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1 UNITED STATES OF AMERICA

2 NUCLEAR REGULATORY COMMISSION

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4 ADVISORY COMMITTEE ON THE MEDICAL USES OF ISOTOPES

5 + + + + +

6 TELECONFERENCE

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8 WEDNESDAY,

9 JANUARY 12, 2011

10 + + + + +

11 The meeting was convened, at 1:00 p.m. Eastern

12 Standard Time, Leon S. Malmud, M.D., ACMUI Chairman,

13 presiding.

14 MEMBERS PRESENT:

15 LEON S. MALMUD, M.D., Chairman

16 BRUCE THOMADSEN, Vice Chairman

17 DR. DARRELL FISHER

18 MS. DEBBIE GILLEY

19 DR. MILTON GUIBERTEAU,

20 DR. SUSAN LANGHORST

21 MR. STEVE MATTMULLER

22 DR. CHRISTOPHER PALESTRO

23 DR. WILLIAM VAN DECKER

24 DR. JAMES WELSH

25 DR. PAT ZANZONICO

1

2 NRC STAFF PRESENT:

3 ROB LEWIS - Division Director

4 MICHAEL FULLER - Alternate Designated Federal Officer

5 ASHLEY COCKERHAM - ACMUI Coordinator

6 DR. DONNA BETH HOWE

7 GLENDA VILLAMAR

8 GRETCHEN RIVERA-CAPELLA

9 DR. SAID DAIBES

10 JUNE CAI

11 SUSAN CHIDAKEL

12 SANDY GABRIEL - REGION 1

13 MARYANN ABOGUNDE - REGION 1

14 SARA FORSTER - REGION 3

15

16 MEMBERS OF THE PUBLIC:

17 LYNNE FAIROBENT, American Association of Physicists in

18 Medicine

19 RALPH LIETO, St. Joseph Mercy Hospital

20 MIKE PETERS, American College of Radiology

21 MICHAEL SHEETZ, University of Pittsburgh

22 CINDY TOMLINSON, American College for Radiation

23 Oncology

24

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1 P-R-O-C-E-E-D-I-N-G

2 1:00 p.m.

3 MR. FULLER: Okay, as the alternate
4 Designated Federal Officer for this meeting, I am
5 pleased to welcome you to this teleconference meeting
6 of the ACMUI. My name is Mike Fuller. I am the team
7 leader for the Medical Radiation Safety Team and I
8 have been designated as the alternate Federal Officer
9 for this Advisory Committee in accordance with 10 CFR
10 Part 7.11.

11 This is an announced meeting of the
12 Committee. It is being held in accordance with the
13 rules and regulations of the Federal Advisory
14 Committee Act and the Nuclear Regulatory Commission.
15 The meeting was announced in the December 21st, 2010
16 edition of the Federal Register.

17 The function of the Committee is to advise
18 the staff on issues and questions that arise on the
19 medical use of byproduct material. The Committee
20 provides counsel to the staff, but does not determine
21 or direct the actual decisions of the staff or the
22 Commission.

23 NRC solicits the views of the Committee
24 and values their opinion. A request that whenever
25 possible we try to reach consensus on issues that we

1 will discuss today, but I also recognize that there
2 may be minority or dissenting opinion. If you have
3 such opinion, please allow them to be read into the
4 record.
5 At this point, I would like to perform a
6 role call of the ACMUI members participating today.
7 When I call your name, please indicate if
8 you are present.
9 Dr. Leon Malmud.
10 CHAIR MALMUD: Present.
11 MR. FULLER: Dr. Bruce Thomadsen.
12 VICE CHAIR THOMADSEN: Present.
13 MR. FULLER: Dr. Darrell Fisher.
14 MEMBER FISHER: Present.
15 MR. FULLER: Ms. Debbie Gilley.
16 MEMBER GILLEY: Present.
17 MR. FULLER: Dr. Mickey Guiberteau.
18 MEMBER GUIBERTEAU: Present.
19 MR. FULLER: Dr. Sue Langhorst.
20 MEMBER LANGHORST: Present.
21 MR. FULLER: Mr. Steve Mattmuller.
22 (No response.)
23 MR. FULLER: Dr. Christopher Palestro.
24 MEMBER PALESTRO: Present.
25 MR. FULLER: Dr. John Suh.

1 (No response.)

2 MR. FULLER: I will note that Dr. Orhan

3 Suleiman has notified the ACMUI Chairman and NRC that

4 he will be unable to participate today.

5 Dr. William Van Decker.

6 (No response.)

7 MR. FULLER: Dr. James Welsh.

8 MEMBER WELSH: Here.

9 MR. FULLER: Dr. Pat Zanzonico.

10 MEMBER ZANZONICO: Yes.

11 MR. FULLER: Okay.

12 MEMBER MATTMULLER: Hi, this is Steve

13 Mattmuller. If you're doing roll call, I am checking

14 in.

15 MR. FULLER: Thank you, Mr. Mattmuller.

16 Has either Dr. Suh or Dr. Van Decker joined us yet?

17 Okay.

18 I'll note that a quorum has been met for

19 the purposes of conducting this meeting. I would also

20 note that Dr. Palestro does not have voting rights at

21 this time, but he will listen and speak on behalf of

22 the nuclear medicine physicians.

23 I will now introduce the NRC staff members

24 who are present here at NRC headquarters. Again, my

25 name is Mike Fuller. We also have with us Rob Lewis.

1 We -- I'll go around the room here. We have Glenda
2 Villamar. We have June Cai, Dr. Said Daibes, Susan
3 Chidakel, Dr. Donna Beth Howe and Gretchen Rivera-
4 Capella. Also, I believe on the phone we have Ashley
5 Cockerham and are there any other NRC headquarters in
6 attendance by phone today?
7 We will now go to the Regional offices.
8 Do we have any one on the call from Region 1?
9 MS. GABRIEL: Sandy Gabriel.
10 MS. ABOGUNDE: Maryann Abogunde.
11 MR. FULLER: Okay. Region 3.
12 MS. FORSTER: This is Sara Forster.
13 MR. FULLER: Okay, Region 4.
14 (No response.)
15 MR. FULLER: Next will identify members of
16 the public who notified us that they would be
17 participating on the teleconference. When I call your
18 name please answer.
19 Lynne Fairobent, American Association of
20 Physicists in Medicine.
21 MS. FAIROBENT: Present.
22 MR. FULLER: Ralph Lieto, St. Joseph Mercy
23 Hospital.
24 DR. LIETO: Present.
25 MR. FULLER: Jackie Kavanagh, Nordion.

1 (No response.)

2 MR. FULLER: Mike Peters, American College

3 of Radiology.

4 MR. PETERS: Present.

5 MR. FULLER: Gloria Romanelli, American

6 College of Radiology.

7 (No response.)

8 MR. FULLER: Michael Sheetz, University of

9 Pittsburgh.

10 MR. SHEETZ: Here.

11 MR. FULLER: Cindy Tomlinson, American

12 College for Radiation Oncology.

13 MS. TOMLINSON: I'm here.

14 MR. FULLER: Is there anyone else on the

15 call that I have not recognized?

16 (No response.)

17 MR. FULLER: At this time I ask that

18 everyone on the call who is not speaking to please

19 place their phones on mute. If you do not have the

20 capability to mute your phone please press star 6 to

21 utilize the conference line mute and unmute function.

22 I would ask everyone to exercise extreme

23 care to ensure that the background noise is kept at a

24 minimum as any stray background sounds can be very

25 disruptive on a conference call this large.

1 Following the discussion of each agenda
2 item, the ACMUI Chairperson, Dr. Leon Malmud, at his
3 option may entertain comments or questions from
4 members of the public who are participating with us
5 today.
6 At this point, I'd like to turn the
7 meeting over to Dr. Malmud.
8 CHAIR MALMUD: Thank you. Today, we have
9 a one-item agenda today and the one item on the agenda
10 is entitled ACMUI Reporting Structure. I believe that
11 you have all received a copy of the document dated
12 January 7 entitled "ACMUI Reporting Structure
13 Background Information."
14 Is there a member of the ACMUI who has not
15 received that?
16 (No response.)
17 Hearing no response, I assume that we have
18 all received it and that is the item for discussion.
19 Would a member of the Committee care to initiate the
20 discussion of the item?
21 MEMBER ZANZONICO: This is Pat Zanzonico.
22 CHAIR MALMUD: Thank you.
23 MEMBER ZANZONICO: I've read Ashley's
24 document. It was very well done, very clear, very
25 informative and my personal opinion is that frankly I

1 don't really have a strong preference between the
2 items, between the options suggested rather. I think
3 the current arrangement seems to work well, especially
4 Dr. Malmud, given your experience and really
5 assurances of access as needed of the ACMUI to the
6 Commissioners. I think given that, personally I don't
7 see a tangible advantage, a tangible benefit to
8 changing the current arrangement to that of the other
9 Committees.
10 My brief experience, admittedly, on the
11 ACMUI it seems to work well. The interactions with
12 the staff seem to be cordial, productive, effective,
13 etcetera, etcetera. And as I said, given your
14 experience in terms of the Commissioners themselves as
15 needed, I would endorse the status quo.
16 CHAIR MALMUD: Thank you, Pat. May we
17 hear comments from other members of the Committee
18 regarding the item on the agenda?
19 MEMBER LANGHORST: Dr. Malmud, this is Sue
20 Langhorst.
21 CHAIR MALMUD: Yes, Sue.
22 MEMBER LANGHORST: I very much appreciate
23 the Committee's indulgence on tabling this item and
24 giving us a little more time to look at things and I
25 appreciate the draft report that Ashley provided us.

