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NUCLEAR REGULATORY COMMISSION

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ADVISORY COMMITTEE ON THE MEDICAL USES OF ISOTOPES

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MONDAY,

JUNE 8, 2026

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The meeting was convened via videoconference, at 12:30 p.m. EDT, Hossein Jadvar, ACMUI Chair, presiding.

MEMBERS PRESENT:

HOSSEIN JADVAR, M.D., Ph.D., Chair

RICHARD L. GREEN, Vice Chair

ANDREW EINSTEIN, M.D., Ph.D., Member

JOANNA R. FAIR, M.D., Ph.D., Member

MICHAEL R. FOLKERT, M.D., Ph.D., Member

RICHARD HARVEY, DrPH, Member

JOSH MAILMAN, Member

MELISSA C. MARTIN, Member

MICHAEL D. O'HARA, Ph.D., Member

ZOUBIR OUHIB, Member

MEGAN L. SHOBER, Member

HARVEY B. WOLKOV, M.D., Member

NRC STAFF PRESENT:

CHRISTIAN EINBERG, Designated Federal Officer

JENNIFER DALZELL, Region III

SARAH HOENIG, NMSS

KATHERINE TAPP, NMSS

P-R-O-C-E-E-D-I-N-G-S

12:30 p.m.

MR. EINBERG: Okay, good morning. As the designated federal officer for this meeting, I'm pleased to welcome you to the public meeting of the Advisory Committee on the Medical Uses of Isotopes. My name is Chris Einberg. I am the Chief of the Medical Safety and Events Assessment Branch, and I've been designated as the federal officer for this advisory committee in accordance with 10 CFR Part 7.11.

This is an announced meeting of the committee. It is being held in accordance with the rules and regulations of the Federal Advisory Committee Act and the Nuclear Regulatory Commission. This meeting is being transcribed by the NRC, and it may also be transcribed or recorded by others. The meeting was announced in the May 21, 2026 edition of the Federal Register, volume 91, pages 29990-29991.

The function of the ACMUI is to advise the staff on issues and questions that arise with the medical use of byproduct material. The committee provides counsel to the staff, but does not determine or direct the actual decisions of the staff or the commission. The NRC solicits the views of the

committee and values their opinions.

I request that whenever possible, we try to reach a consensus on the various issues that we will discuss today, but I also recognize there may be minority or dissenting opinions. If you have such opinions, please allow them to be read into the record. At this point, I would like to perform a roll call of the ACMUI members participating today. Dr. Hossein Jadvar, Chair, Nuclear Medicine Physician.

CHAIR JADVAR: Present.

MR. EINBERG: Mr. Richard Green, Vice Chair, Nuclear Pharmacist.

VICE CHAIR GREEN: Present.

MR. EINBERG: Dr. Michael Folkert, Radiation Oncologist.

MEMBER FOLKERT: Present.

MR. EINBERG: Ms. Melissa Martin, Nuclear Medicine Physicist.

MEMBER MARTIN: Present.

MR. EINBERG: Mr. Zoubir Ouhid, Therapy Medical Physicist. Mr. Zoubir -- Mr. Ouhid, are you here?

MEMBER OUHIB: Yes, present. I didn't hear you the first time, sorry.

MR. EINBERG: Okay. Yeah, we missed it,

thank you. Ms. Megan Shober, Radiation -- I mean, sorry, Agreement State Representative.

MEMBER SHOBER: Present.

MR. EINBERG: Dr. Harvey Wolkov, Radiation Oncologist.

MEMBER WOLKOV: Present.

MR. EINBERG: Dr. Richard Harvey, Radiation Safety Officer.

MEMBER HARVEY: Present.

MR. EINBERG: Dr. Andrew Einstein, Nuclear Cardiologist.

MEMBER EINSTEIN: Present.

MR. EINBERG: Dr. Joanna Fair, Diagnostic Radiologist.

MEMBER FAIR: Present.

MR. EINBERG: Dr. Michael O'Hara, FDA Representative.

MEMBER O'HARA: Present.

MR. EINBERG: Josh Mailman, Patients' Rights Advocate.

MEMBER MAILMAN: Present.

MR. EINBERG: I confirm that we have a quorum. Dr. John Angle, who's our Interventional Radiologist Consultant to the ACMUI, may participate in today's discussion, but does not have voting rights

for any actions requiring a vote. But I don't believe that he's participated today. All members of the ACMUI are subject to federal ethics laws and regulations and receive annual training on these requirements.

