

UNITED STATES NUCLEAR REGULATORY COMMISSION  
MEETING WITH ORGANIZATION OF AGREEMENT STATES (OAS) AND THE  
CONFERENCE OF RADIATION CONTROL PROGRAM DIRECTORS (CRCPD)

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THURSDAY

SEPTEMBER 3, 2009

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The Commission convened at 9:30 a.m., the Honorable Gregory B. Jaczko,  
Chairman presiding.

NUCLEAR REGULATORY COMMISSION

GREGORY B. JACZKO, CHAIRMAN

DALE E. KLEIN, COMMISSIONER

KRISTINE L. SVINICKI, COMMISSIONER

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SHAWN SEELEY, OAS Chair-Elect and Senior Radioactive Materials Inspector, Radiation Control Program, Division of Environmental Health, Maine.

CINDY CARDWELL, OAS Past Chair and Manager, Radiation Policy, Standards, and Q/A Group, Bureau of Radiation Control, Department of State Health Services, Texas

ADELA SALAME-ALFIE, CRCPD Chair and Assistant Director, Division of Environmental Health Investigation, New York State Department of Health

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

CHAIRMAN JACZKO: Good morning. We have our regular annual meeting with the Organization of Agreement States and the Conference of Radiation Control Program Directors today. I think this is always a good opportunity for us to communicate and talk about areas of mutual interest and of areas in which I think it's important for us to have a good understanding of the impacts of certainly the work that we do on your state programs and certainly the level of activity at your state level and how that impacts our responsibilities from a national perspective.

I certainly think I can speak for the entire Commission when I say that we really appreciate the time and resources that the states have put into regulating their licensees, as well as working with the NRC on issues of mutual interest such as rulemakings. And I think whenever so many issues are hot button issues for us sometimes and issues of sources, issues of low-level waste disposal and having to remind people that those issues are really, by and large, regulated at the state level, the number of states that are non-Agreement States is getting smaller and smaller by the day, quite literally.

We're poised to move forward with New Jersey as an additional Agreement State, and that will be happening relatively soon, so when I spoke last week at the -- or several weeks ago to the state liaison officers -- many of you are people that attended that meeting -- I really repeated one important message and that was really communications and coordination are crucial to both of our successes, so I look

forward to hearing from all of you today about your thoughts on a variety of different issues and look forward to a very informative meeting.

Do any of my Commissioners have any comments to make?

COMMISSIONER KLEIN: I would like to add my thanks in advance for all the work you do. As we've said several times, if we didn't have all the Agreement States, the size of the NRC would have to be much larger, and also the fact that you're closer to those that you regulate really makes it a much better system. So thanks in advance for all that you do on behalf of making radiation safe for the consumers and the users in the U.S. Thanks.

COMMISSIONER SVINICKI: Well, I would certainly associate myself with everything that you said, Mr. Chairman. These are key partners that we have seated across the table from us and the important work that they do. So, this is always a great opportunity to, again, be reminded of any unique perspectives or challenges that you face and to hear that and to dialogue with you directly. Thank you for being here.

CHAIRMAN JACZKO: Good. Well, I think we will begin with Julia Schmitt, who is the OAS Chair Manager, so you have -- wear two hats, of course. You have your role with OAS, and then you have a day job where you're with the Bureau of Radiation Control in the State of Nebraska, so we'll begin, I think, with your discussion.

MS. SCHMITT: Thank you so much for inviting us to speak before you. Actually, we're going to start with Shawn Seeley, because he is going to -- kind

of our talks lead into each other a bit.

MR. SEELEY: Good morning, Chairman Jaczko, Commissioner Svinicki, Commissioner Klein. Thank you for the opportunity to update you today on the Working Group Prioritization Project.

Over the last several years, the Organization of Agreement States, or OAS, along with the Conference of Radiation Control Program Directors, CRCPD, and the NRC have worked closely with one another to ensure that groups are formed to implement any regulatory changes in an effective and timely manner under the Management Directive 5.3. Over the years, so many such "working groups" have been formed, each one with an OAS and CRCPD representative, as applicable to the point that it became unmanageable.

In late 2008, the decision was made to assemble individuals representing OAS, CRCPD, and NRC familiar with the working group process to evaluate the current status of the groups and make recommendations for going forward. In doing so, this group recommended the elimination or sunseting of several existing working groups and consolidation of others, which resulted in the current number of 24 active working groups down from the former 37.

The group then focused their attention on the top tier and second tier of priorities. The top tier of priorities included Part 37 Rulemaking, GL issues, and NSTS, which the next tier left qualifications program, compatibility issues for program elements, end-of-life management, web-based licensing and license verification system and any Part 20 changes.

This list of priorities would enable the agencies to better cooperate, coordinate, and concentrate limited resources to accomplish goals in a more efficient and effective manner. The new consolidation would enable the working groups and their members to focus on developing and completing products in a more timely fashion with an emphasis on performance.

The former meeting was held in February of this year and was extremely productive in providing realistic expectations and responsibilities, while at the same time taking into consideration resource strains from all directions. This meeting was deemed a huge success for the following reasons:

It reduced the number of working groups, thus reducing the number of state and federal resources needed for working group participation.

It allowed for a more focused, concentrated and consolidated approach, which the group used to prioritize and optimize efforts.

It clearly defined working group members' expectations.

It increased communications between all agencies involved in the working group process.

It was one-stop shopping with the maintenance of one current, complete, and updated list of working groups being maintained by the NRC, which should allow for more focus on the working group end products.

Having an informal group of individuals representing the different agencies, not a working group, to revisit these issues as a need arises.

As a direct result of these changes, we now have assurance that we have the

right people focusing on the right projects. Furthermore, they have established a means of closely monitoring the various working groups and their progress and activities and have made it a priority to communicate more with the OAS and CRCPD boards on this progress.

In closing, we feel there's been a lot of progress in the consolidation and prioritization of these groups. This has led to a more focused approach to developing a strategic plan for the prioritization of the working groups. With so many important changes on the horizon, Rulemaking in Parts 20 and 37, NSTS and web-based licensing and the license verification system world and GL rules, this could not come at a more opportune time.

Again, we appreciate the opportunity to speak today and look forward to continuing the collaboration in the development of regulations and guidance on radiation issues, as we all work toward a common goal of protecting the health and safety of workers, the public, and the environment. Thank you.

CHAIRMAN JACZKO: Thank you, Mr. Seeley. We will now hear from Ms. Salame-Alfie. Is that how you pronounce --

MS. SALAME-ALFIE: Salame-Alfie.

CHAIRMAN JACZKO: Salame-Alfie, who is -- you are the CRCPD Chair, and your day job then, you are the Assistant Director at the Division of Environmental Health Investigation in the New York State Department of Health, and you will be talking to us about the state of the economy and the effect on Agreement State programs.

MS. SALAME-ALFIE: Good morning, and thank you for the opportunity to speak with you today. It is not surprising that the current state of the economy is affecting everybody, including the state radiation programs.

