

NRC Public Meeting

Executive Order 14300: Reducing Barriers to Medical Use Licensing

August 20, 2026
1:00 -2:30 PM ET



Agenda

- ☐ Meeting Logistics
- ☐ Introductions
- ☐ NRC Presentation
- ☐ Public Q&A



Meeting Logistics

- ☐ Meeting Type: Information Meeting
- ☐ **Comments must be submitted in writing to [regulations.gov](https://www.regulations.gov).** We will not be accepting comments on the proposed rule during this meeting.
- ☐ Participants are in listen-only mode until the designated question and answer period
- ☐ Please follow meeting participation guidelines
- ☐ No regulatory decisions will be made at today's meeting

Purpose

The purpose of this meeting is to inform the public about Executive Order (EO) 14300 proposed rule Reducing Barriers to Medical Use Licensing.

Please note that this meeting's primary purpose is to provide the public with NRC staff insights on the proposed rule. While members of the public will be permitted to ask questions, all comments on the rulemaking proposal should be submitted via [regulations.gov](https://www.regulations.gov) to ensure they receive appropriate consideration by NRC staff.





Reducing Barriers to Medical Use Licensing

Proposed Topical Areas

Reduced Burden in Training and Experience Requirements

Emerging Medical Technologies

Rubidium-82 Generators

Administrative Improvements

Proposed Reduced Burden in Training and Experience Requirements

Reduces administrative burden for physicians who have received radiation training in required topics throughout their years of residency training.

Removes licensing reviews of training and experience for diagnostic authorization.

Modernizes training to focus on drugs and devices used, ensuring adequate training as uses expand while reducing outdated licensing burden.

Broadening the definition of physician to include foreign-trained individuals.



Reduced Burden in Training and Experience Requirements – Specific Request for Comment

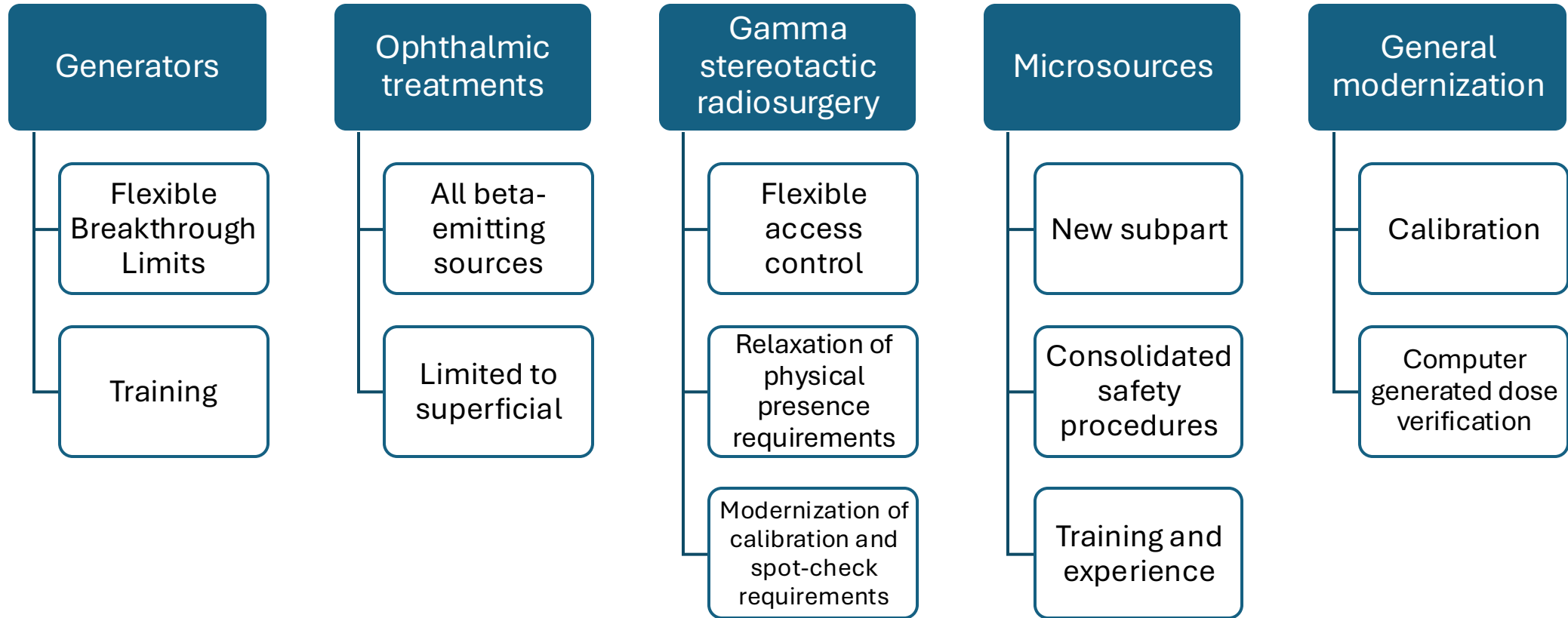
Proposed Definition of Physician: *Physician* means an individual licensed by a State or Territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico to prescribe drugs in the practice of medicine.

FRN Question: The NRC is seeking input on its proposed definition of physician to determine if the clause specific to prescribing drugs should be removed or if additional qualifying language should be added.

Proposed Residency Pathway: Removes administrative burden of having to document minimum hours of training for physicians who successfully completed multiyear accredited residency programs in specified fields which contain specific radiation safety topics.

FRN Question: The NRC is seeking input to determine whether any additional residency programs or fellowship curriculums should be included in this pathway.

