

Summary Statement on National Materials Program (NMP)

ACMUI Meeting

October 28, 2002

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I was asked to obtain comments from ACMUI members on the National Materials Program (NMP) Working Group report. We recognize the report originated from a 1999 directive from the Commissioners, and the report was submitted in mid-2001. However, the ACMUI did not become aware of it until earlier this year. The report was lengthy and not all members responded.

Based on review of the information sent before the October 28 meeting of the ACMUI, ACMUI members expressed the following observations and concerns which are summarized in the following:

A major concern is that the regulation of NARM by the NRC would increase the regulatory burden and increase the cost to existing Agreement States without any significant improvement in safety. Adverse effects would be in the use of positron emission tomography (PET), which is used exclusively in diagnostic nuclear medicine. A single agency setting standards for the use of all radioactive materials would be consistent with all industrialized nations.

Another concern is Agreement States with existing strong programs would be tied to or forced to lower their practices. In other words, the "lowest common denominator" would become the standard. The focus should be in bringing outdated State programs up to minimum standards and not impede progressive programs.

The funding of this program from the NRC perspective is not addressed in the Working Group report. The funding of NRC activities, especially in the nonreactor arena, cannot continue to be funded by fees from the non-Agreement licensees. Any change in NRC regulatory authority also must address a change in NRC's current funding mechanism. It is unclear how cost savings would be demonstrated with program expansion under fee-supported program.

An assumption for success of the Alliance option is that "States develop and maintain a level of technical and regulatory expertise at least equal to or better than the NRC." This may not be realized because approximately one-third of the States do not or cannot achieve this expertise. What incentive is there for States to change? If this assumption cannot be realized, how does this affect this Alliance or other NMP options?

The stated mission, goals, and objectives have merit and benefit to medical users. The Four Components proposed in the Working Group report are supported:

- Use centers of expertise

- Seek authority to regulate NARM
- Maintain an information infrastructure
- Create a standing compatibility committee

However, a major concern from the medical user perspective involves seeking authority to regulate NARM. This has to do with potential increased regulatory burden in an area not previously regulated by the NRC and intrusion into the use of PET, the area of greatest potential and growth in Nuclear Medicine.