Over the last few years, we have seen our budget shrink, we've lost staff due to attrition, retirement incentives, or layoffs, and just trying to get our work done can be a monumental challenge. And we have been on a budget freeze for quite a while. And this is true even when fees fund our regulatory programs.

Mid-level managers have had to spend time writing justifications not only so their staff can travel out of state, but to replace outdated or broken equipment, and even to allow staff to travel in-state to conduct inspections if such travel would cost more than a nominal fee. We have to justify time away from the office even when a third party is paying for the travel and the travel will benefit not just the traveler but the rest of the staff.

State radiation programs cover a wide range of activities, in addition to regulating radioactive materials. Most of our programs include healing arts, mammography, environmental and emergency response.

Some programs have had to shift staff from non-regulatory programs to the radioactive materials program just to cover the existing workload. And the workload in the radioactive materials program has increased due to the additional inspections for security, NSTS, and more stringent licensing requirements. And we're not allowed to hire new staff.

Of course, this is not the first time we're dealing with tough economic times,

though this is the worst I've seen since I've been with state government. But it's not all gloom and doom. Having to justify our existence has forced to us take a hard look at how we do business and find ways to do what we have to do without compromising safety and health.

In some instances, we've had to make adjustments to our priorities or focus on the most pressing needs first. We have been cross-training staff and are trying to combine inspections (x-ray and materials) to minimize travel.

The strength of our staffs is in their training and experience, and we recognize that. But this training and experience shouldn't be restricted to the office. Staff should be able to interact with their peers in other states to share experiences, ask questions, provide suggestions, et cetera, on how things can be improved.

CRCPD recognizes these issues, and we are addressing them by providing training in conjunction with our annual meetings and developing targeted training on a specific topic or modality. For example, during our last annual meeting, we developed and delivered a pilot training for Computed Radiography/Digital Radiography specifically geared to state inspectors. We collaborated with AAPM, the American College of Radiology, and the Ohio Radiation Control Program.

The pilot included classroom and hands-on components. Staff from the Ohio program arranged for a location for the hands-on portions, and by all accounts, it was very successful. This pilot was designed such that it could be taken on the road and delivered regionally.

This course will be offered during the upcoming New England Radiological

Health Compact meeting. And thanks to the Health Physics Society, we were also able to offer training in Internal Dosimetry during our annual meeting.

On behalf of CRCPD and the state programs, I want to thank the NRC for their continued financial support, which makes it possible to attend training and work group meetings. This has made a big difference in our ability to continue to have trained staff.

But we can do more. We're looking for additional ways to optimize and minimize travel time and cost to attend training courses by the use of webinars and other online training whenever available. We have also minimized travel to meetings by using videoconference or web-based meetings and conference calls.

Thanks for the opportunity to brief you on this topic.

CHAIRMAN JACZKO: Thank you. Now we'll hear about the Balance of Safety and Security from Cindy Cardwell, and she's the past Chair of OAS and works at the Department of State Health Services in Texas.

MS. CARDWELL: Good morning, Commissioners.

Since this is the last time I'll be briefing you on behalf of the Agreement States as a member of the OAS Board, I would like to thank you for the many opportunities to speak with you and the courtesy you've shown and the interest and involvement in the Agreement States issues. We do appreciate it.

NRC has made available to the Agreement States for review the draft Safety Culture Policy Statement, and we would like to provide some observations on the draft policy. The draft policy makes an interesting distinction between safety and

security in terms of the focus of each of those.

The safety focus is one of preventing errors that would result in an inadvertent accident. The security focus is one of preventing deliberate attacks or diversion of certain materials that could cause harm. This is a simple and direct explanation of the difference between the two and one of the best explanations I've seen so far of the difference between the two.

Within the overarching safety culture, the policy states that the two focuses are to be treated equally and personnel in the safety sector and the security sector should have an appreciation of the importance of each other's functions. The concept of equality is one that the Agreement States can embrace.

But one of the most important points made in the draft policy is that an overarching safety culture should emphasize the need to integrate and balance safety and security in order to achieve optimized protection. I think you've already heard the word optimized in a couple of talks here already.

In previous years, you've heard us stress how important it is to the Agreement States to prioritize our joint regulatory efforts, and you've heard today about the progress that's been made in that field. You've also heard about our current economy and its impacts on the Agreement State programs.

This prioritization process, which is a critical component in achieving integration and balance, will remain essential to optimizing protection. To do that, we must make the most efficient use of our resources.

As we move forward in this safety culture, we would like to provide two things

to consider at this point. We've looked at current efforts and initiatives and jointly prioritized them.

We suggest the next step should involve taking a critical look at the ways we've historically performed our regulatory safety functions and re-evaluate the importance of those functions with regard to integrating the security focus using our current finite resources. This is not to suggest that essential safety functions should in any way be diminished. Simply, that we look at the way we achieve the safety functions and evaluate that.

An example of looking at different ways to get things done would be to review the IMPEP criteria. Is doing 20% of reciprocity inspections an appropriate percentage, or is there another way to achieve the same type of oversight?

For instance, could some sort of pre-inspection checklist be used instead in order to determine whether an on-site inspection of a reciprocity licensee is necessary in our state? Perhaps the process could involve coordination with the reciprocity licensee's home licensing agency in order to determine compliance history and whether it warrants an on-site inspection or not. It's never futile to re-examine how and why we do the things the way we do.

The second item for consideration concerns the security function. When contemplating implementation of new security functions, we urge the Commission to be especially cognizant of the legal and statutory jurisdictions of the Agreement States. Because a new initiative may be determined to be within NRC's legal jurisdiction to adopt, that doesn't necessarily hold true with each Agreement State.

As we saw with the fingerprinting order, several states had to seek additional legal opinions as to their statutory ability to issue the order, and at least one of the Agreement States went to extraordinary lengths to get a required legislative change to make the printing order legal to implement in that Agreement State. So we just want to make you aware of that and that that becomes a part of our process as we move forward.

As the Policy Statement implied, our goal is the same as it's always been, providing a framework to optimize protection. Whether that's done by embracing a new, different, or slightly modified safety culture, it involves change.

When done for valid reasons and in a planned, coordinated way, change is usually a good thing. We look forward to our continued efforts together in this new safety culture.

CHAIRMAN JACZKO: Thank you, Ms. Caldwell -- Cardwell. My wife's name is Caldwell, so that one came out there.

MS. CARDWELL: That's okay. My husband's family is from Caldwell County. Gets confused all the time.

CHAIRMAN JACZKO: It's easy to drop that r. I could maybe chalk it up to a Washington accent.

We'll next hear from Mr. Seeley again to talk about the user experiences on the National Source Tracking System. Oh, I'm sorry. The Agreement State training is next. See, before I went to you and it was Mr. Seeley, and now I went to Mr. Seeley and it was actually your turn.

MS. SCHMITT: People get us confused a lot.

MR. SEELEY: I'm the one with less hair.