If a member believes that they may have a conflict of interest, as that term is broadly used within 5 CFR Part 2635, with regard to an agenda item to be addressed by the ACMUI, this member should divulge it to the chair and to the DFO as soon as possible before the ACMUI discusses it as an agenda item. ACMUI members must recuse themselves from participating in any agenda item in which they may have a conflict of interest, unless they've received a waiver or prior authorization from the appropriate NRC official.

We are using Microsoft Teams, and so that the members of the public and other individuals can watch online or join via phone. The phone number for the meeting is 301-576-2978. The phone conference ID is 549512836#. The handouts and agenda for this meeting are available on the NRC's ACMUI public website.

Members of the public who notified Ms. Hoenig that they would be participating via Microsoft

Teams will be captured as participants in the transcript. Those of you who did not provide prior notification, please contact Ms. Hoenig by email at sara.hoenig@nrc.gov at the conclusion of this meeting.

Today's meeting is being transcribed by a court reporter. We are utilizing Microsoft Teams for the audio of today's meeting and to view presentation material in real time. The meeting materials and agenda for this meeting can be accessed from the NRC's public meeting schedule. For the purpose of this meeting, the chat feature in Microsoft Teams has been disabled. Dr. Jadvar, at his discretion, may entertain comments or questions from members of the public who are participating today.

Individuals who would like to ask a question or make a comment when Dr. Jadvar opens it up, comments or questions may use the raise hand function to signal our Microsoft Teams host, Ms. Hoenig, that you wish to speak. If you have called into the Microsoft Teams using your phone, please ensure you have unmuted your phone. When you begin your comment, please clearly state your first and last name for the record.

Comments and questions are typically addressed by the committee near the end of the

presentation after the committee has fully discussed the topic. We will announce when we are ready for the public comment period portion of the meeting and Ms. Hoenig will assist in facilitating public comments. At this time, I ask that everyone who is not speaking to please mute your Teams microphones or phone. I will now turn over the meeting to Dr. Jadvar.

CHAIR JADVAR: Thank you very much, Mr. Einberg, and good morning and welcome everyone to the June 8, 2026 meeting of the Advisory Committee on Medical Uses of Isotopes. And with that, let's get on with our agenda. The first agenda item is some old business that Dr. Tapp is going to go over with us. Dr. Tapp?

DR. TAPP: Yes. Next slide, please. This is a follow-up from the April meeting. We have the recommendations and action items that ACMUI is tracking. In this list, it has been updated since April to include the recommendations through your subcommittee reports that were provided at the spring meeting. Those actions are still ongoing and we're working on those for the fall. However, at that meeting, we had four topics that were discussed that I have here to propose to close.

The first was the Subcommittee on ACMUI

Generic Reporting Process. That subcommittee provided their report and recommendations at that April meeting. The second, the Subcommittee on Potential AI Deep Learning Applications for NRC Medical Enterprise. Again, that subcommittee provided their report and recommendations. The Subcommittee on Modernizing Requirements Related to Physical Protection of Category 1 and Category 2 Quantities of Radioactive Material Rulemaking. Again, that subcommittee provided its report.

And then finally, we have the Subcommittee on Modernizing NRC Regulations for Byproduct Material Use Rulemaking. That subcommittee is providing its report now. Lastly, the Subcommittee on Giving Advice in the ADVANCE Act of July 2024 Mission Statement. That subcommittee did provide its report, but at the discretion of the ACMUI, you wanted to do that as an interim report. So that subcommittee is still taking actions on that item. So that one is remaining open. So I'm going to turn it over to you, Dr. Jadvar, to see if the ACMUI would like to close these items and move to do that or turn it over to you.

CHAIR JADVAR: Okay. Thank you, Dr. Tapp. So may I have a motion from the committee to close these four items, number 2, 3, 4, and 5 as a

conglomerate? Can I have a motion?

MEMBER WOLKOV: Harvey Wolkov, so moved.

PARTICIPANT: Second.

CHAIR JADVAR: Thank you. Any opposed? Any abstention? None heard. So, Dr. Tapp, all these four items, 2, 3, 4, and 5 are now closed officially.

DR. TAPP: Thank you.

CHAIR JADVAR: Thank you. All right. We move on now to the third item on the agenda, which is Overview of the Modernizing NRC Regulation for Byproduct Material Use Proposed Rule. And this will be presented by Ms. Jennifer Dalzell. Ms. Dalzell?

