Cffice of Congressional Affairs Director
Nuclear Regulatory Commission
1717 H Street. NW
Washington, D.C. 20555

Dear Siri

Enclosed you will find correspondence from Dr. Eugene L. Saenger regarding the proposed increase in NRC licensing fees for nuclear medicine.

I hope that you can provide me with information that will be helpful in addressing the concerns expressed in the letter. I would appreciate receiving your response and the return of the original correspondence as soon as possible. Please direct your reply to the attention of Chris Kline.

Thank you for your time and effort.

Best regards.

Sincerely.

John Glenn

United States Senator

JG/ckm Enclosure

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University of Cincinnati Medical Center

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Eugene L. Saenger Radioisotope Laboratory
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234 Goodman Street Cincinnati, Ohio 45267-0577

> Dr. Saenger direct: (513) 558-9042 May 10, 1991

The Honorable John H. Glenn 503 Hart Senate Office Building Washington, D.C. 20510

Dear Senator Glenn,

As a physician who has practiced the specialty of nuclear medicine and radiology since 1942, I am queatly distressed by the effort of the Nuclear Regulatory Commission to institute increase in the fees for their services to practitioners of medicine and to hospitals by about 1100%. The notice concerning this change in fee schedule was placed in the Federal Register on April 12, 1991 and allowed only a 30 day period for comment.

I statement, attached, was prepared by me on very short notice which gives only the most important points of the reasons that we as physicians working with these important diagnostic agents object to this arbitrary change in fees.

It is my request that you consider this matter carefully and hopefully can take some steps to either alleviate this imposition of fees or at least provide an opportunity for the matter to be evaluated more carefully.

We recognize the importance of conserving the funds allowed for medical services and realize the marked inflation in these costs. The fee increases as requested by the Nuclear Regulatory Commission seem guite disproportionate and represent an undue burden.

Thank you for your consideration.

Sincere_y,

Eugene L. Saenger, M.D.

Professor Emeritus of Radiology Director Emeritus, E.L. Saenger

Radioisotope Laboratory

ELS/sck enclosure

Patient Care & Education & Receased Community Sensor

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A Comparison between the Radioactive Inventory of Nuclear Power and Biomedicine and Academic Uses

Eugene L. Saenger, M.D.

As of April 12, 1991 (Federal Register Vol. 56, No. 71, p 14870) the nuclear medicine and academic community was put on notice from the NRC of an increase in fees schedule. The major increase in a new set of annual fees ranging from \$8600 to about \$25,000 depending on the magnitude of the program. Previous fees for licensing and inspections averaged about \$1800 per year. When the previous average fee is compared to the proposed fee the increase is about 1100% for the University of Cincinnati.

What is needed in order to justify these increases is a comparison between the possible radiation hazards of our academic colleges and university medical centers with other users of radioactivity.

The simplest way to do this comparison is to estimate the quantity of radioactivity in the academic and nuclear medicine community as compared to that in the nuclear power industry.

The calculations are presented in an appendix. In summary the ratio of about 1.3 x 10 °Ci of radioactive material for academic and nuclear medicine uses and 1.5 x 10 °Ci of radioactive material representing the radionuclide inventory of power reactors reveals that our use is about one-millionth (10^{-6}) that of nuclear power.

The proposal contained in 10 CFR 170 Revision of Fee Schedules (proposed) is to remove the exemptions previously given to medical uses and some academic ones and to increase enormously and disproportionally the charges to these institutions whose previous financial support from the Federal government has already been cut drastically. In view of the many restrictions both to educational institutions and to medicine in general via HCFA, these increases in NRC fees seem grossly unfair since they will impact significantly on patient care, research and training.

In the absence of an oversight committee to insure a reasonable balance in the allocation of charges under PL 101-58, in a time when the support of education and medicine is being severely threatened, it does not seem even remotely fair to propose such inequable costs.

We request relief from the annual fee schedules as proposed under Parts 170 and 171.