[laughter]

CHAIRMAN JACZKO: I can understand that.

MS. SCHMITT: Well, thank you for the opportunity to speak with you today on training and support of Agreement States. We appreciate very much the Commission's continued support of Agreement State training and state attendance at the OAS meeting later this month.

During last year's briefing, I explained that Agreement States don't typically have the luxury of hiring graduates of Health Physics programs and that we often hire staff with science backgrounds and then train them on the job in Health Physics.

We asked you again to consider sponsoring the Agreement State attendance at the five-week Health Physics course in Oak Ridge. And we also discussed the significant costs associated with a course of that type, and then you gave us an assignment. Our assignment was to discuss with the Agreement States alternative methods of getting Health Physics training that were not so cost prohibitive.

At last year's OAS meeting, we had a brainstorming session on Health Physics training. Some states expressed that it was difficult anymore for staff to be out of the office for five straight weeks.

One promising suggestion was combining distance learning with partnerships with local institutions for the laboratory exercises. Over the past year, Dave Allard from Pennsylvania has been particularly helpful in getting the discussion started on

how this might be accomplished.

One idea is to make the lecture part of a course "distance learning," perhaps designed by a group of Health Physics university program faculty and have the lab exercises at regional schools that have strong HP programs and, therefore, the equipment to run them. This would save a considerable amount of time and training and travel expenses and allow more time for students to absorb the materials. It would also have the benefit of helping to establish close ties between the regional Health Physics schools and the Agreement States.

However, academic institutions may be reluctant to pursue this further without a known funding mechanism. Shawn has already mentioned to you that one of the next tiers of priorities is to reinvent the Qualifications Manual to ensure the level of inspection quality and consistency across borders. I think that work will provide a unique opportunity to explore this possibility and evaluate the potential funding options so this concept can become a reality.

CHAIRMAN JACZKO: Thank you. Now we will hear from Shawn on the User Experiences with NSTS.

MR. SEELEY: Good morning again, Commissioners. Thank you for the opportunity today to update you on the status of the National Source Tracking System, or NSTS.

Over the last several months since our last briefing on the NSTS, there have been teleconferences and emails -- I would like to say a lot of them -- in an attempt to address the many issues which have arisen since the rollout of the NSTS in January.

First and foremost, we want to recognize the extensive effort put forth by both the staff at NRC and the Help Desk to address these issues as they've come up. However, we also realize there's more work ahead of us. The issues still facing us, as we see it, are as follows:

1. Licensees are hesitant to get credentialed, and thus are going to continue to fax their information in annually. This is due in part to the fact that some licensees have no immediate plans to resource or change their inventory for years.

Some of these blood banks and blood irradiators that are out there are financially strapped as well and don't have the thousands of dollars to go out and just buy a new unit at the drop of a hat, so they're not going to have to update the inventory on a -- forever possibly.

2. The limited state user ability to correct inaccurate information already in the system. If we could just go in and correct it on our end, it might clear it up, but that currently is a stumbling block, as we speak.

3. A lack of printing inventories for inspectors to use during inspections. Just having access to that data at the drop of a hat. You know, now having to wait sometimes one to three days to get the information from the Help Desk or from the database itself, as it's not in a real easily printable format.

4. Some NSTS users, state regulators included, are having trouble getting approval from their IT folks to download all the files and programs needed for installing the software on the networks. Therefore, those licensees will be faxing their info in and the state program will not have access to verify the licensees' inventories.

5. State regulators have a "Need to Know" to gain access to additional information in the database. For example, an inspector may need additional data regarding an out-of-state licensee or a licensee that has a license in that state with no physical address or office but stores all of its material at its home license in another state.

Similarly, for reciprocity inspections, it would be helpful to have immediate access to all pertinent information about a licensee and not have to wait until somebody can get that information back to the inspector.

As you can see, there are still some unresolved issues which are affecting the overall use of the NSTS. Therefore, we are all anxiously awaiting the arrival of the second version of this so many of these issues can be resolved. In the meantime, we will continue to work closely to rectify any issues that arise.

As an example of this collaborative effort, I want to point your direction to an upcoming workshop next week in Houston, the Regional Industrial Radiography Workshop, hosted by the Texas Department of Health Services in Houston. Thanks to Cindy's group for getting that together. We've got, what, 75 or 80 attendees already for that workshop.

In addition, the monthly teleconferences and updates will continue to be a forum that will be a huge help and step in the right direction until version two arrives. In addition, we believe the creation of the NSTS blog will be a positive method of receiving comments and responding to issues as they come up.

Thank you for the opportunity to brief you today.

CHAIRMAN JACZKO: Thank you. We will now hear from Ms. Salame-Alfie again on the National Council on Radiation Protection and Measurements, their Report on Increased Doses.

MS. SALAME-ALFIE: Thank you. For some time, state radiation programs and CRCPD have been aware of the increased doses resulting from the use and sometimes overuse of medical imaging equipment, in particular CT scans. Upon publication of the NCRP 160 report, CRCPD notified members of the availability of the report and issued a press release that could be used by our members to respond to questions from the public and the media.

To best assess the impact of the publication, we sent out a survey to all our program directors. We received 22 responses, which is a pretty good percentage. There were several press releases, including NCRP, AAPM, ACR, and neither of the press releases really resulted in a big public reaction, and only one state program reported that they have received some queries from the public. About half of the responders have implemented some changes, but many of those changes started prior to the publication of the report.

Most of the changes, and I'll summarize in a minute, have been implemented as a result of our own awareness of the large increases in the population dose from imaging procedures and the potential dose reduction that could be achieved by education of the physicians, technologists, and members of the public.

Some examples of activities undertaken by radiation control programs to raise awareness include:

- Developing outreach materials, such as letters to physicians, hospitals, radiologic technologists and other professionals.
- Embracing the concepts presented by the Alliance for Radiation Safety in Pediatric Imaging, also known as the Image Gently campaign. Some states have added links to the Image Gently website to their own websites and publications.
- Providing outreach and education training sessions.
- Encouraging physicians to become familiar with the Image Gently campaign and the American College of Radiology appropriateness criteria.
- Urging the regulated community to seek ACR accreditation for their CT programs and strongly urging all facilities to monitor patient dose.
- Developing public service announcements and
- Providing CR/DR, which is Computed Radiography/Digital Radiography, and CT training to x-ray and CT operators to show ways that they can reduce patient doses.

But how can we effect some change? Well, education is critical. We need to educate the public, and we need to educate the physicians. An educated public can produce change in the way we do business. An educated public can question the appropriateness of certain studies and force the doctors to assess the need of a specific study. We need to continue raising awareness that children are not little adults and that the doses need to be adjusted for smaller sizes.

We recognize that CT exams are a very valuable tool for physicians and that they save lives. However, there are many instances where another study may yield the right information with less or no radiation dose involved. Of course, it is up to the

physicians to determine what the best study is, and we hope that the doctors go back to the approach used in the old days where they consulted with the radiologists prior to prescribing certain imaging procedures.