MS. DALZELL: Hello. Hopefully, you can all hear me. We can go to the next slide. For the Modernizing Energy Regulations for Byproduct Material Use, we have published the proposed rule as of May 18th. So it is open now for public comment. That public comment period ends on July 2nd. Some highlights of the proposed rule. There's some changes being proposed to the financial assurance regulations for both sealed and unsealed radioactive material. This includes the germanium-gallium generators.

The rule also would create a new class of general licenses called the standard general license. This would be a hybrid between a specific license and

a general license. And another change that helps the medical community is allowing radio pharmacies to prepare and distribute the microspheres in addition to other radioactive drugs without needing additional program codes.

Next slide, please. So a little bit more on the standard general license. This is going to offer an optional new class of licenses that is taking some of the lower risk diagnostic medical use cases to the standard general license. The requirements for licensing will remain the same. Training and experience, all of that will remain the same. The difference is going to be in the application process.

You would not need to provide any of this information. It will be reviewed instead during our regular inspection program. So inspections would stay the same. The licensing would be significantly reduced. And if needed, the current licensing options are available for the high risk activities or if it makes more sense for your particular organization to have a specific license going forward.

Next slide, please. So, as I mentioned, the proposed rule has been published for public comments. If you are interested in providing any comments on the proposed rule, you will need to do

that through the Federal Register. And you can do that by searching for the NRC docket number 2005-1205. And again, those comment period ends on July 2nd. So there's not a lot of time left in the comment period. That's all I have. Turn it back over to you.

CHAIR JADVAR: Thank you very much, Ms. Dalzell. So now we move on to Dr. Harvey, who is going to present a subcommittee report and recommendations on the NRC's proposed rulemaking entitled Modernizing NRC Regulations for Byproduct Material Use. Dr. Harvey?

MEMBER HARVEY: Thank you very much, Dr. Jadvar. Again, so I'll present that report for the ACMUI. As Dr. Jadvar said, Modernizing Regulations for Byproduct Material Use Rulemaking Proposed Rule. Next slide, please. Subcommittee members were Dr. Jadvar and myself, and the NRC staff resources was Dr. Katie Tapp and Ms. Elizabeth Tindall Engelmann.

Next slide, please. Our charge. The Subcommittee on Modernizing NRC Regulations for Byproduct Material Use Proposed Rule was established by the NRC staff on November 11, 2025. The subcommittee was to provide ACMUI review and comments on the Modernizing Regulations for Byproduct Material Use Proposed Rule.

Next slide, please. Our findings on the Standard General Licensing. The Standard General Licensing establishes a low-burden regulatory by-rule pathway for common, low-risk medical uses of byproduct material. Standard General Licensing creates a more predictable and streamlined licensing environment for medical institutions by replacing repetitive licensing correspondence with standardized commitments and inspection-based oversight without reducing the level of safety expected on medical use licensees. The ACMUI subcommittee supports this proposed rule.

Next slide, please. Our findings with regards to microsource distribution. The proposed rule also addresses emerging clinical practices by expanding microsource distribution options. The ACMUI subcommittee supports this proposed rulemaking. Next slide, please. Our findings on 10 CFR 30, the definition of a physician. The proposed rule removes the definition of physician from 10 CFR 30.4 because the term is already fully defined in 10 CFR 35.2. The ACMUI subcommittee supports this proposed rulemaking.

Next slide, please. Our findings with regards to financial assurance. These revisions modernize decommissioning financial assurance thresholds by incorporating updated radionuclide

values, adding isotopes not previously listed, such as for gallium-germanium generators, and resolving overly conservative default values that have created licensing inefficiencies for medical and industrial users.

The ACMUI previously reviewed a draft regulatory basis document for this rulemaking and provided its recommendation in its final report dated August 29, 2024, ML24254A315. The ACMUI subcommittee supports the NRC's continued efforts in this area and endorses moving forward with the updates to financial assurance regulations.

Next slide, please. In summary, the ACMUI subcommittee on the modernizing NRC regulations for byproduct material use rulemaking recommends that the proposed rule be made final as proposed. Next slide, please. And this just wraps up with our acronyms, and I would turn this back over to Dr. Jadvar. Thank you.

CHAIR JADVAR: Thank you. Thank you very much, Dr. Harvey. So I want to open it up to the ACMUI members for any comments or questions. Okay, none heard. Looks like it was very clear. So also, I want to open it up to any NRC staff who wants to -- I'm sorry, Ms. Megan Shober just raised her hand.

MEMBER SHOBER: Zoubir was ahead of me.

CHAIR JADVAR: Okay. Zoubir, please go ahead.

