

December 22, 2000

COMMISSION VOTING RECORD

DECISION ITEM: SECY-00-0037
TITLE: STATUS OF POTASSIUM IODIDE ACTIVITIES

This Record contains a summary of voting on this matter together with the individual vote sheets, views and comments of the Commission.

/RA/

Annette Vietti-Cook
Secretary of the Commission

Attachments: 1. Voting Summary
2. Commissioner Vote Sheets

cc: Chairman Meserve
Commissioner Dicus
Commissioner Diaz
Commissioner McGaffigan
Commissioner Merrifield
OGC
EDO
PDR

VOTING SUMMARY - SECY-00-0037

RECORDED VOTES

	APRVD	DISAPRVD	ABSTAIN	NOT PARTICIP	COMMENTS	DATE
CHRM. MESERVE	X	X			X	11/22/00
COMR. DICUS	X				X	3/9/00
COMR. DIAZ		X			X	7/12/00
COMR. MCGAFFIGAN		X			X	10/17/00
COMR. MERRIFIELD	X				X	11/30/00

COMMENT RESOLUTION

In their vote sheets, Chairman Meserve and Commissioners Diaz and McGaffigan disapproved the staff's recommendation and provided some additional comments. They supported funding States that choose to incorporate the use of potassium iodide (KI) in their emergency plans. Commissioners Dicus and Merrifield approved the staff's recommendation and provided some additional comments. Subsequently, the comments of the Commission were combined with the action on SECY-00-0040 and incorporated into the guidance to staff as reflected in the Affirmation Session SRM issued on December 22, 2000.

Commissioner Comments on SECY-00-0037

Chairman Meserve

In my evaluation of SECY-00-0040, I have concluded that the Commission should provide funding to those states that choose to incorporate the use of potassium iodide (KI) in their emergency plans. There remains a question whether the NRC should

also support the establishment of regional stockpiles by including KI in the formulary that is part of the National Pharmaceutical Stockpile (NPS), as recommended by the staff in SECY-00-0037. For the reasons discussed in my vote on SECY-00-0040, it seems doubtful that a regional stockpile would serve much purpose as part of emergency response at nuclear plants, even for states that choose not to establish their own KI stockpiles. Although I would certainly not discourage the Center for Disease Control and Prevention from including KI in the NPS if it should deem it appropriate, there is no justification in my view in NRC funding of this activity. As a condition for funding of state stockpiles, the NRC might require that the states make KI available to the federal government if there were an emergency requiring access to such supplies.

Commissioner Dicus

I approve the staff's plans to make a formal proposal to the Centers for Disease Control and Prevention (CDC **EXIT**) to stockpile KI and to make it available through the National Pharmaceutical Stockpile (NPS) currently being established. The staff is to be commended their continuation of discussions with the Federal Emergency Management Agency, the Department of Health and Human Services, CDC, and the Public Health Service in finding what appears to be a good solution to a very difficult issue that the Commission has been struggling with over the past years. Due to the evolution of the development of lifesaving supplies and equipment needed in today's world, one can easily see that the infrastructure of the NPS could be extremely more efficient than creating and maintaining an independent infrastructure for the stockpiling and distribution of KI.

I look forward to the staff's progress with the CDC on this issue, and to future reports of its full implementation into the NPS management system.

Commissioner Diaz

In this paper, the staff recommends that the Commission "[a]pprove the staff proposal to pursue the inclusion of KI in the National Pharmaceutical Stockpile (NPS) and direct the staff to prepare a formal request to CDC for its inclusion." I further understand that, in briefings to our technical assistants, the staff indicated that the Federal Emergency Management Agency (FEMA) would not object to this proposal. However, the June 22, 2000 letter from James Lee Witt, Director of FEMA, contradicts this position. The letter states, in part, that "...upon careful examination by FEMA staff, it was concluded that combining KI supplies with the Pharmaceutical Stockpiles would pose significant logistical concerns including, securing, storing and timely distribution of KI. Consequently, we continue to maintain that national or regional stockpiles of KI will present logistical problems in the REP program." Director Witt's position could not be clearer; there is no support for regional stockpiling of KI. Therefore, I disapprove the recommendation, and restate my commitment to early resolution of KI issues.