So, we're making progress. We have started campaigns to educate the public by providing information through doctors' offices, imaging centers, and hospitals. We are educating physicians, technologists, and other allied health professionals in the use of the appropriateness criteria and the benefits of having ACR accreditation.

We are conducting detailed CT inspections and training. And by partnering with the Alliance for Radiation Safety and Pediatric Imaging, we're promoting their valuable resources and training materials. Another great opportunity, of course, to get the word out is through our inspectors. They meet face to face with the facility staff through compliance inspections.

So far, the number of downloads of the pediatric CT protocols from the Image Gently website is over 9,000, so this tells us that awareness is gradually improving and we're making strides. We just need to keep doing what we're doing and continue getting the word out.

But we can do more. There are at least two areas where we have to do more: the overuse of self-referral for imaging procedures and the promotion and use of noninvasive screening surveys. Unfortunately, during self-referrals, many patients may be prescribed a CT scan where there may be other options that are as effective and involve less or no radiation. Many times these studies are requested for what is known as defensive medicine and not really for the benefit of the patient.

There's also a growing number of companies that offer noninvasive screening surveys that are conveniently located at a location near you. You've probably seen them in this area, maybe at a local church hall or a community building, and are usually attended by senior citizens who may be concerned about their health.

The problem with those services is that they do not require a doctor's prescription or follow-up. They usually don't even have a doctor at the site. And to address these issues, CRCPD has included a prohibition against this type of screening, except in certain authorized instances in the Suggested State Regulations Part F. And several states have implemented these model regulations into their state regulations.

Those are two of the areas that I hope we can start making some changes. Thank you for your attention.

CHAIRMAN JACZKO: Thank you. And finally, we will hear from Michael Gilley, who is the Chair-Elect for CRCPD and the Environmental Manager at the Bureau of Radiation Control, the Department of Health in Florida.

Thank you.

MR. GILLEY: Good morning, and thank you, Chairman Jaczko, Commissioners, and NRC staff for inviting state stakeholder dialogue on issues related to the reassessment of regulations considering new scientifically-based recommendations, justifications, program optimization and limitations of dose.

The International Commission on Radiation Protection offers in its 2007

Publication #103 recommendations that combined its previous 1990 recommendations with new findings in a more consistent and coherent approach. It maintains the three principles of radiological protection on which previous recommendations were based. It continues in the support of the linear non-threshold model when combined with dose effectiveness factors.

There are several options we see to update the current federal and state regulations to the recommendations presented in this publication. First, of course, is the option of no action. However, in the age of globalization which we now live, we believe that the need to have more consistent standards across the international landscape is highly desirable.

The second option is to consider revising only current, problematic problems for certain licensees of 10 CFR 50, aligning it with 10 CFR 20. This option assumes that the current iteration of 10 CFR 20 is congruent with ICRP #103, but you must remember that 10 CFR 20 was last updated in the 1990s.

A third option, of course, is to begin a process to revive regulations across the board to parallel ICRP's #103 recommendations. There appears to be sufficient technical information to begin and a strategic need to update these current regulatory recommendations, quantities, and concepts.

To introduce risk-informed performance- and scientifically-based regulations will aid in optimizing both state and national radiation regulatory programs. However, this option is not without significant hurdles.

I sincerely believe that the early inclusion of key stakeholders is critical to the

success of this option. We thank you for this opportunity. We suggest that not only the states, licensees, industry and its workers, technical societies and interested citizens, but other federal agencies and members of the international regulatory community be solicited for participation. This inclusive participation will be required to assure a successful acceptance and accomplishment of this task.

A recent CRCPD survey -- and I must say I didn't get 23 respondees, but I did get significant information to speak -- suggests that both Agreement and non-Agreement States are aware of the recommendations of 103. Several have considered the resource implications, the critical impacts, and obstacles of local adoption.

Many have already adopted the concept of effective dose to provide a means of demonstrating compliance with dose limitations in specific applications, such as interventional cardiology. Most understand that the adoption of ICRP #103 should result in safer programs and a safer system for workers and the public. All are apprehensive of change.

We must be diligent in understanding that science should not be the only voice in this endeavor. Changes in radiation policy and regulations must result in important and identifiable economic and social benefits.

This will not be an easy task for all of us. The membership of the Conference of Radiation Control Program Directors looks forward to assisting in this milestone undertaking. Thank you.

CHAIRMAN JACZKO: Well, thank you for those presentations. I

think they were very informative, and we will have a series of questions and comments for you all and then probably do one or, if necessary, two rounds of that from the Commission.

I think it's my turn today to begin, so I'll start.

I think -- just commenting briefly on the National Source Tracking System, I know this has been a system that's had its challenges as we've gone forward with implementation. I think the staff has done a good job in trying to reach out and hear from stakeholders and to figure out exactly how to make this system as usable as we want to make it.

I think, Shawn, you did talk about the upcoming version two release. There also, I think, have been or planned to be some maintenance releases that will fix some of the smaller issues. I think one of them is a 30-day lockdown period, was a requirement, was removed.

People were having trouble accessing the system or inadvertently got locked out. That was removed through a maintenance release. And there have been some things the staff has done to do that.

There continues to be concerns, I think, with the quality of the data, and I think that's something we'll have to continue to work with, in particular, work with licensees to ensure that that is addressed. Some of those challenges, I think, had to do with the population, initial population with the interim database data, which didn't have as good of integrity as we would have liked.

So as we work through that backlog, I think a lot of those issues will continue

to improve, and as we get the batch upload capability implemented, I think that will help, too, on the manufacturing-distributor side.

So, I see a lot of hope and a lot of lights at the end of the tunnel, I think, as we go forward, but certainly appreciate your comments and the continued dialogue, I think, is very helpful as we continue to reach out, and I like the idea of the blog, so I think that gives us a good tool to get feedback.

Along that same line, the next big technology solution, if I could say that we have coming, is in the web-based licensing, and, you know, the staff has certainly been working hard to meet the milestones that we have for implementing web-based licensing, and as we look at the challenges that we have, and, again, trying to look at these issues early, I'm wondering what kinds of things that you all see as really the greatest challenges to including ultimately your licensing information and what will be ultimately a nation -- again, a national system or licensing repository, and are there things that we should be doing now, you know, to make sure that when we get that system up and running that we've worked all those issues out?

We've addressed if there are legal implications or state legal hurdles that would prevent some of that information from being put into a system. If we would address those issues. I'm wondering if you can comment on that, if you have any suggestions about some of those issues that we might be working on right now and working to address now?

MS. SCHMITT: I have not heard any Agreement States mention legal issues as being a concern. It doesn't mean they're not out there, but we certainly

haven't heard of them.

CHAIRMAN JACZKO: Is there -- You periodically poll Agreement States? Is that something you could ask people now --

MS. SCHMITT: We absolutely can.