MEMBER OUHIB: Yes. Sorry, it took me time to undo. Just a brief comment. Should microsource be defined in this document or in this proposal?

CHAIR JADVAR: Dr. Harvey, do you want to make a comment on that?

MEMBER HARVEY: Well, my first question would be, is it defined already? Does the NRC staff know?

DR. TAPP: So this is Dr. Tapp. The medical definitions for like brachytherapy and sources are generally defined in Part 35. I cannot talk about an upcoming rulemaking, but as you're aware, there is a Part 35 rulemaking undergoing right now. So I would think that Part 35 would be a place to put the microsource definition. And these rules are going to be running pretty parallel in the future.

MEMBER OUHIB: So I assume that will be referenced in this proposal?

DR. TAPP: I cannot talk about the proposed rule yet because it's not out for public comment, but emerging medical technologies is part of that rulemaking.

MEMBER OUHIB: Okay.

DR. TAPP: But you could give a recommendation to have a definition, but, yeah, usually that would go in Part 35, not Part 30.

MEMBER OUHIB: Right. Okay.

DR. TAPP: And this rule doesn't touch Part 35. It only touches Part 30 and 32, and yeah, but doesn't touch Part 35.

MEMBER OUHIB: Okay. I do have another question on the draft report that we received. It says license amendments are replaced by simple notifications, basically reducing administrative delays, and so on and so forth. I'm just curious, how will these notifications be acknowledged? So in other words, somebody doesn't think that, well, I don't know if they got it, I don't know if they didn't, I'm not sure what's going to happen, and so on. And there are potentially some ramifications if indeed that communication got lost somewhere.

DR. TAPP: It's the rulemaking -- go ahead.

CHAIR JADVAR: No, I'm just wondering if Dr. Tapp has a comment on that feedback mechanism.

DR. TAPP: Yes, that acknowledgement letter and then the WBL controls are being updated for

implementation of the rulemaking. There would be a location where you can verify that they do have the appropriate licensing to receive and use the material. So the implementation would make sure that you can confirm that they have the license to use and receive the material they're requesting, like if you're distributing.

MEMBER OUHIB: Okay, thank you.

CHAIR JADVAR: Okay. Thank you, Mr. Ouhib. Okay. We move on to Ms. Shober, please.

MEMBER SHOBER: Hi, thank you. I have a couple of comments and a couple of questions as well. So my first comment is with regard to including Moly tech generators in the standard general license framework. Those Moly tech generators do have a potential for high extremity doses and the risk profile for using generators is much different from the other types of radioactive material that's proposed for use via standard general license. So I don't support having the Moly tech generators within the standard general license framework.

I do have a concern in general about small medical consultants that have consultant radiation safety officers. In my experience, those are the diagnostic medical sites that tend to have the most

compliance issues. So I have some concerns about the standard general license framework would exacerbate those issues by reducing regulatory interaction prior to those sites receiving byproduct material.

I do -- okay. I guess I have a question for the NRC, if there's any timeline for publishing the standard general license proposed fee schedule. It's been -- it's impossible for us to evaluate cost savings if that fee schedule is not available. I don't know if someone has an answer for that.

CHAIR JADVAR: Okay. Thank you. Dr. Tapp or anyone from NRC want to address these comments or their last question?

MS. DALZELL: Hi, this is Jenny Dalzell. For the fees for the standard general license, it's still in the development phase. We won't be able to publish that rule until we do the FY27/28 fee rule. So it's not going to be until next fall that we would be able to publish that.

MEMBER SHOBER: Okay. So I guess I'll also just throw out there that this whole rule is predicated on saving money and it's real hard to assess that. I do want to just speak a little bit to -- on the issue of cost savings because although there are perhaps reduced licensing costs associated with

the standard general license framework, there will be significantly increased inspection costs for the NRC due to the types of information that are currently reviewed during licensing which will now have to be reviewed on inspection.

And so, that is a pretty significant increase on the inspection effort to review both users and a large number of standard facility procedures which are currently, again, that's all currently addressed in licensing. So that effort is going to be -- would have to be pushed into inspections and that would increase training costs for any agency that separates where inspectors and license reviewers are distinct sets of people.

So that's my biggest concern with the standard general license framework is with increased costs for having duplicative licensing pathways and increased inspection effort to manage the information that's currently handled during licensing. I do want to say that I support excluding PET and mobile medicals from the standard general license framework and I also support the changes to the financial assurance table. Thank you.

CHAIR JADVAR: Thank you, Megan. Any comments by NRC staff in the final comments by Ms.

