FFD TASK FORCE RULEMAKING OBJECTIVES

1. Format the rule to be user friendly—as opposed to the intermixed requirements and administrative complexity of the current and "affirmed" rule.

2. Ensure the rule text is in concert with the access authorization process—FFD is a component of the in-processing of workers.

3. Ensure all requirements are clearly spelled out in the rule so that the necessity of interpretive guidance is minimized—eliminate NUREG 1385, etc. If guidelines are essential to ensure misunderstandings between an inspector/auditor and FFD administrators/practitioners would be minimized, the Task Force will develop them as an NEI document (possibly as an Appendix to NEI 95-01).

4. Concentrate on making the regulatory requirements consistent and efficient but avoid tinkering with the technical, mechanical and legal aspects of the FFD procedures detailed in Appendix A—areas such as drug panel and cut-off levels remain open to review.

5. Obtain alignment with the regulator in shaping the wording of the rule text in advance of the public comment period. This is to be done during the biweekly working meetings with the NRC Staff.

In summary, continue interactions until confident that the final FFD Regulation will have:

a. Clear, consistent, easily understandable terminology with the same meaning for all participants in order to avoid misinterpretations.

b. Appropriate and objective criteria so that personnel are able to comply without inadvertent circumvention or miss the regulatory intent of requirements.

c. An associated system for performance evaluation and corrective action follow-up.

d. Sufficient specificity so that inadvertent legal issues are avoided.

e. Exclude any inadvertent double standard or separate categorization of people in the regulations. There should not be a program distinction between employees of licensees or contractor/vendors.

f. Provide for easy transferability of program information that is consistent with access authorization.

g. Specify only necessary specimen collection and testing criteria and ensure these are consistent with HHS standards.

h. Be organized in an easy to find and follow format. Avoid mixing requirements in various places in the rule.

i. Establish clear lines of authority. Avoid a committee approach (Access Control Manager and the Medical Review Officer) in making decisions such as whether an individual is fit-for-duty.

j. Facilitate industrywide sharing of associated information while meeting standards of privacy.