider whether to have security officers dis-arm before entering a specimen collection facility to provide a specimen.
30	26.111(c)	Consider allowing any FFD program person the opportunity to inform the person that he/she can provide a specimen under direct observation. Clarify that if the person does not provide the second specimen it will be consider a subversion.
31	26.119	Consider revising the requirements on determining shy bladder situations: 1. Change the requirement to obtain within 5 business days an evaluation from a licensed physician who is acceptable to the MRO has not been completed. E.g., if a physician is not available, should the rule enable the person be temporarily/administratively removed from authorization? 2. Require licensees to provide the name(s) of acceptable physicians (i.e., urologists) to MRO and individuals. 3. If an alternate evaluation process is authorized by the MRO, clarify that this process is part of a Federal drug test, determine whether a conforming changes is necessary for 26.153
32	26.125(a)	Consider revising the sentence "… shall have at least a bachelor's degree in the chemical, or biological sciences, medical technology, or equivalent…:" to ensure that this academic qualification is appropriate when compared to the sentence structure of used for a certifying scientist, 26.155(c)
33	26.137(e)(v)	Consider the need to revise the blind performance testing requirements to use the phrase “normal specimen” rather than “donor specimen”. If a specimen is required to be a “donor specimen,” licensees may need to assign roles of specimen collector/preparer and LTF technician to different persons, which may not be possible based on staffing practices.

Handout 2B

Description of Potential Changes to Part 26 in a Future Rulemaking - non-HHS Guidelines related

ID	Part 26 Section	Discussion of topic for potential rulemaking
34	26.137(e)(6)(v)	Consider revising Section 26.137(e)(6)(v) so that a licensee may use the same QC sample to test both accuracy of testing and custody-and-control procedures. The former and proposed rules were not intended to require a specimen that "appears to be a normal specimen" to be certified by an HHS-certified laboratory to be a positive QC sample. Former and proposed rules permitted this sample to be negative or to have positive characteristics in order to evaluate the accuracy of licensee testing procedures and equipment. This flexibility is appropriate and consistent with the intent of the final rule.
35	26.139(d) & (e)	Consider moving this sectionto 26.717 or placing a reference in 26.717 to point to 26.139(d) & (e)
36	26.153(f)(3) 26.711(b)	Consider revising Sections 26.153(f)(3) and 26.711(b) to include cyber-security controls for electronic testing records maintained by laboratories and licensees.
37	26.131(b) 26.161(a)	Consider revising to require testing of more than one oxidizing agent.
38	26.163(a)(2)	Consider revising Section 26.163(a)(2) to require LOD testing of dilute samples. A significant percentage of the industry is already conducting such testing and positive results have been confirmed using this testing approach.
39	26.163(b)	Consider revising the fourth note in the table containing confirmatory test cut off levels for drugs and drug metabolites. Recommend revising the note as follows: "Specimen must also contain amphetamine at a concentration equal to or greater than ~~200~~ 100 ng/mL."
40	26.165	Consider whether to require a person's authorization be immediately and temporarily removed upon determination that Bottle A tested positive or was adulterated or substituted pending the results of a Bottle B test, this would conforms with 26.69(f) but may be adverse to due process.
41	26.165(b)(2)	Consider whether to require the MRO make a reasonable effort to inform the donor, this would conform to 26.185(c)(1) & 3)
42	26.167	Consider revising to allow for the use of other confirmatory test methodologies. As written, the regulation does not permit the use of liquid chromatography coupled with tandem mass spectrometry (LC-MS/MS) instruments.
43	26.167	Evaluate whether or not HHS-certified laboratories are testing to the LOD. If not, consider revising Section 26.167 to require it.
44	26.167(c)(5)	Assess whether the nitrite ranges have the appropriate accuracy and ranges. Also assess those associated with opiates.
45	26.167(d)(2)	Consider revising to allow laboratories to use initial testing techniques other than immunoassay, as long as a different test is used for confirmatory testing. Restricting testing to immunoassay may be unnecessary and may restrict licensees from using more sophisticated testing technologies such as GC/MS.
46	26.167(d)(3)(i)	Consider whether to replace "no drugs or drug metabolites" with either LOD or LOQ.
47	26.167(e)(1)(ii)	Clarify whether a "positive "calibrator is established at the cutoff, per HHS Guidelines 11.15(a)(1)