CHAIRMAN JACZKO: -- to see if there are legal issues that may -- because, my understanding, those things take a couple of years to get propagated through the system. So that may be something, as you do one of your next polls, might be useful, probably good feedback for us at the onset about those kinds of issues.

MS. SCHMITT: Sure. Well, we have an opportunity with the upcoming OAS meeting that we could ask the question there and just see if anyone has any -- knows of anything. The thing that strikes me about it is -- I can use a computer, but the technology challenges are what really jump out at me, and the states have a wide variety of databases, some very minimal, some very sophisticated.

What we've heard from Agreement States is they don't have the staff to enter into two systems, to keep the information updated, so to me it's the technology piece that's probably going to be the most challenging. I mean, I don't know how anyone else feels about it, but I think there's also tradeoffs, and we want to make sure that the technology piece is working very well, because there are -- before it's rolled out to everybody, because there's always the tradeoff in wanting to get things out as soon as possible with taking the time to do the acceptance testing on it and the beta testing, or whatever the term is, and so that's always the tradeoff.

MS. CARDWELL: One of the other apprehensions, to use Mike's word, that we've heard from several of the states goes back to the technology piece, and it's that we all work with our departmental IT staff, and we don't have any say over that. They do.

So, it's often a challenge to get them to understand why somebody else needs to come in and somehow connect with our databases, get through our firewall, so it's a protection and a security issue as well. So I think we're going to run into those problems internally in each of the different states.

CHAIRMAN JACZKO: Well, I certainly think -- and perhaps at the upcoming OAS meeting it may be useful if you all can gather that information and, again, the earlier we know those kinds of things, the more easily we can address them and make sure that we're able to have a system that's workable for everyone.

One of the issues I wanted to turn to, I know this has been something we've always talked about in the past, we've touched on it in various presentations, is on the status of the Agreement State programs, and certainly one of the areas we always look at, essentially the two areas we measure is adequacy and compatibility.

We have generally -- you know, compatibility often winds up resting in the implementation of amendments and changes that follow along with NRC regulatory changes, so I'm wondering if you could comment. I think as I was going through the material that we had, one of the things that stood out to me is we have a number of states that do have -- I think Kentucky and the New York State Health Department, which I think that is your --

MS. SALAME-ALFIE: That is me.

CHAIRMAN JACZKO: I know we have the three different pieces in New York, and I think the number is certainly larger for those two states, but lots of individuals have amendments that are overdue and, you know, the five, six, seven kind of range.

I don't know if there's any kind of common areas or are there common sets of amendments that are being more challenged or a common set of updates that are more challenging across the board, or is it each individual state has different regulations or different challenges in one area?

MS. SALAME-ALFIE: Yes.

MR. GILLEY: Yes.

MS. SCHMITT: Different administrative procedures. And we typically bundle. You guys will send out regulations several times a year to us that may have to be updated, and we are, at least in my state, we can only do one reg change and only one can be in the hopper at a time, and we can't do it more frequently than once a year. And so that can be some challenges for us on things, and different states are different on what their administrative procedures are.

MS. CARDWELL: It also creates a challenge because we do do things that way. We can't open up parts, as Julia explained, so that when we do them, we do bundle several of them together, because we have the three-year window to implement them.

Some that may have been due already, some that won't be coming due for a

while, but we try to bundle that for the most efficient use of our rulemaking processes. That becomes a challenge when we submit the rules here to NRC for review, because they don't track. We'll send a whole bundle that may involve several different -- what we call RATS items.

CHAIRMAN JACZKO: I'm sorry. What are they?

MS. CARDWELL: Regulatory Automated Tracking System. We call them RATS. They're RATS. So, that's a challenge, because then we have to turn around and map those, you know, individually, and it's a challenge to review them on this end as well, but there's got to be the recognition there that states are not going to be able to do rulemaking in those little piece -- we call them pieces parts, as often NRC does, we will bundle them together.

CHAIRMAN JACZKO: I guess as I understand it generally, kind of the time to get compatibility is usually about three years for any particular rule that we do. Is that not enough time to work through those kinds of challenges? Is that what you're saying, is that that time needs to be longer? Or why are we not able to get through in that three-year time period?

MS. CARDWELL: I'm not sure that that time is not enough time. Again, you're going back to individual state parameters. Some states have situations in which the rules have to go through their legislature. And that, of course, depends on how often they meet.

MS. SALAME-ALFIE: In New York, we had a big regulatory change, and not in the Materials section, but we had waited for 10 years for Part 35,

our Part 35, which finally passed, and we had to revise our Part 89, which has to do with the training and the qualifications for the radiologic technologies and nuclear medicine techs and all that, so that was a big regulatory change.

We do more than just radioactive materials. We also, as you know, you mentioned how many agencies are in New York. We're down to three now. We consolidated with the Department of Labor, but we're in the process of integrating Code Rule 38 with our Part 16, the State's sanitary code, in addition to catching up with all the other regulations that have been implemented, and we don't have staff dedicated to writing regulations, so it's a combination.

Plus, once we get it out of the Bureau, it goes to the center, the division -- Government Office of Regulatory Reform, and we had administration change a couple of times. So, it's an uphill battle. We're working on it. We're very, very close.

We had our meeting with your staff about a month or so ago, and we've made a lot of progress. We have a package moving through the system right now. There's a light at the end of the tunnel, and it's not a train coming in the wrong direction.

MS. SCHMITT: And there's more to it, too. I think you made a good point about that. They don't have staff dedicated to writing the rules, so we've been concentrating pretty hard on some of the security stuff and, you know, if you've got to pick, are you going to get your license amendments done, your inspections done? Regs sometimes do go down to the bottom of the priority list, so that may have something to do with it.

CHAIRMAN JACZKO: I think for us what goes to the priority list are updates to guidance documents. That's, for us, often the thing that gets at the bottom. Well, it certainly is an important issue and we, obviously, want to have as coherent and consistent a program nationally as we can, and so it is important for states to be able to make those upgrades.

If that three-year period or the way we've got the process set up right now is not working, then, you know, we should try and figure out a better way to have that kind of compatibility and make sure that we have folks where we want them.

I think I'll turn to Dr. Klein for his questions. Thank you.

COMMISSIONER KLEIN: Thanks. Well, I've got several specific questions, but I'll start with the generic one first. Obviously, what you do is very important, and I guess the question is -- what things could the NRC do that could improve the Agreement State process and the things that you all do? Do you have any recommendations for generic improvements?

MS. SCHMITT: I think it's -- we're grateful that we work together on the priorities that have been set up. I think that's going to help us focus on how we can work together on that.

I think the training is a critical piece of it, and the more that NRC staff and you Commissioners understand the issues that the states are dealing with, just like we're talking frankly here about different things, I think the better off we're going to be on being able to make sure that we are consistent across the board.

COMMISSIONER KLEIN: Any other comments?

MS. CARDWELL: I would just reiterate what Julia said. That prioritization really was a key, because it's going to help us focus all these other efforts we have to do in terms of achieving this balance under a newer safety culture.