1 At the direction of the Commission, the
2 staff was asked to work with the Office of the General
3 Counsel to provide the Commission a paper that
4 outlines possible improvements, improved mechanisms
5 for providing the Commission with ACMUI's feedback
6 regarding medical issues. I think that is our new
7 operating procedure that we approved in December at
8 our teleconference.
9 And this paper then is also to include the
10 pros and cons of restructuring ACMUI's reporting
11 structure and that is part of what Ashley is drafting
12 and to provide an implementation plan that would be
13 used to make that change. And again, I think that's
14 part of Ashley's draft.
15 So I've been thinking about this quite a
16 bit this past week and really was trying to come up
17 with not only what the Commission is asking the staff
18 to do at this point in time, but what are the
19 questions that this review is trying to answer or
20 maybe should it be trying to answer.
21 Now I've come up with a list of questions
22 that have come to my mind, but this is by far not
23 inclusive of everything. Here are the questions that
24 have come to my mind. How do or should the
25 Commissioners get their information on medical uses to

1 make their decisions? How do or should the NRC
2 medical staff, medical use staff have access to
3 current medical expertise? How do or should the ACMUI
4 offer up their questions and comments to the
5 Commissioners and the NRC staff?
6 How do or should the medical community,
7 and here I mean licensees and organizations of those
8 types of licensees, offer up their questions and
9 comments to the Commission, the NRC staff and ACMUI?
10 How should the perspectives of each of these groups,
11 and in this case I mean the Commission, NRC staff, NRC
12 medical use staff, ACMUI, the medical community,
13 Agreement States, patients and patient groups, and the
14 public, how should they be considered in how and where
15 the ACMUI functions?
16 And then my final question is what are the
17 logical -- excuse me, the logistical pros and cons for
18 the ACMUI reporting to NRC medical use staff and the
19 option of reporting to the Commission?
20 Now I think these may or may not be
21 questions we're trying to ask and answer in a review
22 such as this, but I would ask the Committee if this is
23 an opportunity to look at some of these questions and
24 maybe it should be a continual process of looking at
25 these types of questions on how we're functioning at

1 any given point in time. Thank you.

2 CHAIR MALMUD: Thank you, Sue. So there

3 are six questions that you've raised. And I believe

4 that they summarize the concerns that have been

5 expressed by one or more members of the Committee and

6 others with regard to the current structure.

7 Are there any other comments with regard

8 to the six questions that Sue has raised, or any other

9 issues from the members of the Committee?

10 MEMBER GILLEY: Dr. Malmud, this is Debbie

11 Gilley. I concur with all of Dr. Langhorst's

12 questions and I guess my concern coming as the

13 Agreement State representative what impact would the

14 ACMUI reporting to the Commission versus reporting to

15 FSME would have on the relationship with the Agreement

16 States?

17 CHAIR MALMUD: Okay, we'll consider that a

18 seventh issue, if that's acceptable to Sue.

19 MEMBER LANGHORST: Yes, and that was my

20 intent to be inclusive of some of our recommendations

21 may have impacts to Agreement States in one of my --

22 this question, so I apologize, Debbie, I didn't get

23 that quite right. Not that we're advising the

24 Agreement States, but they certainly have a stake in

25 this whole issue, too.

1 CHAIR MALMUD: Thank you. Hearing no
2 other comment immediately, I would then offer the
3 following in summary.
4 Currently, the ACMUI consults to staff,
5 which then delivers the opinions of ACMUI to the
6 Commission. We also currently have direct access to
7 the Commissioners at our request for a so-called
8 drop-in, if necessary. We have not availed ourselves
9 of the latter opportunity with great frequency
10 although my last visit with three of the Commissioners
11 and one staff member representing another Commissioner
12 indicated that we always have that option available to
13 us.
14 In the past, with previous Commissioners
15 and a previous chair of the Commission, we were asked
16 to have a significant agenda, three items or more, in
17 general, when dealing with the Commission. That no
18 longer applies. We can bring one critical issue
19 before them, if necessary.
20 The second issue was that there was
21 concern in the past by members of the ACMUI who are
22 not currently members of the Committee, but who may be
23 representing members of the public on the call today,
24 with regard to making certain that the opinions that
25 were rendered by the ACMUI were transmitted to the

1 Commissions in an unfiltered manner. I don't believe
2 that we currently feel that this is an issue, but it
3 was an issue in the past and therefore, it might
4 become an issue in the future, since we can't predict
5 the future.
6 The third issue is the reporting lines and
7 I think that those are pretty clear the way they are
8 right now. But the concern was was there a way of
9 speeding up our recommendations in terms of the
10 process because very often discussions and
11 recommendations may take several years between
12 initiation of the discussion and implementation or
13 rejection of the recommendation by the Commission
14 itself.
15 The latter issue I have always believed,
16 is related to the frequency of our meetings, rather
17 than to any delay on the part of staff. And we, of
18 course, have the option of - with proper notice to the
19 public, - calling meetings by telephone, rather than
20 simply limiting our activities to the two meetings
21 that we hold physically at NRC headquarters annually.
22 So some of the issues remain. Some of the
23 issues do not. And some of the issues are only of
24 concern in terms of their potential for recurring, if
25 you will.

1 We also have a different staffing now, a
2 different relationship between the ACMUI and NRC
3 staff. We're very fortunate in our current
4 relationships and staffing. So those members of the
5 Committee who are new have not necessarily experienced
6 the concerns that those members in the past had
7 experienced. However, there's always the potential
8 for recurring problems and I assume that the reason
9 for continued consideration of changing the reporting
10 line is not with respect to current practices, but
11 with respect to past concerns and concern about the
12 future.
13 Having made that statement, I would then
14 once again ask members of the Committee if they have
15 any further comments with regard to the document that
16 was distributed and a recommendation?
17 VICE CHAIR THOMADSEN: Dr. Malmud?
18 CHAIR MALMUD: Yes.
19 VICE CHAIR THOMADSEN: It's Bruce
20 Thomadsen.
21 CHAIR MALMUD: Yes.
22 VICE CHAIR THOMADSEN: And my only comment
23 on the document is that the Option 2 where it talks
24 about reporting directly to the Commission, I'm not
25 sure that the organization that's laid out there is

1 the only possible organization and that other possible
2 organizations might be more beneficial, both to the
3 Commission and to the operation of the Committee. And
4 some of the potential cons I'm not sure would actually
5 pan out as being actual cons. That would not
6 necessarily be the case on that. I only point that
7 out as we consider the options that -- the option as
8 stated directly there may not be the only thing that
9 we should consider.
10 CHAIR MALMUD: Thank you. Do you have a
11 suggestion for a third option?
12 VICE CHAIR THOMADSEN: I would think that
13 a third option as far as potential organizations would
14 be best worked out with a combination of the ACMUI
15 working with staff to look at the possible options.
16 The organizational structure of the NRC is a bit
17 byzantine and for somebody who is not in the
18 organization to try to state what it should be would
19 be very difficult without a guide.
20 All that being said, I find myself having
21 very strong feelings of ambivalence towards making any
22 changes right now.
23 CHAIR MALMUD: Thank you. Other comments
24 from members of the Committee?
25 MEMBER WELSH: Yes, Dr. Malmud. Jim

1 Welsh.

2 CHAIR MALMUD: Dr. Welsh.

3 MEMBER WELSH: I have similar kinds of
4 feelings to what Bruce has just mentioned and
5 regarding the listed cons on Option 2, I would like a
6 little bit more feedback so that I understand just how
7 real these potential cons are. What Bruce has just
8 mentioned that some of the cons may not pan out to be
9 genuine could be a concern. As an example, I would
10 like to ask about number 3 on cons for Option 2,
11 potential reduced FSME staff access to ACMUI members
12 as medical consultants due to conflict of interest.

13 Can somebody please explain to us what
14 that means if we report to the Commission as opposed
15 to the present situation, how would we have new
16 conflicts of interest that would limit our ability to
17 serve as consultants?

18 CHAIR MALMUD: Thank you for the question.
19 I'll address it to a member of NRC staff, if I may?

20 MR. LEWIS: Dr. Malmud, this is Rob Lewis.
21 I can elaborate on that a little bit. I think that
22 the issue there is really a legal issue and that the
23 Commission, the five Commissioners have an
24 adjudicatory role, so advice that they get on matters
25 that may eventually come before them for decision need

1 to be separated from advice that the staff may be
2 getting. And I think that that is the issue. So if
3 you were say on a Committee and also giving advice to
4 the staff, or being a medical consultant, there would
5 be some conflict of interest issues there. In the
6 case of the ACRS who reports up through the
7 Commission, their management doesn't go through the
8 EDO. They report to one SES manager who reports to
9 the Commission.
10 So we would have to follow a model like
11 that and the staff would have to obtain its own
12 independent medical expertise for developing issues to
13 send up to the Commission. We have medical expertise,
14 of course, but we would want the expertise of
15 physicians as we use~~d~~ you today to get.
16 CHAIR MALMUD: Thank you. Does that
17 answer the question that was raised?
18 MEMBER WELSH: I believe it does, but I
19 suppose a follow-up question might be how often and
20 what proportion of medical consultations would be
21 indicated by this change in reporting structure? Five
22 percent or is it going to be the majority or all of
23 the potential access to the medical consultation? How
24 significant is this problem?
25 CHAIR MALMUD: Dr. Welsh raises the

1 question.

2 MR. LEWIS: I'm sorry, he was breaking up

3 a little bit, but I believe it is significant. It

4 would be -- the staff will get its own medical

5 expertise and the Commission would have availability

6 to the ACMUI expertise if they reported to the

7 Commission. So we would completely separate the

8 roles.