Handout 2B

Description of Potential Changes to Part 26 in a Future Rulemaking - non-HHS Guidelines related

ID	Part 26 Section	Discussion of topic for potential rulemaking
48	26.185(f)	In cases where an individual has an initial specimen with an invalid test result followed by a positive test result for the second specimen collected, consider whether Part 26 should consider the invalid result as a subversion attempt.
49	26.168(h)	Determine whether (h)(1) & (3) regarding blind performance test samples lots conforms with the HHS Guidelines.
50	26.183(a)	Consider whether to require the MRO qualification board include a training element on Part 26
51	26.185	1. Consider adding a requirement for the MRO to review State databases on prescription abuse (e.g., prescription shopping). 2. Consider a requirement for the MRO to specifically determine whether drug cocktailing results in the person being unfit for duty. 3. Consider removing the requirement for the MRO to find *clinical evidence of abuse* when there is no alternative medical explanation if the person has a valid prescription if there is evidence of prescription shopping, 26.185(k). 4. Consider to ensure that the person consents to the MRO investigation into the prescription drug database and that 26.37 is addressed.
52	26.185(j)(3)	Consider amending to identify the use of another person's prescription drugs as a violation of policy. Revise Section 26.185(j)(3) to indicate that clinical evidence of abuse is not needed, but the use of another person's prescription is sufficient evidence of a violation.
53	26.185(j)(6)	Consider moving this paragraph regarding Schedule I drug use to its own new paragraph e.g., (q)
54	26.187	Determine whether an MRO, who is an SAE, can sub-contract to an SAP to perform SAE activities. And determine for this case, whether a face-to-face evaluation by the MRO is necessary.
55	26.187(c)(1)	Determine whether to have the SAE knowledgeable of and clinical experience in the diagnosis and treatment of alcohol [or] ~~and~~ controlled-substance abuse disorders based on the condition being treated.
56	26.187(d)(6)	Clarify who are "treatment providers" e.g., is "EAP" a treatment provider, yes.
57	26.189(c)(1)	Determine whether to add a statement that the person must be trustworthy and reliable as well (e.g., 26. 69 and 73.56 determinations). The person might be fit for duty but the licensee should still be able to deny access.
58	26.189(c)(2)	Determine whether to replace "management personnel " with a more specific person (e.g., FFD Program supervisor/manager)
59	153(f)(3) 26.411	Consider removing the phrase "highest regard" to conform to 26.37.
60	26.717	(1) Consider enhancing FFD reporting requirements in Section 26.717 to help ensure consistency of reporting (2) Clarify that alcohol violations are a reported item. (3) Evaluate whether licensees should report LOD testing levels under Section 26.717. (4) Enable the use of a SPTF as a 26.719 report.

Handout 2B

Description of Potential Changes to Part 26 in a Future Rulemaking - non-HHS Guidelines related

ID	Part 26 Section	Discussion of topic for potential rulemaking
61	26.719(b)(2)	Consider revising Section 26.719(b)(2) to include the reporting of persons who construct or direct the construction of safety- or security-related SSCs or who provide quality assurance/quality verification of ITAAC. Consider revision to clarify the statement "supervisory personnel who are authorized under this part…" It is ambiguous whether "authorized under this part" applies to just supervisory personnel or the others in the list.
62	N/A	Consider revising Section 55.53(j) and (k) to ensure that: (1) NRC-licensed operators and those directing operations will be subject to the fatigue management provisions of Part 26 and (2) that changes conform 55.53(j) and (k) to the current Part 26 drug and alcohol requirements.