To do that, that will help us, because we can say that we have jointly and collaboratively worked on that when we take those things to our management and say jointly we've prioritized these things, because it helps to then prioritize that on a state level. And then we can use our resources the best we can, while at the same time balancing the x-ray and non-ionizing portions of our programs.

So without that, that was a key critical piece, and I think if we can move forward without any support of ensuring that that state -- you can't just prioritize once and stop. That that's a continuing process is going to be enormously helpful.

COMMISSIONER KLEIN: Thanks.

MR. SEELEY: I'll also chime in on that. Understanding what the states do is a big key, because we deal with not just radioactive materials, we're now dealing with tanning, you know, low-level waste issues, where we are going to put it. radon, x-ray, mammography.

We still have an ISFSI up in Wiscasset that we have one inspector, you know, and any given time our resources may be stretched thin, you know, to go with the rulemaking, just a minor changing an "a" to a "the" in a rule requires the same six-month procedure as if it's a major rule change.

So, one of the two of us has to sit down and make those changes and start the Administrative Procedures Act, and it does, you know, take time, so the

collaboration, moving forward, understanding what we do, prioritizing what we do, and how we do it is the key to moving along.

COMMISSIONER KLEIN: Thanks.

Well, Adela, you talked about budgets, and I'm sure all the states are feeling budget challenges. Have you seen any increased businesses going out of business and leaving sources unaccounted for?

MS. SALAME-ALFIE: We haven't recently, but we had a facility whose parent company was filing for bankruptcy, so we had to move quickly and make sure that we had the right documentation for financial assurance, and we've gone through that process now. We're in good shape, but it made us really move very, very quickly.

We had dealt with bankruptcies in the past and some abandoned equipment we had to deal with, make sure we were on the list of -- what do you call it -- when they distribute the assets so we could get, you know, funding, but we haven't seen it very much in New York state, no. I believe other states might have.

MR. GILLEY: It's one of our greatest fears. Having endured those situations of the past sporadically, we're quite fearful this might be endemic of those in the future days.

COMMISSIONER KLEIN: In the case of orphan sources, if you find those, do you have resources to get rid of those?

MS. SALAME-ALFIE: No. We would be going through the Orphan Source Program, and we have participated in that. No, we cannot take possession of

some of those sources like some states can.

MS. CARDWELL: And that's something that's going to vary, again, from state to state, what Adela just said to some of the states that have dedicated funds, if you will, that are set aside permanently to take care of bankruptcy issues or abandoned sources. But those states are in the minority in terms of having those funds --

MR. GILLEY: And the permanency of those funds is fleeting.

MS. CARDWELL: Those always look very enticing to a legislature who is trying to balance a budget, and then it's just a permanent fund sitting over there for the just-in-case kind of situation, so yeah.

MS. SALAME-ALFIE: But CRCPD has been, as you know, working with DOE on the SCATR program, and that has been very helpful. I know in Florida that they rounded up a lot of sources, and actually, we're having a meeting with the DOE today to continue talking about making progress on that.

So that's been a very successful program and one we like to show the banner whenever we get a chance, so here's my chance.

COMMISSIONER KLEIN: Well, Cindy, you mentioned NSTS. Have you all looked at what it cost the states to implement NSTS?

MS. CARDWELL: We haven't. We haven't put a cost figure on it yet. Is that something that would be of help?

COMMISSIONER KLEIN: I think it would. I know that we tracked the costs of what we had, but it would be nice to know what the cost of the states to

implement such a program, and then probably for the web-based licensing as well, so that we can sort of plan for those, because I'm sure that none of those will be cost-free.

MS. CARDWELL: I think we may see more valid data, if you will, in terms of the NSTS cost, because right now the states are somewhat of a sideline player, but once now it's been implemented and we're starting the inspections, Shawn mentioned the downloading and the inventories and that sort of thing, we're going to start to see more impacts on the actual state programs in terms of the dollars spent. So we'll --

COMMISSIONER KLEIN: I think it would be good to look at that data. Speaking of cost, Julia, you mentioned training and the fact that some universities might be concerned about developing distance learning without an income stream. Any idea of what those costs might be?

MS. SCHMITT: I don't. It's so kind of early in the discussion that nobody has really attached any figures to it. I can work on that and see if we can at least get some kind of sense, but it's got to be less because we're -- I mean, you're removing a significant part of the travel piece.

COMMISSIONER KLEIN: One thing, it might be good for you to contact John Gutteridge in our program that does a lot of work with universities and see if we can't coordinate that activity, because I think that would be helpful to look at distance learning in the Health Physics area.

And then Adela, you were talking about some of the medical scans and the

doses and so forth. I guess I'll start with you, but probably for all the states, any challenges you're hearing in your states on the lack of medical isotopes and what that might be a result of?

MS. SALAME-ALFIE: Not a lot yet myself, but I'm not directly involved with the day-to-day operations in the Materials program, but I haven't heard a big outcry.

COMMISSIONER KLEIN: In other states, have you heard?

MS. SCHMITT: We are issuing the exemption that you guys did. We're actually in the process. I think it's for my review now, so it's waiting on me to come back and do that.

I think the nuclear pharmacies are also working pretty closely with their different clients so that that can be handled -- they can kind of prioritize, and I haven't heard a lot of feedback yet from licensees, but I think as time goes on we're going to be hearing more and more of it.

MR. SEELEY: As an inspector in the field doing nuclear medicine inspections, I asked a technician what the tech shortage is doing, and they just kind of roll their eyes and there's a big sigh and I know what's coming, because they're cutting back. A lot of the smaller programs are getting their doses cut, because the larger facilities are getting the bulk of the doses in order to run those necessary tests.

So, the rural areas are really getting hit hard, especially in Maine, forgetting the reduction in tests, and they have to wait longer to get those tests, so it's the tip of the iceberg, I think.

I think if I want to be an advocate for getting a reactor in the U.S., it's now, and, you know, not be so reliant on, you know, other reactors around the world that may have issues from time to time, because it's only going to get worse, I think, before it gets better, unless more reactors come online.

COMMISSIONER KLEIN: Shawn, you had mentioned IT activities, of what you're allowed to do within the IT system, and I think all of us at the NRC can relate to that since a lot of sites are blocked and we can't access information. Looking forward, both with NSTS and web-based licensing, are you all converging on solutions to IT interface issues?

MR. SEELEY: It's going to be major challenge, as Julia mentioned, just the sheer number. I know in Maine, we're still using -- one guy in my program is still using dBASE III+ for his database. He's an old-timer that doesn't want to convert over to even Approach, which we used at one point, and even into Access.

So, I think you're going to have the wide gamut of just the software programs themselves of trying to talk to each other, coupled with, you know, now the 37 Agreement States, you know, IT folks trying to agree, coupled with the federal IT folks trying to agree. You know, it's a huge challenge in the computer world.