9 VICE CHAIR THOMADSEN: Dr. Malmud?

10 CHAIR MALMUD: Yes, Dr. Thomadsen.

11 VICE CHAIR THOMADSEN: I have a question

12 for Mr. Lewis. Is this a problem that comes up all

13 the time in the reactor world?

14 MR. LEWIS: Is what a problem?

15 VICE CHAIR THOMADSEN: Does the NRC staff

16 have to get their own reactor consultants rather than

17 using the Reactor Committee as an advisory body?

18 MR. LEWIS: In effect, yes. Because what

19 happens is the staff, much like we do with this

20 Committee, the staff makes a presentation to the

21 Committee. In that case, the Committee will react to

22 it through a letter written to the Chairman of the

23 NRC. And that will come down through the EDO which

24 the staff will respond to it without using the

25 Committee as a resource, using its own resources. And

1 then the responses go back and forth up through the
2 EDO level. So it is separated.
3 And the ACRS gives policy advice directly
4 to the Commission in effect, not directly to the
5 staff.
6 CHAIR MALMUD: Thank you for clarifying
7 that. Does that answer your question?
8 VICE CHAIR THOMADSEN: Oh yes. It
9 certainly does. Thank you very much.
10 CHAIR MALMUD: Thank you.
11 MEMBER GUIBERTEAU: Dr. Malmud?
12 CHAIR MALMUD: Yes.
13 MEMBER GUIBERTEAU: This is Mickey
14 Guiberteau.
15 CHAIR MALMUD: Yes, Mickey.
16 MEMBER GUIBERTEAU: I appreciate the
17 opportunity to discuss this further. I think in
18 tabling this just to receive your comments today and
19 experiences as well as this reporting structure
20 background was worth waiting an extra week.
21 With regard to the report, I mean there
22 are two issues addressed in here, large issues. One
23 is really the reporting structure in terms of how we
24 may best have our voices heard as ACMUI so that the
25 NRC can, in turn, serve the medical community

1 effectively.

2 The second is, I believe, operational

3 which has been addressed here and that's how the

4 Committee can best function and be efficient in

5 basically serving the NRC so that it can serve the

6 public and the medical community.

7 Under the two options given, under the

8 pros, there is a note saying that number one, under

9 the FSME option, use existing staff and then a note is

10 made that ACMUI has requested additional technical and

11 administrative staff support for interactions with the

12 Committee due to increasing work load. And under

13 Option 2, under pros, it has enhanced ACMUI access to

14 facilities and support staff.

15 I guess my question is if we pursue Option

16 1, that is the existing reporting structure that has

17 been enhanced in terms of some modifications to it, in

18 response to ACMUI concerns, what is the likelihood

19 that ACMUI could benefit by having additional

20 technical and administrative staff support because

21 that question, it's just stated as a statement without

22 any comment?

23 CHAIR MALMUD: Thank you for raising the

24 question. Would anyone from NRC staff care to

25 respond? Perhaps Ashley?

1 MR. LEWIS: It's Rob. I can respond.

2 CHAIR MALMUD: Directly to you, Rob.

3 Thank you.

4 MR. LEWIS: The likelihood of additional

5 technical support is, it is a possibility. I think

6 that we are currently working on our 2013 budget and

7 the way that we budget, as all the agencies do, we

8 have three budgets in process at any given time. The

9 one that you're executing, the one that Congress is

10 looking at, and the one for the year after that. So

11 we currently have just started working on the 2013

12 budget.

13 As you must have heard in the news, the

14 prospects of growing budgets across agencies is not

15 very good in today's climate. So that will be a

16 challenge. However, at the unit level, the allocation

17 between the medical group and the industrial group,

18 while as a whole it may need to stay the same, we do

19 have some leeway to make adjustments within those that

20 keep the zero-sum gain in the more macroscopic way.

21 So I do think that what we have presented

22 here is just an opinion and we would need to back the

23 opinion up with some assumptions of why or levels of

24 effort, but if that can be done either by the

25 Committee or by Ashley and Radioactive Materials

1 Safety Branch staff and brought forward through the
2 budget process, those types of things do have a good
3 chance of surviving as they go up the chain.
4 So it is a real possibility to -- in sum,
5 it is a real possibility to get additional technical
6 help at the staff level. We have to demonstrate the
7 need all the way up through the management chain and
8 eventually through Congress and the next real
9 opportunity always lags by a couple of years. So for
10 example, the FY13 budget would be where it would show
11 up today.
12 CHAIR MALMUD: Thank you for clarifying
13 that. If I may raise a question, in looking at the
14 two structures, it seems to me that the less costly
15 one is the current one with some additional staffing
16 support, that the other model is more costly. Am I
17 correct in that?
18 MR. LEWIS: Agency-wide, I would agree,
19 yes.
20 CHAIR MALMUD: And then given the current
21 mood in Washington with regard to budgets over all,
22 the more likely to be approved, although it's not a
23 reason to make the decision, but the more likely to be
24 approved is the first option, given the costs involved
25 in Option 1 versus Option 2.

1 MR. LEWIS: If costs were the only factor,
2 but I wanted to start -- I was going to make an
3 opening comment, but I didn't. And I think if the
4 Committee has a view, regardless of costs, if the
5 Committee has a view about functionality or efficiency
6 or getting the recommendations done sooner as you
7 mentioned, Dr. Malmud, I think that whatever the
8 Committee comes up with, its position will be weighed
9 heavily by the Commission.
10 CHAIR MALMUD: Thank you.
11 MR. LEWIS: I don't want to pre-judge what
12 they would predict, but if the Committee took a strong
13 view, they would take it to heart, I'm sure.
14 CHAIR MALMUD: Thank you. Other comments?
15 MEMBER FISHER: Dr. Malmud, Darrell
16 Fisher.
17 CHAIR MALMUD: Yes.
18 MEMBER FISHER: I'm a proponent of Option
19 1 for the Committee structure, but I do have one
20 concern and that has to do with matters that come
21 before the Committee, generated by offices other than
22 the Office of Federal and State Materials and
23 Environmental Management Programs. Two examples are
24 matters of radioactive material transportation and the
25 other one is the obvious issue that we dealt with on

1 our last conference call, nuclear material safety and
2 safeguards, the safeguarding of Category 1 and
3 Category 2 materials.
4 So my question is with the current
5 reporting structure, does the Advisory Committee have
6 adequate input to the work of the Nuclear Regulatory
7 Commission in those offices outside FSME?
8 CHAIR MALMUD: That's the question?
9 MEMBER FISHER: Yes.
10 CHAIR MALMUD: Are you asking the Chairman
11 that question or are you asking staff? I could answer
12 the question from my perspective. Maybe we should
13 both answer the question.
14 MEMBER FISHER: Yes. That would be good,
15 because that's my principal concern. And I've had
16 some input from people outside of the NRC who have
17 viewed the operations of the Advisory Committee for
18 many years and almost unanimously the outside
19 commentators say that the Committee should report in
20 at a higher level and directly to the Commission.
21 However, since I joined the Committee
22 almost four years ago, I've seen the current reporting
23 structure works very well. So I would like to know
24 whether or not the Committee has adequate input to
25 relevant rulemaking that takes place in parallel

1 organizations.

2 CHAIR MALMUD: Well, I'll give you my

3 opinion, having a little longer tenure on the

4 Committee than most members. I think that our access

5 today is better than it ever has been and that our

6 staff support today is better than it ever has been,

7 without being critical of staff support in the past.

8 In addition, I must say that my meetings

9 individually, one on one with the Commissioners was an

10 epiphany in a sense in that I was astonished at how

11 well versed each of them was in the discussions that

12 have been ongoing in ACMUI. They are aware of the

13 issues. And they have a very large portfolio. And

14 yet, each individual seems quite familiar with the

15 items that I brought forth which were the items that

16 the Committee asked me to bring forth to the

17 individual members of the Commission. So that I don't

18 feel that we have a problem currently, but I would

19 also have to say that perhaps part of the issue, part

20 of the concern was that we did not avail ourselves of

21 the opportunity of going directly to the Commissioners

22 in the past if we felt the need. And I would assume

23 part of the responsibility for that.

24 However, in my role as Chairman, it's

25 quite clear that it's available to us and that the

1 Commissioners are well versed in the issues that we've
2 been dealing with. So I don't personally feel the
3 need for a change. However, I also remember what the
4 relationships were when I first joined the Committee
5 and I respect the opinions of those who were concerned
6 about the communication problems at that time. I
7 think though that they have been addressed, at least
8 to my satisfaction. I am only speaking as an
9 individual in this case, and not as the Chairman of
10 the Committee, and therefore I welcome the opinion of
11 any current members of the Committee first, and then
12 we can hear comments from others as well.
13 Are there any other members of the
14 Committee who feel strongly in favor of Option 2,
15 rather than Option 1? All the comments I've heard
16 thus far seem to be in favor of Option 1.
17 MEMBER WELSH: Dr. Malmud?
18 CHAIR MALMUD: Yes.
19 MEMBER WELSH: Jim Welsh again. I don't
20 necessarily feel very strongly in favor of Option 2,
21 however, I should point out that in my opinion the
22 current mechanism that we have is working out very
23 well. But if you look at it carefully, it is a game
24 of telephone, where we are reporting to maybe four,
25 five or six individuals who then ultimately get the

1 message to the Commissioners. It's working very well,
2 but I think as you point out, it might be working out
3 presently because we are blessed with some very
4 receptive and competent individuals. And that may not
5 always be the case.
6 And therefore, one has to ask the question
7 of is this working well now because of the individual
8 people involved or is it working out well for us now
9 because the structure is not broken? I'm not
10 sure I have the answer to that. I suspect that we are
11 blessed with some very qualified individuals and we
12 might be under estimating the importance of their
13 meaningful contribution and confusing that with the
14 system that truly works efficiently and well. And
15 therefore, I think that I still have some feeling that
16 Option 2 may be a better long-term solution. I don't
17 feel strongly about them, but I thought I'd raise that
18 point.
19 CHAIR MALMUD: Thank you, Dr. Welsh. It
20 might be useful if a member of NRC staff pointed out
21 the difference in time commitment under Option 2 in
22 terms of requiring our physical presence in the
23 Washington area.
24 Does anyone care from NRC staff to comment
25 on what that would be under Option 2? Perhaps I