Commissioner McGaffigan

I do not support the staff proposal to pursue the inclusion of KI in the National Pharmaceutical Stockpile (NPS). As I wrote in my vote on SECY-00-0040, it is hard to imagine the logistics working out such that non-local KI stockpiles, such as the NPS, would be relevant in an actual emergency at a nuclear power plant. KI needs to be taken before, or during the first few hours after, exposure to radioactive iodine to be effective in protecting the thyroid. I join Commissioner Diaz and FEMA Director Witt in urging my colleagues to instead use the \$400,000 in our FY 2001 budget to fund KI stockpiles for States who decide to use KI in their emergency plans.

I would also note that by returning to the Commission's 1997 and 1998 policy of funding State KI stockpiles we will ease the resolution of another activity discussed in this paper, namely the finalization of FEMA's draft Federal Register notice on KI policy. This draft notice has essentially been held in abeyance for the past year and a half as a result of the Commission's April 1999 reversal of position on funding State KI stockpiles. After two decades of arguing about KI policy, it would be nice to have a consistent Federal position supported by all the key agencies.

Commissioner Merrifield

I approve the staff's recommendation to pursue with the Center for Disease Control (CDC) the inclusion of potassium iodide (KI) in the National Pharmaceutical Stockpile (NPS). As I understand the staff's recommendation, the NRC would have been responsible for funding the KI included in the medicinal stockpiles. This funding was fully consistent with previous Commission policy and I strongly supported the staff's efforts in this area. However, a majority of the Commission has voted in SECY-00-040 to support funding for state stockpiles and to no longer support regional stockpiles such as those contemplated here. Consistently, the same majority has voted to disapprove the recommendations here. Although none of the majority votes suggest that the NRC fund both regional and state stockpiles, for the record, I would disapprove such action because I believe it would be an inappropriate use of our limited agency resources. Redirecting NRC resources to fund both state and regional stockpiles could divert important resources from programs critical to public health and safety.

Though I realize I am in the minority, I have approved the staff's recommendation for pursuing the inclusion of KI in the NPS stockpiles for the following reasons. The CDC has a nation-wide responsibility to respond to other disasters that call for immediately accessible medical stockpiles and consequently they are uniquely situated to provide the NRC guidance in this area. I would have preferred that we further discuss the matter with the CDC to determine whether the medicinal stockpiles could have been strategically located to provide the maximum benefit in case of a nuclear emergency. The CDC was originally contemplating delivery of KI in less than 12 hours.

For maximum protection of the thyroid, KI needs to be taken before or shortly after exposure. However, it is still 50 percent effective if it is taken 8 hours after the onset of a 4-hour intake of radioactive iodine. Guidelines for Iodine Prophylaxis

following Nuclear Accidents 19-20 (1999). Because the length of time after the start of an event and possible exposure will vary substantially and could certainly be a matter of many hours depending on the significance of the event, the weather conditions, the sufficiency of on-site containment equipment, and the success of an evacuation, we cannot rule out the usefulness of regional stockpiles. In certain situations, KI could be administered after evacuation of a community to locations farther from the facility and still provide substantial benefit. Obviously, in the most serious situations if there were an immediate significant release of radioiodine, which is extremely unlikely to ever occur in the United States, supplies of KI that could be accessed in less time would provide greater benefit. That is, if supplies of KI could be accessed in such an extreme situation and not interfere with evacuation, which is the single most effective response measure. Nevertheless, in virtually every postulated situation, regional stockpiles such as those contemplated here would be better than having absolutely no access to supplies of KI, which would be the case for communities in states that have not made KI available. Considering that the Commission has unanimously decided not to interfere with a state's determination about whether to make KI available, the CDC stockpiles seemed like a sensible, defense-in-depth approach to the KI issue. Consequently, I would have preferred that the staff continue to work with the CDC.