I think we need to go out and recruit all the teenagers in the world with Facebook and texting to help us out in overcoming a lot of this. I know, as Julia mentioned, she's IT challenged. If I have a problem with my cell phone, I go to my teenagers to fix it for me, so it's going to be a challenge.

MS. CARDWELL: In terms of getting to your question, are we

working towards reconciling that, we've talked a little bit to IT staff about it personally, but without more detail, they just kind of glaze over, in terms of how they're going to have to interact, what it's going to take, the technology, what the software is going to entail.

Again, I don't know any of that stuff either, but we don't know -- I think we don't know enough to tell them yet to tell them what's coming, what are the obstacles it presents within our own particular state. So, as soon as we have some of that information, those pieces of information that can actually mean something to our IT folks in terms of, oh, what's this going to take, no, that won't get through our firewall or no, we're going to have to change out some configuration of something to make that happen -- these are all buzz words, I know, but I don't know what they mean, but if we had those pieces of information, then we can move forward on trying to get them prepared for what's coming down the pike.

COMMISSIONER KLEIN: Well, I know our NRC staff is sitting behind you, and so I'm sure they'll -- once that information is available, I'm sure they'll work with you to make sure it's compatible. Thank you.

CHAIRMAN JACZKO: Commissioner Svinicki.

COMMISSIONER SVINICKI: Thank you. I feel like there's a community of knowledgeable IT people somewhere perhaps listening in and they're all having a good laugh amongst themselves.

MS. CARDWELL: I think they're all in school right now.

COMMISSIONER SVINICKI: But I have to react to a couple of

things. The dBASE III, I thought where did I hear that recently, Shawn, and it's that the NRC Inspector General had done a review of our warehousing and inventory here at the Nuclear Regulatory Commission and they found one of the property databases was kept in dBASE III. So, I remember talking to our folks in the IG office saying, boy, I hadn't heard that term since college, so your colleague has a compatriot somewhere in the NRC property management system.

MR. SEELEY: I'll let him know when I get back.

COMMISSIONER SVINICKI: Okay. And, Cindy, I think one of the things -- You bring up a good point. I think one of the things that IT people want is at least a notional system architecture. I think that's a term I've heard them use, and once they have that, they can begin to give you some feedback on how it might work.

But I think, you know, as the Chairman has pointed out, the earlier that we can get a sense of what the issues are, so maybe what we need to be doing is as our contractor develops that notional architecture, we need to get enough information out there but not get too far along a path before we communicate it and let people take a look.

And I want to step back on NSTS for a minute and second what the Chairman said, is that there have been patches and fixes, and he mentioned the 30-day timing out, which is something we talked about at the last meeting that we had, so there is progress being made.

And the other thing that I think that I've heard acknowledged very widely is this development of this system was really -- it was a new undertaking for NRC, but

even government-wide you will find very few systems that are at this level, and I won't know the right term. I'll call it accreditation or credentialed.

The requirements on the system and the security of it are ponderous, even to me, so that Julia, as you said, we do know that there are aspects that we want to modify and fix, but I think your term was there's a tradeoff between getting it out there quickly and having a patch versus doing the beta testing or whatever -- the systems testing, that we know it's going to work well with all the other components and that we're not going to disrupt any of our accreditation and our authority to operate the system.

So, I think there's been really good efforts, and it's just going to be a difficult process as we move forward. So I want to thank you all that, in addition to your day jobs, we've talked about the fact that you all are dual hated, that you've taken on some of these really complex issues through OAS and CRCPD.

I think it's really a credit to you and those you represent here at the table that you're willing to, even in a time of all state employees I'm sure being asked to do more with less, that you continue to throw yourselves forcefully into these issues, so I appreciate it.

I did want to turn to the Safety Culture Policy Statement, Cindy. You had talked about that. And I thought you offered up one good caution, which I made a note of, which is we should always be careful, as in the NRC, about assumptions we make about legal authorities that state agencies have.

I think we can always do to be careful about that, because it is a patchwork of

different laws at the state level that grant you that, but I wondered, just looking more broadly at some of what I'll call, you know, the policies in the Policy Statement, is there any caution that you would nominate and say this is a caution that I would offer to NRC on Safety Culture Policy Statement or Safety Security Interface as they go forward in terms of Agreement States?

Is there anything that if you took it in a certain direction or you emphasized something more or less it would be -- the Agreement States would kind of throw a flag on that and say we would offer you a caution about it, or is that something that as we move forward you're just going to keep a close look at what we're doing and provide your input that way?

MS. CARDWELL: I think it's something we look at as we go forward. The big caution lately has been the jurisdictional issue. As you said, legally oftentimes it's our State Department of Homeland Security that may have that jurisdiction and we don't.

So, those are the -- that's the reason for the caution there. But we talked about it with FSME staff yesterday, that shortly we'll be getting a copy of the Safety Culture, and they would like for us to share it with our licensees, which is great because we're moving -- the reactor side, I think, is well versed in the Culture. Not so much so the materials side.

If we were to just send it out to our licensees, it would -- we might get a phone call about what does this mean, what's this all about, what do I have to do now, or more than likely, they're just going to set it aside. We need to, again, much like

we're doing with the NSTS workshop next week with the industrial radiographers, make it relevant to them. Tell them why it's important to them, tell them how it will affect them, and make it less than the 40, whatever, pages it was when it goes out. Bulleted information, targeted information to them, because then we're going to get the feedback, and then we might be able to see some of those other hurdles that we're going to have.

MS. SCHMITT: Cindy, you're facilitating a session on that at the OAS meeting?

MS. CARDWELL: Right.

MS. SCHMITT: So we should kind of hear a little bit more about what the states are thinking about that, if they've spent time thinking about it yet or if --

COMMISSIONER SVINICKI: You can certainly start to set the table for them a little bit if they're going to be getting this and an opportunity to engage, if they choose to. Again, I know their first question will be, well, do I have to do something with this, and if they don't, then it's going to be prioritized somewhere on their to-do list.

And Cindy, another thing you had mentioned is a suggestion of, again, relooking at how we achieve the safety function, and you had a very specific comment. You used as an example, which is re-examination, perhaps, of the IMPEP review criteria, and I thought that was very interesting.

Would you have any idea of when the criteria were last -- were they revisited

or revised as part of a formal process? Someone on the staff -- I'm looking behind you -- might be able to tell me that.

On the reactor side, we spend a lot of time looking at what we measure and what we assess and performance in the Reactor Oversight Process, and I had never really translated it over to the IMPEP reviews.

CHAIRMAN JACZKO: I think staff has an answer.

COMMISSIONER SVINICKI: OK, great. Mr. Lewis.

MR. LEWIS: Thank you, Commissioner, for the question. I'm Rob Lewis from the NRC staff, and our current management directive that governs the IMPEP program was last reviewed in 2004. And this is a timely discussion because we're, in fact, starting an audit, a self-assessment of our IMPEP program over the next few months that will include just that.