1 should raise it as a question. How often does the
2 ACRS meet and what are their -- what's the frequency
3 of their meetings and the time commitment.
4 MR. LEWIS: The ACRS meets -- this is Rob
5 Lewis. The ACRS meets once a month for a week, at
6 least three days, but I think a lot of times for a
7 week, once a month. I think ten times a year,
8 actually. And that's actually a tricky question to
9 answer. I think that the better way I would answer is
10 if the Committee, the ACMUI was to have as a goal the
11 same level of involvement that they have today --
12 CHAIR MALMUD: Yes.
13 MR. LEWIS: I believe because of the
14 formality of the communications between the staff and
15 the Committee and going through the Commission by
16 letters, I think that for the same level of
17 involvement Option 2 probably would have more
18 resources and therefore more meetings.
19 CHAIR MALMUD: Thank you for that
20 response. That's what I was expecting that you would
21 say. And I would point out that for the members of
22 the ACMUI who are in medical practice, who are still
23 actively practicing, that would be a significant time
24 commitment away from their primary source of income
25 and professional activity to spend in the District

1 area. And I wonder if the members of the ACMUI are
2 aware of that. I don't know what the answer to the
3 question is, but I hope that you are now aware of the
4 potential for additional time commitment if we were to
5 report under Option 2.
6 From a personal perspective, given my
7 current status, my home base, I could afford the time,
8 but I know that had I still been in busy practice as I
9 was some years ago, I would have to have declined the
10 opportunity. I don't know how each of you feel.
11 That's a significant time commitment.
12 MEMBER LANGHORST: Dr. Malmud, this is Sue
13 Langhorst.
14 CHAIR MALMUD: Yes.
15 MEMBER LANGHORST: I think that's part of
16 the logical question that I raised and I don't think
17 that we could function in exactly the same way that we
18 do right now. I agree that that would be the case.
19 But there may be other ways that that type of
20 interaction could be structured. That's part of what
21 I was raising as far as what would be the logistical
22 pros and cons of this. And just to clarify my stance
23 on things, I think I'm kind of on the same page as Dr.
24 Fisher and Dr. Welsh in this regard. I don't have a
25 strong sense that things need to change and go to

1 Option 2, but I think it's a very worthwhile exercise
2 to see what is -- what the expectations are of the
3 Commission, the staff, the medical community and help
4 us to meet those expectations.
5 So I think this is a healthy discussion
6 and I think it should be more than just between the
7 NRC staff and ACMUI. I will be very interested to see
8 how the Commission gives us feedback on this.
9 CHAIR MALMUD: Thank you. The reason I
10 raised the question of time commitment was so that we
11 would be able to begin to address one of the questions
12 that you raised which was a relevant question and that
13 is would this require significantly more time, not
14 only from NRC staff or staffing, but from the ACMUI
15 members and would it therefore limit the candidates
16 for the ACMUI based upon the individuals' commitments
17 to their home base and their inability to spend that
18 much time perhaps up to three days a month, ten times
19 a year in the involvement with the Committee's
20 activities in Washington.
21 VICE CHAIR THOMADSEN: Dr. Malmud?
22 CHAIR MALMUD: Yes, sir.
23 VICE CHAIR THOMADSEN: A question. Bruce
24 Thomadsen. A question for Mr. Lewis. Could you be
25 any more specific as to why with the same level of

1 activity the time commitment would be so much more?

2 MR. LEWIS: Yes. I think I can. The

3 first part of that is I think that in the ACRS

4 meetings, they have a letter-writing session every

5 meeting. So in order to produce their positions, they

6 create letters and then send them forward. And that's

7 very time consuming.

8 I think as Dr. Langhorst said, that's not

9 necessarily saying that this Committee would have to

10 operate the same way. And I do think that because of

11 the -- the second point I would say about what takes

12 more time in that kind of scenario is because the

13 reporting structures are farther apart, the NRC staff

14 presentations to the Committee and then the

15 Committee's feedback to the staff is much more formal

16 and takes more time on our side and does not tend as

17 much to get into the level of detail that I've

18 observed at ACMUI I'd like to get into.

19 The ACMUI works at a lower level of detail

20 about individual medical events or issues than the

21 ACRS does. And I think works well. And I made my

22 statement based on if you wanted to continue that,

23 there would be a multiplication factor of workload to

24 filter those up and down the chain to formal letters

25 all the time. If that helps -- and I do agree

1 completely with Dr. Langhorst that other models could
2 be explored to have ACMUI involved.
3 If the Commission were to vote and decide
4 that the ACMUI should report to them, we will have to
5 develop an implementation plan to transition and
6 things like the workload on the Committee members, the
7 workload on the staff, what things staff have to
8 separate themselves from, all those issues would have
9 to be part of that plan.
10 I would not imagine that -- it could
11 happen this way, but I would not imagine that the
12 Commission will say starting tomorrow, the ACMUI
13 reports to us. They would probably give us a year or
14 maybe even longer to transition it. And we'd have to
15 work with you through all those details.
16 VICE CHAIR THOMADSEN: Thank you.
17 MEMBER WELSH: Can I ask does anybody have
18 a feeling about which direction the Commission is
19 leaning? Is the Commission seriously considering
20 ACMUI reporting directly to them?
21 CHAIR MALMUD: This is Dr. Malmud. Would
22 someone care to address Dr. Welsh's question?
23 MR. LEWIS: Well, I think that -- this is
24 Rob Lewis. I think that's a question for us. I think
25 the Commission asks the staff as a result of the

1 briefing, the medical briefing, to look into this
2 issue. And it was clear to me at that briefing and a
3 briefing before that that at least some of the
4 Commissioners felt that the views of the Committee
5 weren't known to them in having to make a decision on
6 the brachytherapy rule, for example. I should say the
7 views of the Committee weren't fully known to them,
8 and yet the paper was up in front of them. So that
9 was a problem for those Commissioners.
10 I think that it's a healthy exercise to
11 look at whether the organizational reporting is a part
12 of that problem, whether the organizational reporting
13 and that problem can be unlinked. And I think that's
14 what this paper is all about, as well as the
15 interactions procedure, which is the other paper that
16 was mentioned today. So short answer is no, no one
17 knows exactly what the Commission will do when they
18 get the options paper. There will be a staff
19 recommendation in the paper and the Committee is
20 welcome to make a recommendation in the paper as well.
21 We will have the Committee views in the paper. A
22 recommendation will be just as welcome to put in. And
23 they'll take it from there. They'll factor all things
24 in. Our job is to fully inform them. They'll have to
25 decide if the proposals meet their needs, whatever

1 those needs may be on the medical area.

2 CHAIR MALMUD: Does that answer your

3 question, Dr. Welsh?

4 MEMBER WELSH: For the most part, it does.

5 I do recall the lively discussions of last summer

6 regarding the permanent ~~in-~~implant brachytherapy

7 proposed rules. And if I recall correctly, there did

8 seem to be a disconnect between the proposed rule and

9 the ACMUI recommendation. And perhaps that led to a

10 lot of confusion on my part because I and other

11 members of the ~~In-Plant~~Implant Brachytherapy

12 Subcommittee, as well as the medical community at

13 large that does this, has very distinct feelings about

14 what a rule should look like. And the proposed rule

15 did not look anything like that. And the

16 Commissioners were put in an awkward position that the

17 re-proposed rule was very different from anything that

18 the ACMUI would endorse or anything that professional

19 organizations would endorse.

20 And I could understand how this led to

21 confusion about how effectively the Commissioners are

22 receiving ACMUI input. But since then, it seems like

23 things have worked far more effectively and

24 efficiently and Dr. Malmud has pointed out the

25 Commissioners are now quite well briefed on things

1 that we discuss in our Committee. But again, I raise
2 the question of whether it has to do with the
3 individuals involved such as Ashley, Chris, Rob, and
4 Charlie, who have been very receptive and responsive
5 and capable of reporting to the Commission our
6 recommendations and concerns. And if that is not
7 going to always be the case, some folks move on, some
8 folks might retire, move into different positions, and
9 we might not have the same effective chain of
10 communication.
11 And therefore, I might propose that today
12 I am in favor of maintaining the current reporting
13 structure, but that on an annual basis or something
14 similar, the question should be revisited because
15 today it works. What if it doesn't work next year and
16 we don't revisit this issue for another five years and
17 we're working the next four years with something that
18 is not as efficient as it is today.
19 CHAIR MALMUD: Thank you. Other comments?
20 MEMBER MATTMULLER: Dr. Malmud, this is
21 Steve Mattmuller.
22 CHAIR MALMUD: Yes, Steve.
23 MEMBER MATTMULLER: It's my impression and
24 understanding of past interactions of staff and ACMUI
25 that they will really be addressed more effectively

1 through the proposed policy and procedures of 2-5,
2 even perhaps more so than where we're at in the
3 organizational chart. So I'm really pleased
4 to have 2-5 being developed and moving along because I
5 think that will help ensure that things continue to
6 work well.
7 That said, Darrell raised, Darrell Fisher
8 raised a very good point about issues that aren't
9 under FSME such as nuclear medicines and safeguards.
10 If the FSME Policy 2-5 only affects issues directly
11 controlled by FSME, if there's a non-FSME issue, are
12 we then at risk of having our opinions and thoughts
13 and comments being ignored?
14 So I guess that's a question for Rob, if
15 I'm interpreting that correctly.
16 MR. LEWIS: And thank you for bringing
17 that back around because I had a thought when that
18 came up. FSME in my office is the sister division
19 which is DILR, who briefs the Committee every time,
20 they process all rulemakings within NRC, except
21 reactor rulemakings. So all of the issues in the NMSS
22 office including transportation or material control
23 and accounting issues, they are processed through FSME
24 in terms of rulemaking and policy. So that procedure
25 will apply to those.

