

POLICY ISSUE
NOTATION VOTE

RESPONSE SHEET

TO: Carrie M. Safford, Secretary
FROM: Chairman Ho K. Nieh
SUBJECT: SECY-26-0062: Recommendation Regarding the
Future of the Replenishment of Potassium Iodide

Approved Disapproved Abstain Not Participating

COMMENTS: Below Attached None

Entered in STAR

Yes
No



Signature
Ho K. Nieh

Date: 05/27/26

Chairman Nieh's Comments on SECY-26-0062: Recommendation Regarding the Future of the Replenishment of Potassium Iodide

I appreciate the NRC staff's clear explanation of the issues and thorough analysis of solutions for the future of Potassium Iodide (KI) replenishment. I approve, as a matter of policy, that the NRC discontinue funding initial and replenishment stockpiles of KI beginning in FY 2028. In addition, I approve the staff's pursuit of options to meet the delegated responsibility under section 127 of the Bioterrorism Act in the following order of priority:

- (a) Establish an agreement with HHS or another Federal Agency to provide state and local governments with sufficient quantities of KI tablets such that KI need not be requested through the provisions of the Bioterrorism Act.
- (b) Provide a technical basis and recommendation to the Director of OSTP to waive the requirements of sections 127(a) and 127(d) under the provisions of section 127(f) for the 0-10 mile area surrounding a nuclear power plant, if requested by the Director.
- (c) Make KI available through the Strategic National Stockpile (SNS) under the provisions of section 127(a) and 127(c) of the Bioterrorism Act.

My support for discontinuing funding initial and replenishment stockpiles of KI is two-fold. First, modern scientific insights on KI use and effectiveness from actual reactor accident releases suggest an extremely low risk of thyroid cancer, even in the absence of administering KI. Second, the current arrangement for NRC funding of KI stockpiles is insufficiently disciplined to ensure accountability and fiscal responsibility for the efficient use of federal funds, as well as for avoiding, detecting and preventing fraud, waste and abuse of taxpayer funds and NRC fees. The staff's review found that the NRC does not require states to justify requested KI quantities and cannot reliably forecast demand to support budget planning. Moreover, it remains the Commission's long-standing policy that funding for state and local emergency planning is the responsibility of those governments, notwithstanding the one-time exception that created this situation we are trying to address.

While my order of priority differs from the staff's recommended order of priority in the SECY paper, the staff should work these priorities in parallel with resources largely focused on priorities (a) and (b) above.

The first priority should be establishing an agreement with HHS or another Federal agency to provide KI outside of the Bioterrorism Act. This is the cleanest way for the NRC to exit from KI. This would not involve any NRC funding or require continuous NRC staff support because the NRC's delegated responsibility would not need to be fulfilled. This fully supports the policy decision for discontinuing initial and replenishment stockpiles of KI beginning in FY 2028.

The Director of OSTP waiving the 127(a) and 127(d) requirements is an action the NRC cannot control; the 2007 Presidential delegation assigned section 127(f) waiver authority to the Director of OSTP, not to the NRC. We can only provide a technical basis and recommendation, and the outcome is not guaranteed. Therefore, this option should be pursued in parallel with the first priority. The staff should develop and offer the technical basis to the Director of OSTP proactively rather than await a request; this should be done through established coordination with the FRPCC.

The lowest priority should be making KI available through the SNS under section 127(a) and 127(c) of the Bioterrorism Act. To do this, NRC would need to create a §127 program, since NRC has previously supplied KI directly to states. In addition to this, the NRC would also have to manage the program, even though it would eventually end if other staff recommendations are successful. This option does not address the underlying problems, such as ongoing procurement issues, difficulty predicting demand and continued staff workload. The only change is who pays for KI. This option requires the most NRC effort and does not match the policy to stop NRC funding for KI. It should be considered only if the other two options do not work.

To support states using KI during the transition, the discontinuation of NRC funding should be conditioned on a signed HHS (or other Federal agency) agreement, an OSTP waiver determination, an FDA shelf-life extension, or as a last resort, publication of guidelines for implementing section 127 of the Bioterrorism Act before the November 2027 procurement deadline in Appendix C of the SECY paper. If none are in place, the staff should return to the Commission with options.