Shober?

DR. TAPP: No, I didn't know if the ACMUI had comments on the Mali tech or the consultant RSO, but I heard this.

CHAIR JADVAR: Thank you. And I see Mr. Richard Green has his hand up. Mr. Green, please.

VICE CHAIR GREEN: Thank you, Dr. Jadvar. I agree with Megan. I was on a subcommittee that looked at breakthrough testing and looked at the distribution of Moly generators, and they are very predominantly in centralized radio pharmacies. And I would agree that they probably should be excluded from the standardized general licensing framework as it does out of the ordinary now. It may have been in the past, but it is not common at all today.

I'm in favor of the proposed changes with the exception of that standardized inclusion of the Mo-99 generators. I guess the other question I have is more transactional. So there are several hundreds of licensed facilities, whether they're radio pharmacies or hospitals, that now have surety bonds, $1.1 million or so per facility for germanium-gallium generators.

So when the table values are changed, up-dyed radionuclide values, what's the action to be

taken by licensees? Do they need to continue to renew these surety bonds until they renew their license? Do they have to do a license amendment to remove the need to continue the existing surety bonds, or is it just wiped off immediately and they don't have to renew them with their financial institutions?

DR. TAPP: That is a good question, Mr. Green. And it is something that could be dependent on the way the license is structured. The regulation will have an implementation date, and at the date of that implementation for the NRC licensees, that will go into effect. Then the agreement states may have a separate implementation date. So if you are an agreement state licensee, you need to know that agreement state licensee.

And then next, it depends on the way the license is written. If it's tied in that license, it'll have to be an amendment. But if it's not, you're following just the regulations. That's different. And I'm sure Megan has more advice here.

CHAIR JADVAR: And her hand is up. So Megan?

VICE CHAIR GREEN: That's helpful. Thank you.

MEMBER SHOBER: Yeah, so my understanding

of the new proposed value for the germanium-68 in that financial assurance table is that the financial assurance mechanisms that are in place would continue to be required and stay in place. So currently, all licensees that have those generators are granted an exemption from the decommissioning funding plan requirements.

And in lieu of submitting a decommissioning funding plan, which has to cover the entire radioactive materials license, so we've been exempting the decommissioning funding plan. And in lieu of that, licensees have been providing financial assurance instruments, or they can provide financial assurance instruments. And that level that we've been requiring financial assurance was based on the value that is now being proposed to add to the table.

So in practical terms, the financial assurance that's currently in place would still be required under the proposed regulations, but we would no longer need the exemption from the decommissioning funding plan requirements. That's my understanding of it, and NRC can speak to that if I'm mistaken.

VICE CHAIR GREEN: If I may, is this the time to re-look at that? I mean, to remove a spent germanium generator from my license, all I have to do

is pay a $75 Federal Express fee and send it back to the manufacturer who built it. It's very simple. So I don't know why that, you know, needs a $1.1 million surety bond. So I appreciate your information, Megan, that it doesn't change the value, but still, does that make sense today for that device?

CHAIR JADVAR: Any comments from NRC staff on this last issue? Okay. And any more comments from the committee members, ACMUI committee members?

MEMBER HARVEY: Dr. Jadvar, Dr. Harvey, if I could?

CHAIR JADVAR: Yeah, please.

MEMBER HARVEY: Just the Moly tech generators, I mean, I understand I've heard lots of concerns from many places about that. If the shielding is standardized and the number is so few, I'm not sure how impactful this really is. Also, all the other regulations would still be in place to make sure that people use those Moly tech generators safely. I think we're just really changing some of the licensing requirements. That might be very generalized and maybe I might be missing something, but that's all I really wanted to say. Okay, thank you.

CHAIR JADVAR: Thank you, Dr. Harvey. Any

additional comments by the ACMUI members? All right. Let's give a chance to NRC staff if they want to make any more clarifications, comments, anything else? Okay. So --

DR. TAPP: I don't see --

CHAIR JADVAR: Okay. What was it?

DR. TAPP: I said I don't see any. I was looking for a hand.

CHAIR JADVAR: Okay, thank you. All right. So at this point, I'm going to ask Ms. Hoenig to navigate us to open up to the public comment for brief comments if there is any.

MS. HOENIG: All right, great. If you're interested in commenting, for the ACMUI direction, please keep your comments to be less than two minutes and go ahead and unmute your mic and raise your hand to note that you want to make a comment, and please fully identify yourself with your full name and your affiliation. Thank you.

