

NOTATION VOTE

RESPONSE SHEET

RELEASED TO THE PDR
5/13/94
date initials

TO: SAMUEL J. CHILK, SECRETARY OF THE COMMISSION

FROM: COMMISSIONER DE PLANQUE

SUBJECT: SECY-94-087 - ADDENDUM TO SECY-93-318
RE-EVALUATION OF POLICY REGARDING USE OF
POTASSIUM IODIDE AFTER A SEVERE ACCIDENT AT
A NUCLEAR POWER PLANT

APPROVED _____ DISAPPROVED (w/comment) ABSTAIN _____

NOT PARTICIPATING _____ REQUEST DISCUSSION _____

COMMENTS:

See attached comments.

9405180222 940422
PDR COMMS NRCC
CORRESPONDENCE PDR

C. Lail de Planque
SIGNATURE

RELEASE VOTE

April 22, 1994
DATE

WITHHOLD VOTE

ENTERED ON "AS" YES No _____

170009

DF02

Commissioner de Planque's Comments on SECY-93-318 and SECY-94-87:

In SECY-93-318 and SECY-94-087, the Commission is asked to determine whether or not the present policy of the federal government on distribution of potassium iodide (KI) around nuclear power plant sites should be changed. I commend the staff for its thorough analysis and update of the relevant technical issues, risk assessments and cost-benefit analyses. However, I have reviewed the 1985 policy and find it to be a thoughtful and well-founded policy based on the information and analyses done at that time. In my view, none of the new information staff has produced undermines the bases on which the 1985 policy rests. Thus, I disapprove staff's recommendation to revise the current policy.

The federal KI policy was formulated in 1985 by the Federal Radiological Preparedness Coordinating Committee, an organization in which about 15 federal agencies participate. See 50 Fed. Reg. 30258 - 30259 (1985). The policy is aimed at providing guidance to State and local agencies responsible for radiological emergency planning. In brief, the policy recommends the stockpiling or distribution of KI during emergencies for emergency workers and institutionalized persons, but does not recommend that predistribution or stockpiling be required for the general public. The policy neither bars nor encourages State and local authorities from choosing to make KI available on a site-specific basis. Rather, it emphasizes that this choice, like many other choices to be made in the emergency planning context, is very dependent on local conditions:

In summary, the use of KI to prevent radioiodine from accumulating in the thyroid gland can be an effective ancillary protective action during a nuclear power plant accident. However, many factors make stockpiling and/or pre-distribution to the general public questionable. Whether KI should be stockpiled and distributed to the general public around a particular site depends on local conditions. Additionally, decisions on its use or the use of alternative protective measures during an emergency depends on accident and environmental conditions that may prevail at the time. Any decision by State and local authorities to use KI should be based on the conditions and site environment for the specific operating commercial nuclear power plant and should include detailed plans for distribution, administration and medical assistance.

Even with the staff's update, I do not find any compelling information in the new analyses to suggest a change in the 1985 policy. Certainly, there is no reason for the NRC now to encourage the stockpiling or predistribution of KI. In fact, I find that the new analyses further support the 1985 policy from the point of view of both cost/benefit and the extremely low probability of usefulness of a KI program (either stockpile or predistribution), given the situation in the United States. Rather, State and local authorities should be left completely free to determine whether stockpiling or predistribution makes sense in the context of a particular site. Their decisions should be based on their own assessments of risk and benefit and other pertinent factors.

The role which the NRC should play in this matter is neither to encourage nor to discourage State and local authorities to embark upon a particular course of action but rather to provide technical information to these decisionmakers which will assist them in determining the appropriate course of action. To that end, staff should prepare for Commission approval a user-friendly information brochure, containing the essential data and analyses in SECY-93-318 and SECY-94-087, to assist these authorities, as well as the general public, in making informed decisions on stockpiling, predistribution and use of KI.¹

With respect to funding a KI program, I would not approve use of NRC funds since the NRC has not heretofore funded the purchase of emergency preparedness equipment or supplies. I have no objection if FEMA, States or local authorities wish to develop and support a KI program, but the choice should be theirs to make.

¹This brochure should include the information contained in the 1985 policy statement that the FDA has authorized the nonprescription sale of KI so that it is legally available to individuals who, based on their own personal analysis, choose to have the drug immediately available.