

December 18, 2001

COMMISSION VOTING RECORD

DECISION ITEM:      SECY-01-0208

TITLE:                STATUS OF POTASSIUM IODIDE ACTIVITIES

The Commission (with all Commissioners agreeing) approved the subject paper as recorded in the Staff Requirements Memorandum (SRM) of December 18, 2001.

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

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Annette L. 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-01-0208

### RECORDED VOTES

	APRVD	DISAPRVD	ABSTAIN	PARTICIP	NOT COMMENTS	DATE
CHRM. MESERVE	X					X 11/26/01
COMR. DICUS	X					X 12/12/01
COMR. DIAZ	X					X 11/28/01
COMR. McGAFFIGAN	X					11/27/01
COMR. MERRIFIELD	X					X 12/10/01

### COMMENT RESOLUTION

In their vote sheets, all Commissioners approved the staff's recommendation. Chairman Meserve and Commissioners Dicus, Diaz, and Merrifield provided some additional comments. Subsequently, the comments of the Commission were incorporated into the guidance to staff as reflected in the SRM issued on December 18, 2001. Commissioner Diaz would have preferred to not provide such detailed direction to the staff for fear that it could cause delay in offering of funding for KI.

## **Commissioner Comments on SECY-01-0208**

### Chairman Meserve

I agree that the staff should commence negotiation for a purchase of KI that will be shipped directly to specified recipients. The NRC should seek to obtain a substantial discount from the current market price on the basis that the ultimate purchase is likely to be several million KI tablets. Staff should seek to maintain flexibility as to the total amount of KI to be purchased, however, in light of the fact that the ultimate scope of the purchase will be governed by the decisions of the states (or authorized local governments or Indian tribes).

SECY-01-0208 indicates that the final FDA guidance is expected by the end of November. The guidance should thus be available long before the contract negotiations are completed. The letter to the states appropriately indicates that the imminent FDA guidance is an attachment. However, I attach certain editorial suggestions for the letter to the States.

### Commissioner Dicus

Because the Commission has already made a decision to approve the initial purchase of potassium iodide (KI) as a protective measure for the general public that would serve as a supplement to sheltering and evacuation, I agree with the comments of Chairman Meserve to have the staff initiate negotiations for the purchase of KI for States and/or local entities that have made an informed choice to obtain KI. I also agree that with proper negotiations, the staff should seek to obtain a substantial discount from the current market price.

Because we understand that the Center for Diseases Control (CDC) has also recently requested funding for the distribution and/or stockpiling of KI as a part of the terrorism response emergency funding request to Congress, I would also recommend that the NRC follow very closely the interactions between Congress and CDC regarding this request, in case there is a government agency that will stockpile KI.

Lastly, minor edits to Chairman Meserve's edits to the letter to the States are attached. I recommend that this letter be signed out by the Director, Office of State and Tribal Programs.

### Commissioner Diaz

I approve. I am extremely pleased that the Commission's decisions in support of purchase and distribution of KI are about to come to fruition.

### Commissioner Merrifield

I approve the purchase and distribution of KI tablets. However, the staff has failed to include in this memo significant information that is necessary for deciding how to proceed with the purchase of KI tablets. The staff in its paper states that the minimum price per tablet is 23¢ per tablet. From previous information provided by the staff, this cost estimate is for pills in bottles of 14 tablets each. Though in its paper the staff informs the Commission of two forms of packaging, individually wrapped and in bottles of 14 tablets each, it inexplicitly failed to mention a minimum price for individually wrapped tablets. This is curious considering that the staff had previously informed the Commission that the available minimum price for KI tablets individually

wrapped is 65¢ per tablet. The staff advises that we would need approximately six million tablets in order to supply up to two doses per person in the 10-mile Emergency Planning Zones (EPZ). They further state that with the available funding of \$800,000, only approximately 3.4 million tablets could be purchased. This statement was apparently premised on the purchase price of 23¢ per tablet. It should be noted that if the Commission permits the staff to purchase the pill at 65¢ per tablet, under the Commission's present budget of \$800,000, the Commission can purchase only approximately one million tablets—approximately one sixth the amount required to provide KI for the 10-mile EPZ. Put another way, to purchase KI for all 10-mile EPZ's at 65¢ per tablet would cost \$3.9 million, resulting in an NRC funding shortfall of more than three million. Though requested, the Commission has not been promised any additional funds for KI purchase as part of the terrorism response emergency funding request.

For these reasons, the Commission must provide appropriate guidance to the staff on the purchasing of KI. The failure of having these guidelines in place may cause many States to be unable to obtain Commission-funded stockpiles. The Commission should give the following guidance to the staff:

- 1) the staff should negotiate the lowest possible price for KI taking advantage of bulk pricing before purchasing,
- 2) before providing funds for individually wrapped KI tablets, the staff should consider whether the expense of that packaging will seriously undermine our ability to provide KI to all states that request it,
- 3) the staff should consider how it is going to accommodate funding for states that wish to predistribute KI.