CHAIR JADVAR: I see Mr. Bryan Lemieux.

MR. LEMIEUX: Thank you. Bryan Lemieux, Lexington, Kentucky. I'm an RSO and health physicist. Thank you for letting me speak really quick. My only comment and concern really has to do with in the general license process for the mechanism, which if

I'm understanding correctly, for a general license or registering use of a general license, that authorized user validation, that RSO validation mechanism that these people really meet sort of the NRC standards and requirements for qualifications up front kind of goes away, right?

And those of us that, you know, have to navigate RSO requirements and have to navigate, you know, vetting authorized users, sometimes that can get confusing and sometimes it can be a little challenge figuring out, hey, does this guy really qualify? Does this person really meet the requirements? Are they in their seven years? Do they meet all of these specifications to qualify under Part 35 for whatever uses they're wanting?

And so when I think about the low volume small licensees that this general license is pointed at, especially for them, and especially if they're just naming somebody as an RSO who may or may not be qualified because they're not getting double checked by somebody, who's validating these people? Who's validating these positions? We're just going to take it on faith until NRC gets over there to inspect them. And then we're talking about people who are responsible for patient care, right? And so that's

really the only concern I have with this set of changes.

But if you were going to say, hey, you're in charge of a change here, I would say, you know, force some sort of independent verification of at least the RSO making the submissions or, you know, maybe the AUs or something. Like, I want to know that that person is actually qualified that's making that assessment, that there is some level of compliance with somebody that's doing patient care like that and has that level of responsibility. So that's it. Thank you so much.

CHAIR JADVAR: Thank you for your comment. It has been noted. I'm not sure if NRC wants to respond to that at this time, but certainly it has been noted.

MEMBER HARVEY: Dr. Jadvar, if I could?

CHAIR JADVAR: Yes. Oh, please go ahead.

MEMBER HARVEY: I think that the training and experience requirements are still in place. So that still has to be done, or am I understanding this incorrectly?

DR. TAPP: No. Just for Dr. Harvey's awareness, it would still be in place, but they would not be confirmed at time of licensing, but they are

still in place. And if someone would like to come in for a traditional licensing pathway, that option is still available as well. But it would be checked at time of oversight for just the diagnostic uses at these SGLs.

MEMBER HARVEY: So, Dr. Tapp, to Mr. Lemieux's point, everything is still in place for training and experience, but the issue is when are they reviewed and checked?

DR. TAPP: That's correct.

MEMBER HARVEY: Okay. All right, that's the way I understood it. So is there, I guess, are we comfortable with that?

CHAIR JADVAR: All right. Well, I see that Mr. Ouhib has his hand up, probably comment on this. Mr. Ouhib?

MEMBER OUHIB: Yes, I think Mr. Lemieux brings up a very important point. And the key item here is that, yes, NRC or the state, whatever, will look --

CHAIR JADVAR: You got cut off.

MEMBER OUHIB: -- has treated some patients. So it is not prior to, but it's at some point, and that person might have already treated some patient. I think Mr. Lemieux brings up a very

important point.

MEMBER HARVEY: If I could, so I think that we still have to do this at the licensee level. You know, so we still have to check the training and experience. I'm certain, if I was the RSO at these licensees -- as one of these licensees, I would certainly do that before I let somebody, you know, perform any of the activities under that license.

DR. TAPP: I also just want -- for clarification, making sure it's clear. Treated, this only applies to 100 and 200 uses excluding PET at this time. So I just want to make sure I heard the word treated. Okay. Yes, diagnostic only.

CHAIR JADVAR: Diagnostic, yes. Okay. And I see Mr. Matt Wait.

MR. WAIT: Hi, good morning. Can you hear me?

CHAIR JADVAR: Yes.

MR. WAIT: Hi, good morning. My name is Matt Wait. I'm a diagnostic and nuclear medicine physicist with Kaiser Permanente in Los Angeles. I want to echo Mr. Lemieux's concern and also kind of, to kind of follow up on Mr. Richard Harvey, you know, I think the question is who is watching the watchmen, right? If you have an unvetted RSO approving NRC, you

know, authorized users, again there's a theoretical possibility of harm if that RSO is also not qualified, right?

So if no one is verifying that the RSO is qualified and they are potentially approving authorized users that are also not verified, then that's -- then the concern is that there's a potential for harm in the interim between when those -- when those authorized users are added and, you know, when there's an actual enforcement inspection. So that's my first point.

