



# UNITED STATES NUCLEAR REGULATORY COMMISSION

Office of Public Affairs  
Washington, D.C. 20555

No. 94-78  
Tel. 301-504-2240

FOR IMMEDIATE RELEASE  
(Friday, May 13, 1994)

## NRC WILL NOT RECOMMEND A CHANGE IN FEDERAL POLICY REGARDING STOCKPILING OF POTASSIUM IODIDE

After an extensive reassessment, the Nuclear Regulatory Commission will not be recommending a change in Federal policy on distribution of potassium iodide near nuclear power plants. Current Federal policy, which was formulated in 1985 by an umbrella group of about 15 Federal agencies, recommends the stockpiling or distribution of potassium iodide during emergencies for persons who are assisting with emergency actions and institutionalized persons, but does not recommend predistribution or stockpiling for the general public.

If taken immediately before or at the time of exposure resulting from a serious nuclear accident, potassium iodide can be an effective means of blocking the uptake of radioactive iodine by the human thyroid. However, any significant release of radioactive material would also include radioactive elements other than iodine for which potassium iodide would not provide protection.

The NRC believes that in the event of a serious accident, evacuation is by far the best response. But the Commission said it would not object if the Federal Emergency Management Agency, the states or local authorities wish to develop and support a potassium iodide program. Two states currently maintain potassium iodide stockpiles.

All four Commissioners agreed that the circumstances which would call for the availability of potassium iodide are "very remote," and that the cost of purchasing a KI stockpile for all those living within a five-mile radius of nuclear power plants is relatively low.

In the absence of a clear-cut regulatory justification, however, the Commissioners did not agree among themselves to recommend a change to existing Federal policy. Thus that policy, which neither encourages nor discourages state or local governments choosing to stockpile the drug for the use of the general public, remains in effect. Commissioner Kenneth C. Rogers said that in his view, for the use of potassium iodide by state or local governments to be a viable option, it would be "prudent" for the U.S. government to assure the availability of a supply of the drug.

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# United States Senate

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS  
WASHINGTON, DC 20510-8178

April 20, 1994

The Honorable Ivan Selin  
 Chairman  
 U.S. Nuclear Regulatory Commission  
 Washington, DC 20555

Dear Chairman Selin:

We are writing to urge the Nuclear Regulatory Commission (NRC) to revise its current policy regarding the availability and use of potassium iodide (KI) in the event of an emergency at a nuclear power plant.

The NRC's current policy is that state and local governments should consider stockpiling KI for emergency use by emergency workers and institutionalized persons, but not for the general public. This policy was established in the early 1980's. Since that time, however, new information has arisen and additional experience has been gained on the costs and benefits of the prophylactic use of KI by the general population. We believe that this new information and experience requires a new approach to this issue.

It is well-established scientifically that KI is extremely effective in preventing the uptake of radioactive iodine by the thyroid. If taken in the proper dose prior to exposure to radioactive iodine, KI can completely block the uptake of the radioactive iodine.

The distribution of KI to the general population in the event of a nuclear emergency is a widely accepted protective measure. The World Health Organization has recommended its use for people living near a nuclear power plant if radiation levels are expected to exceed a predetermined dose. A number of foreign governments--including the United Kingdom, the Czech Republic, Switzerland, Canadian provinces with nuclear power plants, and the former Soviet Union--stockpile KI for distribution to and use by the general public in the event of a nuclear emergency. In the U.S., three states--Alabama, Tennessee, and Arizona--have plans to distribute or already have distributed KI to people living near one or more nuclear power plants within those states.

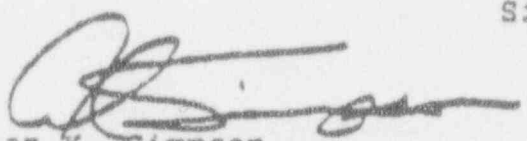
A recent cost-benefit study of this issue conducted for the NRC indicates that the costs of stockpiling KI for people who live within five miles of a nuclear power plant are minimal-- approximately ten cents per person per year. This means that for a typical population of 10,000 people living within five miles of a nuclear power plant, it would cost approximately \$1,000 to make KI available for distribution. The NRC staff projects that the cost of stockpiling KI for everyone in the country within five miles of a nuclear power plant would be on the order of several hundred thousand dollars per year. This is only a small fraction of the expenses already spent on emergency planning. As the NRC staff has noted, "[c]osts in this range present no significant barrier to stockpiling and are probably less than the cost of the continued studies."

Some concern has been expressed that public education on the use of KI may result in a potentially significant negative public perception. However, no evidence has been provided that any of the existing policies in other nations or in the states that provide for the use of KI by the general population has caused any undue panic or apprehension to the general public. Moreover, the federal government has a moral responsibility to provide the public with complete and accurate information regarding the risks from federally-licensed activities and ways in which those risks may be reduced.

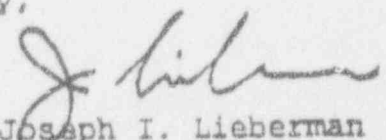
In sum, therefore, KI can be an extremely effective countermeasure to prevent damage to the thyroid in the event of a radiological emergency. It can also be made available for the general population living near a nuclear power plant for minimal costs. The NRC should revise its policy to provide this additional potential protective measure for nuclear emergency planning.

We thank you for your time and consideration.

Sincerely,



Alan K. Simpson  
Ranking Minority Member  
Subcommittee on Clean Air  
and Nuclear Regulation



Joseph I. Lieberman  
Chairman  
Subcommittee on Clean Air  
and Nuclear Regulation