1 The only thing that the Agency would do
2 that the Committee might be interested in that would
3 be outside of that is, of course, reactor and new
4 isotope production kind of issues related to reactor,
5 but that's a new issue to all of us and FSME is
6 following that closely as is the Committee, so I think
7 we, over the last several meetings, have done a good
8 attempt to keep plugged in on that.
9 But I would go back though to the, you
10 know, the mission of the Committee, of the ACMUI and
11 the charter. And it's to provide -- I don't have it
12 in front of me, but I'm going to summarize and get
13 myself in trouble, to provide advice on the medical
14 policy issues. And a transportation issue that
15 affects a medical licensee, may or may not be a
16 medical policy issue. Of course, we certainly want
17 the Committee to be involved in those and between
18 Josie Piccone and myself, we make sure that those come
19 before the Committee, but I think in terms of the
20 mission of the Committee, it's kind of an indirect
21 relationship. Same goes true for the effect of any
22 Agreement States' compatibility or something. It may
23 be a medical policy issue, in quotations, but in most
24 cases those are not medical policy issues.
25 So for the issues that are medical policy

1 issues and things in Part 35 or some of the other
2 parts, like Part 20, that are truly and uniquely
3 medical, and we need the expertise of the Committee to
4 give to the Commission, you know, we're obligated to
5 have those go through the Committee and have a very
6 formal back and forth.
7 For the others, such as transportation of
8 sources, the Committee's role in my mind and under its
9 mission is a less obligatory and formal process, but
10 we certainly want to always involve the Committee in
11 those, if that long, rambling explanation makes any
12 sense.
13 CHAIR MALMUD: This is Malmud. It makes
14 sense, however, the Committee would feel very strongly
15 that in our advisory role if there had been a
16 rulemaking which would have affected transportation
17 and therefore limited access of isotopes for
18 diagnostic or therapeutic care inadvertently, or
19 unknowingly, the Committee would feel very strongly ~~of~~
20 that its advisory role and opinion must be
21 communicated promptly to the Commission.
22 MR. LEWIS: I agree. I agree.
23 CHAIR MALMUD: Is there further discussion
24 of the item on the agenda today?
25 MEMBER LANGHORST: Dr. Malmud, this is Sue

1 Langhorst.

2 CHAIR MALMUD: Yes.

3 MEMBER LANGHORST: I have one just
4 question on the report itself on Option 2. The way
5 that it is drafted right now, is it saying that we
6 would become part of the Agency process or was that
7 not an intended --

8 CHAIR MALMUD: When I had asked that
9 question, thank you for bringing it forward. When I
10 had asked that question, it wasn't clear to me whether
11 we would be part of that process which concerned me
12 quite frankly because given the amounts of -- if by no
13 other measure, just given the amounts of radioactivity
14 involved, we would be dwarfed in our importance. But
15 if we were in parallel, it would be a larger
16 administrative structure.

17 Being practical, though I'm not predicting
18 what the Commissioners would say, it seems to me that
19 it would be very expensive to create a parallel
20 organization under Option 2. One of my concerns is
21 that we not be dwarfed in importance because just what
22 -- from what I read in the newspaper, we're going to
23 be more heavily involved in expanding our nation's
24 reactor capabilities in the future. So I have the
25 same anxiety you do about the structure of 2 and what

1 options might be selected.

2 Does anyone from NRC staff wish to comment

3 on that?

4 MR. LEWIS: Yes, in our -- what we

5 intended and planned to put in the paper is there will

6 continue to be two separate Committees, but the

7 separate Committees would use the same organizational

8 resources. In other words, the current NRC ACRS staff

9 which is, I don't know, 30 people off the top of my

10 head, would be -- and those are all reactor people, by

11 the way. They would need to be supplemented by some

12 NRC staff with medical expertise that would work with

13 your Committee. But the Committees would not be

14 merged in any way. One would not be a subcommittee of

15 the other in any way. It's just that the management

16 chain and the secretarial support and all those things

17 would be in the same organization within NRC, but it

18 would be separate from FSME.

19 CHAIR MALMUD: Does that answer your

20 question, Sue?

21 MEMBER LANGHORST: Yes, it does. And one

22 more point I want to make is that I totally agree on

23 the Option 1 that there needs to be additional

24 technical and administrative staff support for ACMUI

25 operations.

1 CHAIR MALMUD: Thank you, I think the
2 whole Committee is unanimous on that point.
3 Is there anyone on the Committee who is
4 not unanimous that if Option 1 is the option, there
5 must be some additional staffing?
6 (No response.)
7 Hearing no response, I assume the
8 Committee is unanimous with respect to that. I will
9 say as a member of the Committee and not as its Chair,
10 that Option 2 gives me anxiety because we would be
11 joining -- we would be under a management operation
12 which has traditionally been more committed to reactor
13 issues. It would be staffed up, but in a sense, we
14 would be a stepchild within that Committee. I'm not
15 addressing any individual. I'm just addressing my
16 experience with being a small organization managed by
17 an organization that manages a large and a small
18 organization. There's never quite equality. And
19 therefore having a separate management, if you will,
20 management commitment has its advantages even though
21 the reporting lines differ a bit. But that's just one
22 man's opinion. I'm not speaking for the Committee in
23 that sense, only from my administrative experience.
24 Are there other comments from members of
25 the Committee?

1 MEMBER VAN DECKER: Yes, Dr. Malmud. This
2 is Bill Van Decker. I'd like to weigh in briefly as
3 probably somebody who fits the characteristics of busy
4 and since I only put in an hour for this, I need to be
5 moving on in a moment.
6 I guess that I personally tend to like
7 enhanced Option 1, being someone who always fears
8 unintended consequences and recognizing what happens
9 in regulatory space of unintended consequences. I'm
10 sure the same is true for this type of situation.
11 I would point out that I think the key
12 issue that we want here is transparency, early
13 involvement and some proof that the deliberations of
14 the Committee are being sent through as attachments
15 unamended or unplayed with like subcommittee reports
16 and such as part of what's being presented in the
17 interim when we're not together. And I think that the
18 staff has overall done a very good job with some very
19 complicated topics in this regard. And there's always
20 going to be a little fallout here or there as you try
21 to work through all of this.
22 I do think that the Commission, having an
23 open medical briefing once a year has been a major
24 plus to this as far as the face-to-face is an
25 important piece of it. And I don't think that we want

1 to get ourselves into a letter writing campaign.

2 As far as being busy goes, I know I have a

3 dean who probably wouldn't like 36 days a year away

4 with this type of thing. Having said that I think

5 that all the people involved in this recognize that

6 this is a professional commitment to the profession

7 and to our direction with the regulatory agencies. I

8 think we would find people still willing to serve, but

9 it would probably be for shorter periods at a time at

10 any point in time. But I do think that there are

11 probably ways to enhance the current structure that

12 probably accomplish the same type of advisory role

13 that all our constituents would like to see happen.

14 And obviously, there's a Committee self-

15 review that goes on here by mandate and I think that

16 we can always reassess this thing and if we feel down

17 the line that there's some unacceptable piece to where

18 we currently stand, a letter-writing campaign at that

19 point can probably always be done as well, but I guess

20 I right now kind of tend towards an initial

21 enhancement, Option 1.

22 CHAIR MALMUD: Thank you, Dr. Van Decker.

23 Other comments from members of the

24 Committee?

25 MEMBER GUIBERTEAU: Dr. Malmud, this is

1 Mickey Guiberteau.

2 CHAIR MALMUD: Yes.

3 MEMBER GUIBERTEAU: As a new member of the

4 Committee, although I've been here for some time now,

5 although I can vote at this --

6 CHAIR MALMUD: Congratulations on your

7 voting status.

8 MEMBER GUIBERTEAU: Thank you. I think

9 this has been an excellent discussion. My concern

10 here is that this process may go forward without any

11 clear message from ACMUI about what our feelings may

12 be regarding the staff recommendations that may go

13 forward to the Commission. And being one who is

14 always careful what I wish for, since the Commission

15 will make the decision, I think it might be best to

16 take an opportunity to see how ACMUI feels at this

17 moment in terms of the options that have been placed

18 before us, understanding that in my personal

19 experience, although I'm aware of previous issues with

20 ACMUI operations in the past from past members, as

21 well as from radiology and nuclear medicine

22 organizations, I can say truthfully over the last two

23 years that it had seemed to work very well from my

24 point of view. The staff has been very responsive.