My second point is, you know, I work for a large hospital system in an agreement state, so, you know, the managing authorized users for large facilities and in particular, our license is unique because it covers many different facilities. So, you know, this has the potential to reduce a lot of the burden because right now our state regulators take a very long time to even assign license amendments for review, let alone reviewing and approving the license amendments.

But that brings the second concern that another speaker, who I'm unfortunately forgetting, brought up, which is that this then moves the burden to inspections. So if our state is already struggling

to approve routine license amendments, is it really reasonable to expect that our state is going to be able to perform inspections at the required rate given all of these additional verifications that are going to need to happen?

CHAIR JADVAR: Thank you, Mr. Wait. Your comments have been noted. I just want to give the folks or NRC any opportunity if they want to respond at this time. Okay. I see another hand, Ms. Michelle Egberts. Please.

MS. EGBERTS: Hello. Thank you for letting me ask my question. So I'm assuming that the need for Moly tech generator training for authorized users is not going away either. Yes or no?

MEMBER HARVEY: My understanding is yes, it's not going away.

MS. EGBERTS: It's going away.

MEMBER HARVEY: No, it's not going away.

MS. EGBERTS: Oh, it's not going away, all right. So then part two is, and I don't know if I'm getting ahead of everybody here, there's a rumor out on the street that radiation oncologists are going to be granted 100, 200 without having previous training in, you know, basically liquid radioactive materials, which alone is frightening to me. Will they be

exempted from Moly tech generators?

MEMBER HARVEY: This is Dr. Harvey. I have not heard that. I am not aware of that in any way, shape, or form, but maybe somebody else can comment.

MS. EGBERTS: Great, thank you.

CHAIR JADVAR: Dr. Tapp has her hand up.

DR. TAPP: Yes. This rulemaking here today that we're discussing does not make any changes to Part 35 or the training and experience requirements. The rulemaking is on the standard general licensing and Part 30, 32, and some others that aren't as impactful to medicine. But Part 35 is not changed in this rulemaking.

MS. EGBERTS: Thank you.

DR. TAPP: Thank you.

CHAIR JADVAR: Okay. Any other comments?

MEMBER HARVEY: Dr. Jadvar, Dr. Harvey. I just, if I could.

CHAIR JADVAR: Please.

MEMBER HARVEY: I don't know if the NRC can answer, but how do they feel about the shifting burden from, you know, license generation or license renewal to the inspections? There's been a number of comments where there's concerns that the inspection

process will be slowed down and be more costly. Does the NRC share that viewpoint, or do they -- are they comfortable with moving the licensing, some of the licensing aspects over to the inspection process? Thank you.

DR. TAPP: That is a fair question. I will say this is going to be an answer for NRC. With the proposed rule, we did the evaluation for these lower risk activities that are standardized. The standard general license was looking at things that in general come in and there's a standard application, and that the license reviewers do not have to have a lot of back and forth with. So moving for these activities proposed in this rulemaking for standard general licenses, we were comfortable with the switch over to inspection and in that area.

But I should point out that this is an NRC. The standard general licenses is a compatibility D, which means agreement states can choose, depending on their processes, if they want to use standard general licenses or stay with the traditional licensing pathway. And because we recognize the states operate so differently, just there's so many different ways of operation and how they're going to do their inspections and licensing. So for NRC, we

were comfortable. But I see Megan's hand up.

CHAIR JADVAR: Yeah, Ms. Shober.

MEMBER SHOBER: Yeah, so my main comment with that is that these licenses are only standard when the applicants commit to model procedures that are in the NUREG-1556 volume. And if you don't have a mechanism for licensees to commit to those standard procedures and instead the rule requires them just to develop, implement, and maintain, they're not standard anymore. So that's one of the things that I don't know how to reconcile with this format.

CHAIR JADVAR: Okay. Ms. Martin?

MEMBER MARTIN: Yes. I was just wondering if the NRC could give us some examples as to what is considered a standard procedure. That's what I was looking for and I didn't find what type of activities are considered standardized to the point where they do not need specific instructions.

DR. TAPP: Sure. An example in the medical realm would be a small clinic that uses only Tc-99m. You know, one authorized user, one RSO. They submit this registration for a standard general license. All the regulations that we can traditionally be in a licensed condition are now contained in the regulation itself. It's listed out

-- you know, the conditions are listed in that proposed rule. And then you would be committing yourself to those regulations in that proposed rule for those uses, and that would be a standard general licensee.

So we don't -- you would have the facility location address still on your registration, but there's no other additional information that would need to be submitted for those uses.

