

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22

UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION

+++++

MEETING WITH ORGANIZATION OF AGREEMENT STATES (OAS) AND
CONFERENCE OF RADIATION CONTROL PROGRAM DIRECTORS (CRCPD)

+++++

THURSDAY

AUGUST 12, 2010

+++++

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

- NUCLEAR REGULATORY COMMISSION
- GREGORY B. JACZKO, CHAIRMAN
- KRISTINE L. SVINICKI, COMMISSIONER
- GEORGE APOSTOLAKIS, COMMISSIONER
- WILLIAM D. MAGWOOD, IV, COMMISSIONER
- WILLIAM C. OSTENDORFF, COMMISSIONER

- 1 PANEL
- 2 DAVID WALTER, OAS CHAIR-ELECT
- 3 LEE COX, OAS DIRECTOR
- 4 ADELA SALAME-ALFIE, CRCPD PAST-CHAIR
- 5 ALICE HAMILTON ROGERS, CRCPD CHAIR-ELECT
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22

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

2 CHAIRMAN JACZKO: Good morning, everyone.

3 Today the Commission meets to receive its
4 annual briefing from the representatives of the
5 Organization of Agreement States and the Conference of
6 Radiation Control Program Directors. That's as
7 complicated an acronym as I think FSME's office name.
8 We all know it just as CRCPD.

9 This annual meeting offers a good opportunity
10 for the agency and these important organizations and
11 partners to discuss how to further enhance what is, I
12 think, a very strong working relationship.

13 As our agenda today demonstrates, there are a
14 number of important issues in which the NRC and
15 Agreement States work closely together, perhaps none as
16 significant as the issues of source security.

17 It is critical that the NRC, the OAS and the
18 CRCPD continue to coordinate effectively on all the
19 issues that we have related to source security, like
20 the National Source Tracking System, web based
21 licensing, the efforts to develop a new set of
22 regulations for source security, and many other

1 important activities.

2 So I look forward to discussing these issues
3 as well as the other areas that we have on our agenda
4 today, and I look forward to a very productive meeting.

5 I would offer my colleagues on the Commission
6 an opportunity to make some remarks. Commissioner Svinicki.

7 COMMISSIONER SVINICKI: I would like to
8 welcome you all here today and thank you for
9 participating in the important work you do. Thank you.

10 COMMISSIONER OSTENDORFF: Thanks for being
11 here. You play a very important role in our family
12 of NRC Agreement States, CRCPD entitles and we're
13 looking forward to hearing what you have to say.

14 COMMISSIONER MAGWOOD: Thank you, Mr.
15 Chairman.

16 I also just wanted to provide my welcome to
17 all of you. And as I've been here the last four
18 months, I've had the opportunity to travel to several
19 sites that are being overseen by state regulators and it's been
20 a very gratifying experience. There are some very,
21 very good people doing very, very good work out there.
22 I look forward to hearing what you have to say today.

1 Thank you.

2 CHAIRMAN JACZKO: We will begin our meeting
3 today. I believe, I guess we'll start with David
4 Walter, who is the OAS chairperson-elect from the State
5 of Alabama.

6 MR. WALTER: Thank you, Mr. Chairman.

7 I appreciate it.

8 It is a pleasure to have the opportunity to
9 speak to the Commission today.

10 I am David Walter. I'm from Alabama and I am
11 the interim Chair and will become the actual Chair in
12 two weeks at the OAS meeting.

13 I am joined today by Lee Cox of North
14 Carolina, who is our director of emerging issues and
15 advocacy for the OAS

16 And you'll also be hearing from
17 representatives of the CRCPD. Adela Salame-Alfie, from
18 New York, is the past chair.

19 And Alice Rogers of Texas is the chair-elect.

20 There's often a question as to just what is
21 the difference between the OAS and the CRCPD and how do
22 they interact with and coordinate with each other. And

1 all the OAS director members are also director members
2 of the CRCPD. And much, if not most, of the states'
3 staffs that are active in the OAS are also members of
4 the CRCPD.

5 So, often the question is: What is the
6 difference?

7 Obviously, the OAS is dealing only with
8 agreement materials, byproduct radioactive material.
9 But then so does the CRCPD.

10 The conference also puts forth a substantial
11 amount of effort in areas outside of byproduct
12 material, such as machine-produced radiation. And in
13 addition, the Conference is made up of members from all
14 50 states, the District of Columbia, and the U.S.
15 territories.

16 And while the OAS only has members from the
17 37 Agreement States, so there is a considerable
18 difference in the number of people that are going to be
19 members, both groups do collaborate on areas of
20 interest regarding byproduct materials, but our focus
21 is a bit different. The CRCPD might be considered more
22 as a service organization in that they have committees

1 that produce guidance documents and suggested state
2 regulations. The suggested state regulations that do
3 pertain to byproduct material are produced in parallel
4 with NRC rules.

5 Other direct services to states include
6 comprehensive reviews of state radiation control
7 programs, accreditation of regional instrument
8 calibration laboratories, and testing of industrial
9 radiographers through the Texas industrial radiographer
10 examination.

11 The CRCPD often does have a state
12 representative on the NRC working groups. Sometimes
13 this individual also is representing both the OAS, as
14 well as the CRCPD, though
15 this could also add to the
16 confusion.