Emerging Medical Technologies



Emerging Medical Technologies – Specific Request for Comment

Proposed Definition of Teletherapy: Revising teletherapy to clarify that it refers to a method of radiation therapy in which external beams of ionizing radiation are delivered from an external source without stereotactic guidance.

FRN Question: The NRC is seeking specific examples of current or future teletherapy uses to further revise the definition of teletherapy to ensure all teletherapy uses are included.

Rubidium-82 Generators and Administrative Improvements

- Proposed changes include:
 - Establishing clear requirements for direct patient infusion of a short half life isotope such as rubidium-82 generators,
 - Requiring written directive for only therapeutic uses,
 - Expanding decay-in-storage to 275 days;
 - Removing duplicative mobile medical requirements; and
 - Focusing medical event reporting on incidents involving radiation safety, not clinical conditions such as emergent patient conditions and embryo exposure before pregnancy can be determined.

Rubidium-82 Generators – Specific Request for Comment

Proposed Direct Infusion Systems Requirements: To accommodate rubidium-82 generators, the proposed rule establishes specific criteria to allow incremental administrations to be performed using direct infusion systems, including a criterion that calls for the administered radioisotope to have a half-life of less than three minutes.

FRN Question: The NRC is seeking feedback on whether the proposed three-minute timeframe is appropriate or if a higher threshold would be beneficial for a current or expected future medical use.

Administrative Improvements – Specific Request for Comment

Proposed Decay in Storage: Proposing to allow licensees to hold byproduct material with a physical half-life of less than or equal to 275 days, instead of 120 days, to allow licensees to hold Lu-177m and Co-57 flood sources for decay in storage.

FRN Question: The NRC is seeking feedback on whether an even longer half-life limit would be beneficial for medical use in this context.

Proposed Written Directive Revision: Proposing to remove the requirement for a written directive for a diagnostic administration of sodium iodide I-131 in quantities greater than 1.11 megabecquerels (30 microcuries).

FRN Question: The NRC is seeking feedback on whether eliminating this written directive requirement could raise any safety concerns or otherwise affect patient protection beyond risks associated with diagnostic administrations.

Physical Presence– Specific Request for Comment

Physician Physical Presence Requirement: As part of this rulemaking package, the NRC has developed guidance to clarify that the physical presence of an authorized user (AU) for the medical use of byproduct is not required under § 35.11(b)(1). 10 CFR 35.11(b)(1) permits licensees to allow individuals who are not AUs to perform certain tasks under the supervision of an AU who is named on the license or permit, such as performing administrations. The current Agreement State compatibility of this regulation is compatibility C, allowing Agreement States to be more restrictive and potentially require the physical presence of an AU.

FRN Question: The NRC is requesting specific comments on the appropriate compatibility category for § 35.11(b).

Submitting Comments

- NRC will consider information and perspectives discussed today, but comments must be submitted in writing through the methods described in the *Federal Register* notice to receive formal consideration in the rulemaking.
- Federal Rulemaking Website: Go to <https://www.regulations.gov> and search for Docket ID NRC-2025-1237.

Timeline/Dates

- Proposed rule published in the *Federal Register* on July 27, 2026 (91 FR 47042).
 - 45-day public comment period ends on September 10, 2026.
- NRC will consider public comments submitted under Docket ID NRC-2025-1237.
- Estimated date to publish final rule in the *Federal Register*: March 2027 ([NRC Planned Rulemaking Activities](#))

Questions and Comments



Participation Guidelines

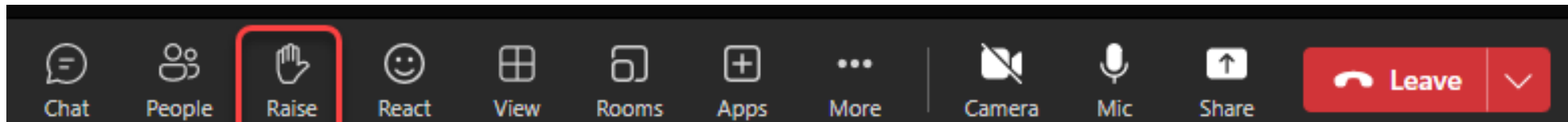


- ☐ Hoping to hear from as many participants as possible
- ☐ Listen-only mode unless acknowledged to speak
- ☐ Maintain a cordial and professional environment
- ☐ No regulatory decisions will be made

Virtual Participation



- 1) Raise your virtual hand to indicate your desire to be recognized
 - Teams: Use the “Raise my Hand” button
 - Phone: Press “*5”

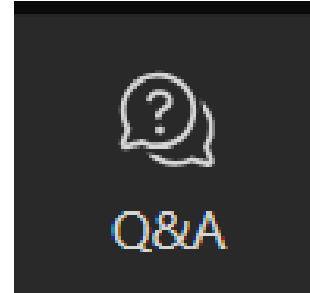


- 2) Wait for the facilitator to acknowledge your turn to speak
- 3) Unmute yourself
 - Teams: Use the “unmute/mic” button
 - Phone: Press “*6”



Virtual Participation Alternative

- 1) Provide questions using the “Q&A” feature:



- 2) We will get to as many questions as we are able
- 3) Because of limitations involving Teams, certain participants may only be able to provide their questions using the Q&A feature. We apologize for this unavoidable limitation.

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Date/Time	Purpose	Location	Contact
* Date/Time Change *	Meeting info The purpose of the meeting is to follow-up discussions	Webinar NA	John G. Lamb (301) 415-3100

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Closing Remarks

- Submit comments on <https://www.regulations.gov> and search for Docket ID NRC-2025-1237.
- Proposed Rule published on July 27, 2026 (91 FR 47042).
- 45-day public comment period ends on September 10, 2026.



Thank you for joining us today