25 Our Chair and the Commission had excellent relations

1 and communications. And my feeling is that unless
2 there is a compelling reason to change, that perhaps
3 enhanced Option 1, in my mind, would be the better
4 option.
5 I also understand Dr. Langhorst's
6 questions and I believe that many of those can be
7 reframed in the context of the current reporting
8 system. So at this point I would like to move that
9 the tabled motion be removed from the table.
10 MEMBER LANGHORST: This is Sue Langhorst.
11 I second that.
12 CHAIR MALMUD: We have had a motion moved
13 and seconded. All in favor.
14 (Chorus of ayes.)
15 Any voting members opposed?
16 (No response.)
17 Any abstentions?
18 (No response.)
19 So there's a unanimous motion to take this
20 item off the table.
21 Next, is there a motion to present it?
22 MEMBER WELSH: Dr. Malmud, this is Dr.
23 Welsh.
24 CHAIR MALMUD: Dr. Welsh.
25 MEMBER WELSH: I was the one that

1 initially put forth the motion on January 5th. And
2 would like to put the same motion forth again at this
3 point.
4 CHAIR MALMUD: Would you briefly just
5 describe your motion again for those who are on the
6 conference call?
7 MEMBER WELSH: The ACMUI should maintain
8 the current reporting structure with the proposed
9 enhancements.
10 CHAIR MALMUD: Thank you. And your motion
11 was seconded previously and therefore is open for
12 discussion again.
13 Any further comments with regard to the
14 motion from the members of the Committee?
15 MEMBER LANGHORST: Dr. Malmud, this is Sue
16 Langhorst.
17 CHAIR MALMUD: Yes.
18 MEMBER LANGHORST: Just a quick question
19 of my understanding of the enhanced means the request
20 for additional support, am I correct?
21 CHAIR MALMUD: You are correct.
22 MEMBER LANGHORST: Thank you.
23 MEMBER WELSH: Dr. Malmud, this is Dr.
24 Welsh.
25 CHAIR MALMUD: Dr. Welsh.

1 MEMBER WELSH: My comments are that I
2 concur with your sentiments in which would change our
3 reporting structure that we could be the new stepchild
4 in an organization that has bigger fish to fry with
5 our new agendas such as new reactors.
6 Additionally, the very increased demand on
7 ACMUI members in terms of time commitment is perhaps
8 the reason I put forth the motion in the first place.
9 It would become quite impractical for me and others
10 such as Dr. Van Decker, among many others on this
11 Committee, to comply with the demands of such a
12 schedule. Thus, the motion was put forth, but I do
13 still have the nagging suspicion that the current
14 system is working not because it's such a perfect
15 system, but because we have perfect individual people
16 that we are working with now. And therefore, I will
17 reiterate what I said before that perhaps this should
18 be a question that gets readdressed on a periodic
19 basis because I had my doubts that we'll always work
20 as well as it is working today.
21 CHAIR MALMUD: So are you proposing a
22 change in your motion?
23 MEMBER WELSH: Not a change in the motion,
24 but perhaps if others agree, I would like to add that
25 this same question be readdressed periodically, that

1 we don't go for long periods of time with a system
2 that might not be working as well as it is working at
3 this moment.
4 CHAIR MALMUD: Would you wish your motion
5 to be as it is with an amendment indicating that we
6 would like the Committee to reevaluate its decision
7 and recommendation in a year?
8 MEMBER WELSH: That is what I would like
9 to put forth.
10 CHAIR MALMUD: Would you like that to be
11 for the Committee to have this as an agenda item on an
12 annual basis in the future, so that there's an
13 awareness that we always are looking for an alternate
14 reporting line if we feel that the current system for
15 one reason or another is not effective?
16 MEMBER WELSH: Yes. I think that would be
17 very valuable.
18 CHAIR MALMUD: Is there a second to that
19 motion?
20 MEMBER GUIBERTEAU: Second. Mickey
21 Guiberteau.
22 CHAIR MALMUD: By Dr. Guiberteau. Any
23 further discussion of that motion by members of the
24 Committee? If not, is this an appropriate time to ask
25 for comments from members of the public? I'm asking

1 this of NRC staff. Or shall we vote on the motion?

2 MR. FULLER: Dr. Malmud, it is at your

3 discretion. You can invite comment, invite folks from

4 the public to comment at any time.

5 CHAIR MALMUD: Before we vote or after we

6 vote or either?

7 MR. FULLER: It's either. It's up to you.

8 CHAIR MALMUD: How do members of the

9 Committee feel? Shall we vote first or ask for

10 comments from members of the public?

11 MEMBER GILLEY: I would like to hear the

12 comments from members of the public.

13 CHAIR MALMUD: Thank you. Debbie Gilley

14 ask that we give the courtesy of members of the public

15 speaking now and therefore I invite members of the

16 public to make comments if they wish. This is an

17 invitation for your participation.

18 Is there a member of the public who wishes

19 to make a statement?

20 MS. FAIROBENT: Dr. Malmud, it's Lynne

21 Fairobent with AAPM.

22 CHAIR MALMUD: Yes, Lynne.

23 MS. FAIROBENT: I just have a couple of, I

24 guess, comments based on the discussion and obviously

25 we have not had the opportunity to see the staff paper

1 that ACMUI has reviewed prior to this discussion. But
2 a couple of points, one, I don't know that you should
3 automatically assume if you were to report to the
4 Commissioners that ACMUI would have to meet at the
5 frequency that ACRS or even in the past that the
6 Advisory Committee on Nuclear Waste did. I think that
7 those meeting frequencies reflect the workload that
8 has been before both of those advisory committees. It
9 may be, in fact, that your workload would only
10 increase to perhaps three meetings a year or once per
11 quarter. I think that that's something that you would
12 have to weigh, depending on the activities before the
13 Committee based on the medical policy issues.
14 Secondly, I was --
15 CHAIR MALMUD: Thank you for making that
16 point. Is there a second item? Please go ahead.
17 MS. FAIROBENT: Secondly, I was also very
18 interested in Dr. Fisher's comment in raising the
19 question on rulemaking put forth by an organization
20 other than FSME and Mr. Lewis' response in regards to
21 those that are not directly related to medical policy.
22 I think it is unclear in my opinion as to who would
23 make the call that a rulemaking had an impact on
24 medical policy.
25 The one in question in my mind is Part 37.

1 Part 37 definitely does have an impact in the medical
2 application and use of radioactive material, but in
3 that case that is not -- I do not believe it's an FSME
4 rule. That is the regulation on increased controls
5 that you all spent a fair amount of time last week
6 discussing.
7 MR. LEWIS: In fact, that is an FSME rule.
8 That rule is -- it's my division's rule. It's
9 another branch in my division.
10 MS. FAIROBENT: Okay.
11 CHAIR MALMUD: Thank you for clarifying
12 that.
13 MS. FAIROBENT: But who would make the
14 determination that another regulation would or would
15 not have medical policy implications in deciding
16 whether it should be brought forward to ACMUI?
17 CHAIR MALMUD: I think that's a question
18 for NRC staff.
19 MR. LEWIS: I believe that -- me.
20 MS. COCKERHAM: This is Ashley. That's
21 how the procedure is currently written.
22 MR. LEWIS: Right.
23 MS. FAIROBENT: So just to clarify, that
24 is really a staff-dependent decision. That just gets
25 back to the fact that right now the Committee I think

1 is quite frankly blessed with the staff support that
2 it has. That has not always been the case. It's not
3 been the case for as long as I know ACMUI has been in
4 operation.
5 In fact, I think it's probably the rarer
6 percentage that ACMUI has had the operational support
7 that it is currently in -- is enduring.
8 CHAIR MALMUD: This is Malmud. I would
9 agree except for one word. You said "has". I would
10 use the term "had" because currently we have been
11 enjoying the opportunity.
12 The issue though is one which is of
13 concern to all of us, namely, that is any regulations
14 are passed which interfere with the availability of
15 either diagnostic or therapeutic modalities, we would
16 want -- we would feel a sense of urgency in commenting
17 on that. That's exactly the kind of an issue that if
18 we felt was not being dealt with effectively, we could
19 communicate directly to a Commissioner, but with a
20 quote drop-in end quote.
21 MR. LEWIS: Ashley, help me out. I
22 thought that we have an annual briefing by DILR that
23 goes over all the rules on their plate, medical policy
24 and ones that may be indirectly medical policy. So is
25 that not the way we do it right now? If it isn't, we

1 can certainly change that.

2 MS. COCKERHAM: We do have a DILR

3 presentation that's usually just on what the current

4 rulemaking is. Does that answer your -- or whatever

5 the current rulemakings are.

6 CHAIR MALMUD: Does that answer the

7 concerns of both parties?

8 Rob?

9 MR. LEWIS: Yes, I think so. I'll talk --

10 the right people aren't here for the rulemaking side,

11 so I'll talk to Josie Piccone and see if we're not

12 doing that already, whether we can expand that.

13 CHAIR MALMUD: Thank you. Any other

14 comments or questions from members of the public?

15 DR. LIETO: Yes. This is Ralph Lieto.

16 CHAIR MALMUD: Hello, Ralph. It's good to

17 hear your voice again.

18 DR. LIETO: Thank you. I appreciate that.

19 CHAIR MALMUD: I'll just introduce you.

20 Ralph is a physicist who speaks as a former member of

21 the Committee, of the ACMUI.