CHAIR JADVAR: Thank you. Dr. Tapp.

DR. TAPP: I should say the draft form is with the rule for a review and comment. So that draft form of what you need to fill out to receive a standard general license is also available for review.

CHAIR JADVAR: Very good. I see another hand by Mr. Matthew Williams. You want to make your comment, please?

MR. WILLIAMS: Yeah. My comment, it kind of goes back to a combination of Melissa's and Bryan's, is that --

CHAIR JADVAR: Please say where you're from.

MR. WILLIAMS: Sorry, I'm Matt Williams. I'm from Children's National in DC. Yeah, I think that the concern that I have is that in some of these

small clinics that we see, you have the attending that's also the RSO. So you can have someone that is putting themself as the RSO and as the AU for 100 and 200 and not actually validating that they fit either criteria until the third year when the inspection comes.

It just, it seems like a very delayed process that you could actually see a lot of patients in that timeframe before actually validating that this person should be practicing. So I just want to, again, kind of reiterate that point that Bryan made earlier. It just seems like a long period of time before validation of someone's ability, especially the fact that someone could be an RSO and then also make themselves an authorized user. Ultimately, they would have to validate that, but it just feels way down the line.

CHAIR JADVAR: Thank you for that comment. Any comments on this comment at this time? Thank you, but it's been noted. Any other questions or comments from the public? All right, I see no more. Is that what you see, Ms. Hoenig?

MS. HOENIG: Yes, I don't see any more hands. Mr. Williams still has his hand up. I'm assuming that's from his comment.

CHAIR JADVAR: Okay. Very good. All right, thank you very much. Very robust discussion. So I guess at this time, I want to move this for a motion for a vote of the subcommittee report. Do I have a motion for a vote on it from the ACMUI members?

MEMBER EINSTEIN: So moved, Andrew Einstein.

CHAIR JADVAR: Any seconds?

MEMBER HARVEY: Dr. Harvey, I'd be happy to second.

CHAIR JADVAR: Okay, thank you. Any opposed to the subcommittee report?

MEMBER SHOBER: I'm opposed. This is Megan Shober.

CHAIR JADVAR: Okay, thank you. Any abstentions?

MEMBER OUHIB: Yes, this is Zoubir Ouhib. Abstain.

CHAIR JADVAR: Okay, Mr. Ouhib is abstaining. Thank you. Any recusals? Any deferring or dissenting views at this time? All right. So the subcommittee report passes with one opposed by Ms. Shober and one abstention by Ms. Ouhib. Thank you. I'm sorry, Mr. Ouhib. All right. At this time, I don't have anything else on my agenda items. Let me

just go back to NRC and make sure that everything is okay or if there is anything else they want to discuss at this time before we adjourn.

DR. TAPP: Just like last time, Megan, with an opposed, you have an option to write a dissenting opinion, which will be attached to the report. I believe you read what I'm assuming would be similar to that. Up to you, Ms. Shober, if you'd like to do that for the report. But I think it's an abstention or an opposal versus a differing or dissenting opinion. But you still have an option to write, to add, to amend to the report if you'd like to.

MEMBER SHOBER: This is Megan Shober. I guess, I'm not really sure what the difference is between an opposal and dissenting opinion. It sounded like there was a difference there. Can you clarify?

DR. TAPP: An opposal is a little bit more you're opposed to the entirety. And dissenting opinion is, you know, dissenting opinion too. This is the rate I take it, but a dissenting opinion is a part dissenting. But I think it's very similar. You're going to write a dissenting opinion for your -- that is more your formal written dissenting opinion. And I didn't know if you wanted to read anything now for

that or if you just want to write it and append it to the report.

MEMBER SHOBER: I can write that and append it to the report.

DR. TAPP: Thank you.

CHAIR JADVAR: Okay, thank you. All right, anything else, Dr. Tapp, or anyone from NRC before we adjourn?

DR. TAPP: I just want to thank the ACMUI and the subcommittee for the time you took to review. I know this is a lot of information and I thank you guys for the meeting today, taking time out of your busy schedules and providing us your recommendations.

CHAIR JADVAR: Thank you. Well, I just want to thank also you, Dr. Tapp and Mr. Einberg and Ms. Hoenig and everybody else at the NRC for all the great work you do. And of course, my colleagues in the ACMUI membership who joined today and for the robust discussion. And with, that I believe we can adjourn the June 8, 2026 meeting of the ACMUI. Thank you so very much again.

(Whereupon, the above-entitled matter went off the record at 1:22 p.m.)