Are we measuring the right things now that security is a bigger focus? Do there need to be other things we need to measure? Do we need to look at IT, for example? All those questions will be on the table for the self-assessment team to give a recommendation to NRC and to OAS.

COMMISSIONER SVINICKI: Okay. Will they engage, though, in terms of that assessment, the people being assessed, meaning the Agreement States may have specific views. I don't know when it's appropriate to engage those views.

MR. LEWIS: Yes, in fact, Agreement State people will be on the assessment team, and they'll have full opportunity to engage anyone that they would like to.

COMMISSIONER SVINICKI: OK. Well --

MS. CARDWELL: We want to make sure that it's very clear in the IMPEP criteria, certainly in the times we're in right now, that there is a bubble in the IMPEP criteria that we can fit under if we're doing something differently than has been done in the past, to be able to say, OK, that's -- you're doing it differently but overall it's achieving the same result.

For instance, I can use a personal example in Texas. Years ago we instituted what we call a Remote Inspection Program. This was on the x-ray side of the house, but we had prioritized all of our categories of both licensees and registrants in terms of risk, and we came up with our own definition of that.

And our lower risk ones what we do is do a physical on-site inspection at one interval. We reduce the interval actually, but do the physical inspection and then the next interval we do one, we send them a questionnaire by mail.

And in some of those cases, they have to have a medical physicist do some dose calculations, some results for them and send them back, and then the next time we're back out there physically again. Unless, of course, they refuse to -- they don't respond to that middle one, then we're back out there again.

But that saved us travel dollars, that saved us time and effort. We were able to get staff to review -- sometimes at a lower salary level -- to review some of those -- just the reports coming back in to make sure it had all the important pieces on it.

If we were to do something like that with what we considered our lower risk materials licensees, we want to make sure that there's an opening in the IMPEP

criteria to find that acceptable, so looking at things that way.

You know, Adela mentioned earlier in her talk, several ways they've had to reprioritize, relook at how they're doing it. If we had that opening in the IMPEP criteria to be able to say we're doing it this way and it's totally different than what you've looked at before, but we think we're achieving the same goal.

COMMISSIONER SVINICKI: Yeah. And again, the concept at least strikes me as very fair. On the reactor side we spend a lot of time saying, you know, it's not the rigidity of are we measuring the right things to really get a licensee performance and what's our objective, and it strikes me as a real parallel concept to that, so I'll look forward to the interactions through the self-assessment and what comes out of that.

But you've struck a chord with me, of course, when you said, you know, if we're doing things well, we can always look at doing them better. So, that's a good principle to be guided by.

Adela, did you want to add anything to that?

MS. SALAME-ALFIE: Well, I was thinking, too, allowing us the flexibility when we have compliance facilities, maybe extend their inspection frequency a little, and we can focus on the ones that are having trouble.

We're still meeting the performance objectives, and just a little flexibility as managers sometimes, we have many balls in the air and, you know, sometimes some have to take higher priority. And I said before, we have many programs, not just materials, so we've been trying to optimize.

And in the x-ray, we have the flexibility to make some changes sometimes based on, like Cindy mentioned, we might send questionnaires. We're not doing that in New York, but we're looking at some, especially for dentists or for some other facilities.

We also have what we call CRESOs, Certified Radiation Equipment Safety Officers, that do inspections. We qualify them, credential them, and they go and do inspections on some of the s-ray equipment, so, you know, be able to have the flexibility to look at alternatives, as long as we meet the performance, and we explain during the IMPEP that this is what we do and this is why we did it.

COMMISSIONER SVINICKI: When you discussed the budget situation, you had made a comment about we have to look at getting this done with no compromise on safety, we're consolidating some inspections, and things like that. I hate to say there's any silver lining to a budget -- a grim budget situation, but sometimes you do try different methods and you realize that you really can achieve the same results. So coming out of this, you may decide that you actually found some innovative ways to do things, and I think that would be interesting for the NRC staff to feed that back in.

MS. SALAME-ALFIE: And sometimes a 20-year-old model is not the best model in these times. I mean, even we saw it with the training and the learning. The younger generation, they're more adept to distance learning and computer training and webinars. I mean, we're catching up, but we can save two weeks out of the office, you know, if they can do it in the office half a day every day

and they still are productive, as opposed to sending them away for five weeks. You know, those are things we need to start looking at.

COMMISSIONER SVINICKI: Yeah. And if I could just make one statement about training, and then I will not need a second round, but we talked about training in a lot of different contexts here. But I just wanted to remark, because I think it's so important, is that at the last meeting there was this discussion about bringing training to the communities of interest, like industrial users and other niche, and that if we could -- there's a great economy there. If there's efficiency, you can tailor it and bring the message to their level.

And so I'm excited about that, Cindy, that that's coming to pass, and I compliment both you and the staff for bringing that. I think that's going to be a tremendous leveraging of the investment there. Thank you, Mr. Chairman.

CHAIRMAN JACZKO: Well, thank you for that presentation. I would just close -- I guess one issue that I did want to comment on. Mr. Seeley, I think you indicated that if there were ever an advocate for a reactor coming online, and of course, you know we don't advocate for reactors here, and if we had conveyed any indication that that's what we were doing, that's certainly not a -- that's certainly not an impression that certainly on this side of the table that we would have wanted to have indicated.

And, you know, the medical isotope issue is a very significant issue for this country, and certainly it is an area in which from a regulatory role we have a very limited role. If anyone does come forward with a reactor proposal, we would be

reviewing that. So, it's certainly something that we don't advocate for in any way, and if we left you with that impression, then it's something I want to make sure I clarified.

The other point, and I would say this has been a very helpful meeting, I think, as always, and I think a lot of the challenges that you've talked about are ultimately inherently challenges that you face as state governments and state entities, and it's one of the challenges of the Agreement State program.

I mean, certainly we have resources here at a very different level, a different capability, and I think we're certainly, where we can, interested in helping, but in the end, ultimately those budgetary decisions are up to your state governments and they're up to your state governors and your own organizations about where you spend your resources.

We have to make sure, from our perspective, that the programs are being carried out in the right way, and that's what we do through our IMPEP program. So, I think in general we've been relatively accommodating, I think, to the realities of the various programs.

Certainly, there's one state that comes to mind right now that I do think is in a very significant economic situation, and I think you're aware of that, and so I certainly would encourage you as partner Agreement States to figure out ways that at the state level you can be of assistance to those states that are challenged.

You know, in the end there's a limit on what we can do. We can pay for training, but if states don't allow for people to travel, regardless of whether there's funding, or because they can't really afford the overtime of having that person out of

the office, there's only so much we can do to accommodate those, and then the responsibility, obviously, falls to you all to deal with that in the appropriate way.

So, I think it's been a very good discussion. I appreciate your comments, and we look forward to a meeting again soon. Thank you.

MS. SCHMITT: Thank you.

MS. SALAME-ALFIE: Thank you.

MR. GILLEY: Thank you.

(Whereupon, the meeting was adjourned.)