22 DR. LIETO: Thank you. I have a number

23 of, I guess, questions or points and Lynne already

24 mentioned one of those. Not having access to the

25 report, it's obviously just picking up by the

1 conversation what the pros and cons you're discussing
2 and what the options are. So it makes it a little bit
3 difficult to make some comments from the general
4 public in that regard.
5 But I guess a question I have is since a
6 lot of this, this issue basically arose, I'm going to
7 say probably six or seven years ago and it's taken it
8 this long to get to this point. Were any of the past
9 ACMUI members that were involved or on the ACMUI
10 during this time consulted in the sort of the pros and
11 cons of reporting to the Commission in this report?
12 CHAIR MALMUD: The answer to your question
13 is yes, at least one, and that is myself.
14 DR. LIETO: I don't consider you a
15 previous member.
16 (Laughter.)
17 CHAIR MALMUD: You're correct. I was not
18 a previous member. I was a member at that time and
19 remain a member.
20 DR. LIETO: I think that would maybe be a
21 little helpful in addressing some of these points. I
22 think one issue that's been raised by Dr. Welsh is I
23 think very true in that I think you do have now some
24 very, very key members that have I think ameliorated
25 the problems that existed before. And I think it also

1 emphasizes the point that was made that as members
2 change or I should say staff changes, we may not enjoy
3 that -- those benefits that now exist.
4 So I think that is a problem with
5 reporting at the level that currently the Committee is
6 at. I think if you look at the hierarchal structure
7 of where the Committee reports relative to the
8 Commission, you have about five layers or more of
9 bureaucracy levels that are between the ACMUI and the
10 Commissioners. So again, not knowing what the pros
11 and cons and what the options were that are before the
12 Committee right now, it's very difficult to make a
13 recommendation as a member of the public, if any of
14 these benefits have improved over the -- or present
15 options that are an improvement over what the past has
16 been.
17 One of the other things that I think might
18 support reporting at a higher level, especially to the
19 Commissioners, because of the increased scrutiny and
20 awareness of radiation by the public and the concerns
21 that have been raised about radiation exposure to
22 members of the public, I think there's going to be
23 continued awareness and scrutiny by outside federal
24 agencies that are going to come to bear over the next
25 couple of years. And reporting at a higher level, I

1 think, would give the ACMUI some definite benefits in
2 addressing some of these issues as they come before
3 the NRC.
4 Another point, and I think it was a little
5 misleading when they were talking about added budget
6 and added time commitments. I think Lynne addressed
7 it I think very appropriately and that you're only
8 going to meet as often as there's business before the
9 Committee. You're not going to just be meeting just
10 for the sake of meeting and incur added costs and time
11 commitments from that standpoint. But I think it
12 needs to be pointed out that NRC is one of the very
13 few agencies in the Federal Government that's fee-
14 based and as a licensee, I can tell you that fees have
15 gone up absolutely astronomically over the last couple
16 of years and that's because the NRC being fee-based is
17 reimbursed from those and so their budget goes up, the
18 fees go up.
19 So I think saying that there's going to be
20 some kind of responsibility of answering to Congress
21 to increase the budget because there might be an
22 increased commitment of resources of the ACMUI, I
23 think is a little misleading here.
24 One final point, I guess, regarding Dr.
25 Welsh's request to make this an annual issue to be

1 readdressed, in other words, keep the status quo, I
2 think this is going to send a bad signal to the
3 Commissioners because they're going to see that you're
4 going to say hey, this is -- status quo is fine.
5 What's going to change in a year that's going to make
6 this want you to then go back and say no, we do want
7 to report to the Commission. I think this is
8 something that's been germinating for a very, very
9 long time and I think you should consider making a
10 decision on improving the reporting relationship of
11 the Committee to the Commission.
12 CHAIR MALMUD: Thank you, Mr. Lieto. Does
13 that complete your comment?
14 DR. LIETO: Yes. Thank you, sir.
15 CHAIR MALMUD: Thank you. If I may I
16 would respond to several of your points. I think the
17 first one is that we have a direct means of addressing
18 the Commissioners that we did not sense as available
19 to us in the past. That deficiency may have been
20 ours, not theirs. But we are encouraged to make a
21 quote drop-in end quote when we feel the system is not
22 working well or that there's an issue that needs their
23 immediate attention.
24 The second issue is that the nature of the
25 ACMUI members has changed over the years, the

1 membership has changed. And of course, the
2 Commissioners themselves have rotated, so that we are
3 dealing with a different cast of characters, both with
4 the Commission and with ourselves. The constant in
5 this is probably more the NRC staff itself and it's
6 working now. We agree that there's a risk that it may
7 not in the future, but it's a potential risk rather
8 than a real risk at the moment. Historically, at the
9 time that you were on the Committee, it was perceived
10 to be a real risk. And your point is well made that
11 that could happen again.
12 Do you wish to make another comment,
13 Ralph?
14 DR. LIETO: No. Well, I guess I would
15 just say that if the Committee reporting relationship
16 has changed, that's going to be much more of a
17 constant than the change in staff and Committee
18 membership. And I think that the issues that have
19 been coming up in the past decade and I think issues
20 that are going to be coming up in the near future, I
21 think there's going to be an increased shall I say
22 scrutiny or awareness regarding the use of radiation
23 in medicine. And I think or at least my
24 recommendation would be that the Committee be
25 reporting at a higher level than currently exists.

1 Again, not knowing what the options and
2 the pros and cons of what is being presented to the
3 Committee right now to vote on makes it virtually
4 impossible to make a specific recommendation on what's
5 before you, but it is a little bit difficult to go
6 forward, but I think that the one thing I think is at
7 the status quo is really definitely not in the
8 Committee's best interest.
9 CHAIR MALMUD: Thank you, Mr. Lieto. If I
10 may, Mr. Lieto is a former member of the Committee and
11 therefore we have heard an opinion from a former
12 member of the Committee. And there was unhappiness
13 which is what we have been dealing with.
14 In response to your question, basically
15 there are two proposals being put forth by the ACMUI.
16 One is to continue the current reporting line with
17 enhancements to the staffing of ACMUI and NRC
18 headquarters. The other option is to report in the
19 same manner as the ACRS. That summarizes it.
20 Now the means by which we report under the
21 ACRS would be something that would have to be worked
22 out in the future. But those are the two options.
23 MEMBER LANGHORST: Dr. Malmud, this is Sue
24 Langhorst.
25 CHAIR MALMUD: Yes.

1 MEMBER LANGHORST: I would say that the
2 motion that's on the table right now is one of this is
3 how the Committee feels at this point in time, given
4 this document and some of our discussions. But I go
5 back to the question of what are the questions that
6 should be asked and answered in this review and I
7 think the Committee looks forward to hearing back from
8 the Commission as to their sense of how things are
9 working at this point in time. Thank you.
10 CHAIR MALMUD: Thank you, Dr. Langhorst.
11 Will these be two separate issues then in your mind?
12 One is the motion and the second is to present to the
13 Commission these six questions that you've raised?
14 MEMBER LANGHORST: Well -- this is Sue
15 Langhorst again. I feel like the Committee has been
16 presented this document which obviously hasn't been
17 presented to the public yet as it's in draft only.
18 This is our sense at this point in time.
19 CHAIR MALMUD: Yes.
20 MEMBER LANGHORST: And I would hope that
21 the questions that I suggested are part of this review
22 that is being done by the staff and the Commission and
23 ourselves.
24 CHAIR MALMUD: Would it be agreeable to
25 you to vote first on the motion and then to have your

1 six questions presented as a second motion as a
2 question, overall question, to the NRC for a response
3 from them?
4 MEMBER LANGHORST: That's okay with me.
5 CHAIR MALMUD: Thank you. May we now
6 vote? Any further discussion?
7 MEMBER MATTMULLER: Dr. Malmud?
8 CHAIR MALMUD: Yes.
9 MEMBER MATTMULLER: This is Steve
10 Mattmuller.
11 CHAIR MALMUD: Yes.
12 MEMBER MATTMULLER: In regards to the
13 enhancements to the current structure, do those
14 enhancements include the ready adoption of the policy
15 and procedure 2-5? Because I think that's critical to
16 our Committee's actions and effectiveness that that
17 gets adopted as soon as possible.
18 CHAIR MALMUD: Is that part of your
19 motion, Dr. Welsh?
20 MEMBER WELSH: I don't think that it was.
21 CHAIR MALMUD: It was not a part of Dr.
22 Welsh's motion.
23 MEMBER MATTMULLER: I see. Well, then
24 maybe I should ask perhaps Rob. We have the draft for
25 2-5. Realistically how long would it take for that to

1 become effective?

2 MR. LEWIS: I believe that that procedure

3 will become effective today. It's up front and they

4 had one small question, Charlie Miller did yesterday

5 which we resolved. And I expect he's going to sign it

6 and it's immediately effected.

7 MEMBER MATTMULLER: Thank you.

8 CHAIR MALMUD: Thank you.

9 MS. FAIROBENT: Dr. Malmud, it's Lynne

10 Fairobent.

11 CHAIR MALMUD: Yes, Lynne.

12 MS. FAIROBENT: Just one follow up based

13 on Mr. Leito's comment.

14 CHAIR MALMUD: Yes.

15 MS. FAIROBENT: And your response -- right

16 now, you have a Commission that is very open to your

17 requesting drop ins and to medically-related issues.

18 That has not always been the case and I think that is

19 also something else to perhaps keep in mind, that if

20 the reporting status of the Committee were changed to

21 the Commission, the personal interest of the

22 Commissioners and the willingness to solicit input on

23 medical issues does vary. But if the reporting

24 structure was at the Commission, you would eliminate

25 some of that variance that would be there.

