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to

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Subject: Re: Part 35 Final Rulemaking

Paul -

The primary concern here deals with the fact that the training requirements for all nuclear medicine procedures except the use of iodine 131 are the same and if a category B compatibility designation is made, we must adopt the requirements. The training requirements for iodine 131 therapy are significantly less than other procedures. That, in itself would lead one to believe that, if training requirements are based upon some relative risk, the use of iodine 131 is the least hazardous of all. Yet the use of iodine for even diagnostic studies requires a written directive. No other diagnostic study requires that. Something is wrong!!!

If you look in the latest, and earlier editions, of NRC Report to Congress of Abnormal Occurrences, you will find that the majority of the medical reports deal with iodine 131 - even one event that lead to the deaths of two unborn children. The most hazardous radioisotope in use - the one that leads to the greatest number of problems - with the least training required ????? One is required to have much more training to administer a small dose of technetium 99m than one who administers a cup containing millicurie quantities of I-131 in liquid form. The training requirements for the use of I-131 should be at least the same as with other radioisotopes. What is the real concern here???? The interest of a specific group of physicians should not be the overriding consideration on matters that relate to the safety of those we are responsible for protecting. If it does we lose our integrity. If 80 hours of training is enough for the use of I-131, then 700 hours is much, much, too much for technetium.

I agree that, ideally, training requirements should be uniform. I support that concept. My problem is that if this is a Class B compatibility issue, it is my understanding that we must adopt the rule without deviating from the requirements. I do not want to be forced to adopt a rule that defines (in my opinion) training requirements that could jeopardize the health and safety of the citizens of this state which we protect. The training requirements for the use of I-131 should be greater than currently proposed. I would like to have the flexibility to require at least the same training requirements for "the use of the most hazardous radioisotope" as we do the "least hazardous". Training requirements should be Class C compatibility requirements - not class B. The issue is not uniformity! The issue is not requiring sufficient training for use of the one radiosotope that creates the greatest concern and most problems in nuclear medicine.

Will a Class B Compatibility designation allow Alabama the flexibility to be more restrictive than NRC? If the answer is no, and assuming that the compatibility designations are based on "transboundry" considerations,

explain the transboundary consideration being applied here. The fact that doctors move from one state to another can't be used. Requirements for training are established by each state in other areas of medicine and they are not the same. Why would "transboundary requirements" apply only to nuclear medicine?

We simply want to be more restrictive than NRC on this issue. We want to have the flexibility to require training in excess of that required by NRC for the use of I-131. If the final decision is Category B compatibility and we have to adopt the training requirements, I will need some justification from NRC to present to my boss and the State Board of Health as to why the training is appropriate. A statement that NRC requires it will not be sufficient.

I understand that if the Commission says "do it", that it will be done. However, I believe that if the final rules are adopted as proposed, that will be a mistake, and that we (those of us in this business - NRC & States) have sacrificed our integrity and lost a great deal of credibility. These are my personal opinions.

CC: Carl Paperiello, Catherine Haney, Diane Flack, ...