

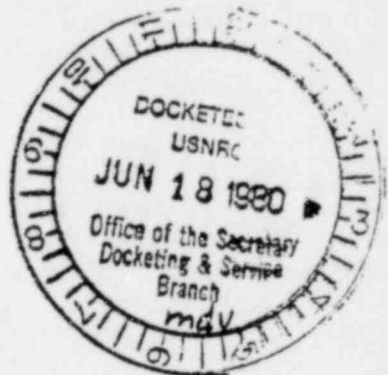


RH 905-1

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June 18, 1980

DOCKET NUMBER PR-20 (33)
PROPOSED RULE (45 FR 18023)



The Secretary of the Commission
U. S. Nuclear Regulatory Commission
Washington, D. C.

Dear Sir:

The following comments upon the commission's announcement of its intent to revise 10 CFR Part 20 of its regulations (45 FR 18023) are offered on behalf of the 15,000 physician and physicist members of the American College of Radiology. They represent discussions of the issues in the proposal by the expert committees of the College.

For more than three decades, committees of the ACR have been privileged to work with the NRC and its predecessor agency, the Atomic Energy Commission, on a variety of radiation safety matters. In their individual capacities, many radiologists have participated in NRC advisory committees. Thus, we feel reasonably familiar with the history and substance of NRC regulations affecting medical licensees. On the whole, it is our impression that the existing regulations were developed with care and consultation and have served well.

In looking at the March publication, we are puzzled by the timing and by the total omission of any acknowledgement of the role of the Radiation Policy Council. We appreciate the reference to the prior lead agency role of the Environmental Protection Agency. Physicians have been concerned in recent years by the duplicative and sometimes contradictory regulatory roles of the NRC, the FDA, the EPA, occasionally other federal agencies and, of course, the state radiation programs. We urge the NRC to coordinate any future revision of these regulations with the Council.

We recognize that the radiation sciences have been the target of an unprecedented barrage of malice, misinformation and pseudo-science in recent years. Federal regulatory agencies have the burden of comprehending and responding to those attacks. However, the responses have a basic obligation to avoid yielding to unsupported scientific evidence. The tone of the proposal leaves the impression that one reason for making revisions is to create the appearance of busyness. May we urge your sensitivity to such a problem.

It is worth emphasizing that the historic devotion of the medical profession to ALARA, in its original concept, has served the nation's health well and presents no justification either for the recent efforts of NRC to translate ALARA into numbers or to yield to demands for a reduction of occupational limits.

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Acknowledged by card.. 6/18/80 mdv

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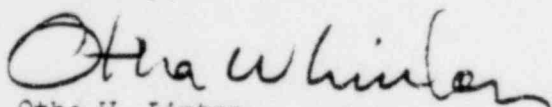
The principal thrust of ALARA is a commitment to do the best reasonable job of reducing exposure while making prudent use of radiation sources. As propounded, it was a rule of reason, rather than a numbers lowering exercise. The ability of medical users to reduce occupational exposures well below current MPDs is not an argument for reducing the MPDs in the absence of demonstrated harm at current levels. This absence of demonstrated harm is applicable to the noted view of special requirements for women.

When the NRC moves further to consider its assumption of a linear, non-threshold hypothesis, may we urge that it be clearly indicated that such a hypothesis is capable neither of proof nor disproof with current scientific methods. The College was appalled some years ago when the EPA issued a statement that it was adopting the linear, non-threshold hypothesis as official writ. The National Council for Radiation Protection and Measurement has cautioned against the too-literal application of linearity to policy matters because it makes difficult the application of reasonableness to a variety of standards and would at least potentially rule out a "de minimus" approach to radiation exposures. Such would be a disservice to the nation, in our opinion.

We do think that the NRC should expand and clarify its approaches to the disposal of radioactive wastes, recently a significant problem in cost and convenience. We urge that the NRC view the low-level isotopes used in medicine within their own context and not delay promulgation of appropriate requirements for their disposal until the more difficult problems of reactor waste disposal can be resolved.

The committees of the College will look forward to further discussions of the issues raised. As we have done in the past, the ACR would be willing to gather a group of experts to discuss matters which may be of concern to the staff as well as to the medical community prior to the publication of proposed new regulations. We think such exchanges can be beneficial to both those who attempt to write regulations and those who will be governed by such regulations.

Sincerely,



Otha W. Linton
Director of Governmental Relations

OWL/bjn