1 CHAIR MALMUD: Your point is well made.
2 Thank you. Any further discussion?
3 MEMBER WELSH: Dr. Welsh.
4 CHAIR MALMUD: Yes, Dr. Welsh.
5 MEMBER WELSH: Regarding some of Ralph's
6 points that I think are very important to keep in the
7 back of our minds, there is this new public perception
8 and perhaps political pressure thanks to the recent
9 medical radiation mishaps that the ACMUI -- there's a
10 perception that the ACMUI might not be as in touch
11 with the Commissioners as it truly is. And I wonder
12 if this is perhaps part of the reason why the
13 Commission put forth this charge to us in the first
14 place, raised this question.
15 So having direct reporting to the
16 Commissioners would solve that problem and it would
17 also solve the problem that is raised as one of the
18 cons for Option 1 which is that there's a perception
19 of diminished status of the ACMUI. Having said this,
20 my motion is in favor of Option 2. I'm sorry, is in
21 favor of maintaining the current reporting scheme.
22 But is there any way that we can assuage
23 the concerns of the public, the political pressure and
24 the perception of diminished status of the ACMUI at
25 this time as well? How can we improve the ACMUI's

1 status or at least the perception of the status and
2 convince the public, convince anyone who is putting
3 pressure on the Commissioners that the ACMUI does have
4 very good access to the Commission and that the
5 proposed reporting structure is not in any way going
6 to impede that?
7 This is a question that I don't know has a
8 direct answer, but I think it's worthy of something.
9 CHAIR MALMUD: I can answer your question
10 with a question and that is do you feel, as a member
11 of the ACMUI, that we have adequate access to the
12 Commissioners currently?
13 MEMBER WELSH: Well, I think that's a very
14 good question and the answer today is yes, but hearing
15 Ralph Lieto on the phone reminded me that a few years
16 back the answer might not have been a definitive yes.
17 And as Ralph and others have pointed out, next year
18 or whenever the Commissioners change, the answer might
19 no longer be a resounding yes as it is today.
20 So the answer today is yes. And I'm not
21 one hundred percent sure that it's because of our
22 reporting scheme or because of the individuals. I
23 would love to ensure that the reporting scheme is what
24 ensures excellent access to the Commissioners rather
25 than our excellent access being dependent on high

1 quality individual people.

2 CHAIR MALMUD: Thank you. Are you still

3 supporting your initial motion which is on the table?

4 MEMBER WELSH: I suppose I'm still

5 supporting the motion and perhaps emphasizing that

6 although there is reason for not bringing this up on

7 an annual basis as Ralph has pointed out, that I feel

8 strongly that we must because if we go forth with the

9 vote and it's in favor of the status quo, I don't want

10 to be boxed in to this for years to come if it turns

11 out that the reason why it's working well today is

12 because of Ashley, Chris, Rob, and Charlie and the

13 Commissioners in existence today.

14 If things change next year and we have

15 different individual people, and we find that the

16 system is not working as well, I would like to bring

17 this back on the table.

18 MR. LEWIS: Dr. Malmud?

19 CHAIR MALMUD: Yes.

20 MR. LEWIS: I think --

21 CHAIR MALMUD: Who is speaking?

22 MR. LEWIS: It's Rob Lewis.

23 CHAIR MALMUD: Yes.

24 MR. LEWIS: If there was a concern that

25 there's a perception of waffling, if you will, in

1 saying that the Committee would revisit it in one
2 year, the Committee had two motions. There was
3 a motion to support the current structure. And I
4 think there was a separate motion to revisit it in a
5 year. And the fact of the Committee revisiting in a
6 year wouldn't necessarily have to be provided to the
7 Commission. I mean the Committee could still revisit
8 it in a year.
9 If the Committee preferred, we would
10 provide it to the Commission. I don't care either
11 way, but if there's a concern there that it is
12 possible to separate those two things.
13 CHAIR MALMUD: Yes, I believe that they
14 were separated, but that may be a misunderstanding on
15 my part. It would be my recommendation that if we go
16 ahead with recommendation number one, that we, within
17 the Committee, recommend that this be an annual issue
18 to be raised within the ACMUI so that it could be
19 addressed immediately in the event that it became an
20 issue of concern in the future.
21 In other words, that it be an item that we
22 revisit each year internally, not necessarily to bring
23 it before the Commissioners, but to discuss our own
24 satisfaction with the operation in which case if we
25 were dissatisfied, we would bring it before the

1 Commissioners.

2 Is there further discussion of the item on

3 the table, the motion on the table?

4 If not, all in favor of the motion which

5 is to recommend Option 1 with enhancements to the

6 Advisory Committee.

7 (Chorus of ayes.)

8 Any voting members against?

9 (No response.)

10 Any abstentions?

11 (No response.)

12 The motion carries unanimously for Option

13 1 with the statement that it is with the enhancement

14 to the staffing of the Committee.

15 MS. COCKERHAM: Dr. Malmud, this is

16 Ashley. I had a quick question.

17 CHAIR MALMUD: Yes.

18 MS. COCKERHAM: Just based on this

19 discussion and what I had heard at the last meeting, I

20 had provided a statement in the background document

21 and I just want to make sure this reflects exactly

22 what the motion is. The NRC staff should maintain

23 the~~a~~ current reporting structure for the ACMUI with

24 enhancements in communication as described in FSME

25 policy and procedure 2-5 and increased support staff.

1 CHAIR MALMUD: That's correct. Now there
2 was a suggestion made -- does anyone wish to formalize
3 the suggestion that this issue be considered an item
4 on the agenda annually to reevaluate the ACMUI's
5 satisfaction with the reporting?
6 MEMBER LANGHORST: Dr. Malmud, this is Sue
7 Langhorst.
8 CHAIR MALMUD: Yes.
9 MEMBER LANGHORST: I have a question.
10 CHAIR MALMUD: Yes.
11 MEMBER LANGHORST: Before we get to that.
12 It's not clear to me that we will see the final
13 document that NRC staff puts forward. Am I correct in
14 that assumption?
15 CHAIR MALMUD: I'll address your question
16 to NRC staff.
17 MR. LEWIS: I will -- I can give the
18 Committee the document as I get it for concurrence.
19 After I concur, there's still -- Ralph mentioned five
20 levels. It's not five, but there's still two or three
21 that would need to concur and may edit it, but I can
22 commit to providing it to the Committee. It will not
23 be public, but at least to the Committee members at
24 the time that I get it to make sure that all the
25 discussions today were accurately captured in the

1 report. Because I'm very interested to ensure that
2 the Commission gets the report that accurately
3 captures the staff view and the ACMUI view.
4 CHAIR MALMUD: Thank you. Does that
5 address your concerns?
6 MEMBER LANGHORST: Well, I would say --
7 this is Sue Langhorst again. I would just say that
8 again, I think the Committee is very interested in
9 hearing what goes on above Rob's level and feedback we
10 get from the Commission, maybe not necessarily the
11 report, but we certainly -- I mean I feel we're not
12 done with this issue today and then a year from now
13 we'll look at it again.
14 I would say this is a dialogue right now,
15 if this is how we feel at this point in time and when
16 the decision comes, we probably will be looking at it
17 on an annual or periodic basis. So that's my opinion.
18 MR. LEWIS: I would just offer, too, that
19 at above my level there's a substantive change, if you
20 guys can trust me to use discretion on what
21 substantive means, I will agree -- I'll get it back
22 before you.
23 MEMBER LANGHORST: I think that would be
24 great. Thank you, Rob.
25 CHAIR MALMUD: Are there any other items

1 for discussion?

2 MEMBER WELSH: Dr. Malmud?

3 CHAIR MALMUD: Who is speaking?

4 MEMBER WELSH: This is Dr. Welsh. I was

5 going to put forth a motion.

6 CHAIR MALMUD: Please do.

7 MEMBER WELSH: I would volunteer the

8 motion that this question of reporting of the ACMUI be

9 brought up on an annual basis.

10 CHAIR MALMUD: Is there a second to the

11 motion that it be an agenda item annually within the

12 ACMUI?

13 MEMBER ZANZONICO: Seconded. This is Pat

14 Zanzonico.

15 CHAIR MALMUD: Thank you. Any discussion

16 of the motion? All in favor?

17 (Chorus of ayes.)

18 Any opposed?

19 (No response.)

20 Any abstentions?

21 (No response.)

22 Thank you. The motion is passed that this

23 be an item within the ACMUI for annual review.

24 Now I didn't mean to ignore Dr.

25 Langhorst's six points. And may we ask that we could

1 get some clarification from NRC with regard to the six
2 questions that were raised by Dr. Langhorst.
3 MR. LEWIS: I am confident that in the
4 paper that we draft we can probably build it around
5 these points with probably one exception. The paper,
6 we're not asked at this time to give advice on how
7 other organizations or the public can comment to the
8 Commission. I think we have to limit it to the
9 Committee.
10 Now how other organizations may provide
11 their views to the Committee I think we can work in
12 something, but in terms of outside organizations
13 giving comments on rules, for example, to the
14 Commission, this paper won't get into that.
15 CHAIR MALMUD: Thank you for that
16 clarification.
17 Dr. Langhorst, are you satisfied with
18 that?
19 MEMBER LANGHORST: Yes, and I would
20 respond -- this is Sue Langhorst -- to Rob that it's
21 not how the public or medical community and so on
22 provide their interactions, it's how the organization
23 of the ACMUI impacts that process. So that was my
24 meaning in that. And I'll be glad to forward these
25 questions to Ashley.

1 CHAIR MALMUD: Thank you. And thank you
2 for the clarification.
3 MEMBER LANGHORST: Dr. Malmud, I would
4 mention that these were just questions that I raise.
5 I don't know if they are the appropriate questions to
6 be asked, but they are the thought process that I was
7 going through as I was considering this review.
8 CHAIR MALMUD: Thank you. I think they
9 were clear and rather thorough. Unless other members
10 of the Committee have comments, we will ask for
11 responses for those questions.
12 I would like to make another comment and
13 that is with respect to the other option, Option 2.
14 There should be -- as Chairman, I will give assurance
15 that if we perceive as a Committee that things are not
16 working well under Option 1 with whatever changes are
17 made, we will definitely revisit this promptly. And
18 make certain that the Commissioners are aware of our
19 concerns should they arise.
20 Is there a motion for adjournment of
21 today's meeting, as all of the business is carried
22 out?
23 MEMBER GUIBERTEAU: So moved.
24 CHAIR MALMUD: A second?
25 MEMBER GILLEY: Second. Debbie Gilley.

1 CHAIR MALMUD: Thank you, and thank the
2 members of the public for having joined us and thank
3 you, of course, members of the ACMUI and of the
4 Commission. Good-bye.
5 (Whereupon, at 2:47 p.m., the
6 teleconference was concluded.)
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