# POLICY ISSUE
## NOTATION VOTE

## RESPONSE SHEET

**TO:** Carrie M. Safford, Secretary

**FROM:** Commissioner Crowell

**SUBJECT:** SECY-26-0062: Recommendation Regarding the Future of the Replenishment of Potassium Iodide

**Approved** X **Disapproved** ____ **Abstain** ____ **Not Participating** ____

**COMMENTS:** **Below** ____ **Attached** X **None** ____

**Entered in STAR**
**Yes** X
**No** ____

**Signature**

6/3/26

**Date**

**Commissioner Crowell's Comments on SECY-26-0062, "Recommendation Regarding the Future of the Replenishment of Potassium Iodide"**

The United States first developed programs to distribute potassium iodide (KI) in cases where an event at a commercial nuclear reactor results in the release of radioiodine following the 1979 accident at the Three Mile Island in Pennsylvania. Since that time, KI policy and programs have continued to evolve, including notable changes following the terrorist attacks on 9/11 and the subsequent related passage of the Bioterrorism Preparedness and Response Act of 2002. Despite this evolution, it is important that KI remain a tool in the protective measures toolbox for emergency preparedness within 10 miles of a reactor to ensure adequate protection of public health. However, the issue regarding funding of KI remains a challenge that warrants reexamination.

I approve the staff's recommendation to establish, as a matter of Commission policy, that the NRC will not fund initial and replenishment stockpiles of KI beginning in FY 2028. It is important to note that this does not mean that KI should not be an option when considering protective actions—it very much should be. This decision is simply a matter of establishing a more appropriate funding mechanism and efficient distribution of KI.

Based on the very helpful information and context provided in this SECY, I approve staff's recommended option 2(a) to make KI available through the Strategic National Stockpile (SNS) under the provisions of section 127(a) and 127(c) of the Bioterrorism Act. The current funding mechanism (NRC licensees paying for KI through their fees which are then transferred to the Department of Health and Human Services, or HHS, to purchase KI which is then distributed to the states) does not make sense and is not efficient. The Bioterrorism Act provides a funding mechanism for the states' KI allotments through the SNS. Additionally, it is paramount that the guidelines under section 127(c) be updated, which will undoubtedly help with some of the current issues related to stockpiling and distribution. While initially this would be a burden on state and local governments given the need to update their plans in accordance with section 127(b), the guidelines should direct that plans should be periodically updated to maintain effective emergency preparedness. Once these plans are updated, states and localities would then be able to receive sufficient quantities of KI tablets from the Federal government's SNS under section 127(a).

Regarding staff's recommended option 2(b), I approve the staff working to pursue an agreement with HHS or another appropriate Federal agency to provide state and local governments with sufficient quantities of KI tablets to alleviate the need to request KI through the provisions of the Bioterrorism Act. If successful, the staff notes that this approach "could be more timely and efficient than entering an agreement with HHS to facilitate NRC's distribution of KI under the Bioterrorism Act...." However, I note NRC previously explored this option in preparing SECY-09-0041 for Commission consideration, and at that time neither FEMA nor HHS were willing or in a position to distribute KI to the states, which in part led to the Commission approving replenishing KI tablet stockpiles in perpetuity. As such, if an agreement cannot be reached or staff determines that an agreement fails to provide KI to states and local governments as described in SECY-26-0062, the staff should notify the Commission via a Commissioners' Assistants briefing.

For staff's recommended option 2(c), I agree with Chairman Nieh that the waiver process in Bioterrorism Act section 127(f) is an authority delegated to the Director of the Office of Science

and Technology Policy (OSTP) in 2007 by the President, and not directly to the NRC. Therefore, staff should develop and offer the technical basis to the Director of OSTP proactively *rather than await a request*. This could be pursued through established coordination channels with the Federal Radiological Preparedness Coordinating Committee (FRPCC) or by engaging OSTP directly through other existing communication channels. Accordingly, as the staff learns more, and to avoid wasting resources on options that may not come to fruition, the work to develop the technical basis for option 2(c) should only commence once the staff has sufficient information to determine that options 2(a) and (b) are unlikely to prevail.

Irrespective of the funding decisions and options provided in this paper, the staff should continue working through the KI subcommittee within the FRPCC to coordinate analytical work to inform effective KI distribution and update all Federal KI guidance. This guidance needs to consider the best science, knowledge, and data available and should consider sufficient quantities of KI tablets that are needed for effective preparedness and response.

I further agree with the Chairman that the staff should return to the Commission with additional options as soon as possible if it becomes clear that none of the currently proposed actions are expected to be successfully completed before the November 2027 procurement deadline.

Lastly, to be consistent with previous papers regarding KI distribution, the staff should make SECY-26-0062 publicly available as soon as practicable; SECY should in turn make Commission votes, the resulting staff requirements memorandum, and the voting record public at the conclusion of the voting process. As I understand it, this paper does not fall under the categories of voting matters that are subject to Executive Order 14215.