17 But although both representatives provide state
18 regulatory perspective to the working group, the
19 primary focus of the CRCPD representative is to take
20 information back to the appropriate conference
21 committee so that the product created by that committee
22 is compatible with the parallel NRC regulation.

1 And this is how the CRCPD provides leadership to the
2 states by providing products that help state programs
3 run more effectively and efficiently.

4 The OAS functions as a regulatory partner with the OAS
5 -- or with the NRC -- in the production process of a
6 rule. The OAS representative on the working group is
7 responsible for bringing discussion points and trends
8 back to the Agreement States for early and substantive
9 involvement.

10 They also bring state comments and knowledge back into
11 the working group.

12 In other words, they are the vehicle for the Agreement
13 States' partnership with the NRC, a way to bring the
14 considerable experience and knowledge of the Agreement
15 States' staffs into the rulemaking process.

16 The leadership that the OAS provides is early in the
17 process and could best be described in that term early
18 and substantive involvement in the regulatory process.

19 Taken together, both organizations are important in the
20 overall process of providing an effective and efficient
21 regulatory program.

22 The OAS provides a mechanism to take advantage of a

1 large pool of knowledgeable and experienced regulatory
2 staffs in the Agreement State programs while the CRCPD
3 provides a means of disseminating the products to the
4 states in a common format and providing guidance to
5 allow for a consistent application of these products.
6 I hope this helps clear up any confusion that might
7 arise in our two organizations.

8 And again, I'd like to thank you for the opportunity to
9 express these views to you at this time.

10 CHAIRMAN JACZKO: Thank you.

11 We'll now hear from Alice Rogers, who is the Radiation
12 Inspections Branch Manager for the Texas State
13 Department of Health.

14 And you are the CRCPD chairperson elect, so...

15 MS. ROGERS: I am, thank you.

16 Commissioners, thank you very much for
17 opportunity to meet with you today.

18 My topic for discussion is the lack of
19 disposal options for low-level radioactive waste,
20 including disused sources.

21 Simply put, the current federally-mandated
22 system for citing and using low-level radioactive waste

1 disposal facilities is not working for the licensees in
2 the majority of the states. Thirty six states are currently
3 without disposal options. This lack of disposal
4 presents a number of issues.

5 First, although the increased controls
6 measures have been very effective to support enhanced
7 security of radioactive material, the lack of final
8 secure disposal options may make it easier to obtain
9 radioactive material for an illicit purpose, such as
10 terrorism with a dirty bomb.

11 Second, with no disposal options available,
12 it's impossible to estimate cost for adequate financial
13 assurance to clean up an abandoned site. This puts
14 public monies at risk.

15 Third, planning for the cleanup phase of the
16 dirty bomb response is complicated by the lack of
17 disposal options for the contamination.

18 Fourth, the ongoing efforts to phase out the
19 use of cesium chloride is hindered in part by the lack
20 of disposal.

21 As facilities implement alternate

22

1 technologies, they will be faced with the question of:

2 What are they going to do with their cesium chloride?

3 We think it will take the federal government

4 and the states working together to solve this problem,

5 and we stand ready to be participants in that effort.

6 The states' Radiation Control Program

7 Directors are already involved in various efforts to

8 help address this problem. These include

9 participating, along with NRC staff, members of the

10 private sector and staff of other federal agencies in

11 the Federal Department of Homeland Security's Nuclear

12 Sector Coordinating Council Subgroup on Disused Source

13 Disposal.

14 Try saying that three times fast.

15 This group finalized a report last winter

16 that clearly delineates the scope of the problem and

17 lists some possible solutions. Part two of this

18 effort, which is near finalization, identifies a

19 handful of the more workable solutions.

20 In addition, CRCPD has recently tasked its

21 Environmental Committee on Low-level Radioactive Waste,

22 that's the E5 committee, to survey the state's Radiation

1 Control Program Directors regarding the issue of
2 disposal of waste contaminated by radioactive material
3 from a dirty bomb, as well as the states' perspectives
4 on blending and alternate disposal options.

5 In summary, we think the lack of a functional
6 national low-level radioactive waste disposal policy and
7 associated disposal options are a serious problem for
8 our country and we look forward to working with you all
9 and our other federal partners in solving it.

10 CHAIRMAN JACZKO: Thank you.

11 We'll now hear from Adela Salame-Alfie, who is with
12 the -- you are Assistant Director for the Division of
13 Environmental Health Investigation, New York State
14 Department of Health.

15 And you are the CRCPD past Chair.

16 MS. SALAME-ALFIE: Good morning.

17 Good morning, Commissioners.

18 And thank you very much for the opportunity
19 to update you on CRCPD's effort to track radiation
20 medical events.

21 As way of background, CRCPD has been aware
22 and interested in developing a database to track

1 radiation medical events for quite some time.

2 Some of our state programs have been tracking
3 all types of radiation events, not just medical events,
4 from a low source to a medical misadministration
5 involving machine or radioactive materials.

6 And what we found is that the majority of
7 these events occurred during the delivery of
8 machine-based therapy, specifically using linear
9 accelerators. Most common errors involve human error,
10 although there are some instances where machine error
11 resulted in the medical event.

12 Though the majority of events reported have
13 not resulted in clinical consequences, most of these
14 errors were preventable and the first step to prevent
15 these errors is to identify them.

16 Linear accelerators, as well as other forms
17 of machine-based radiation delivery systems, are
18 regulated by the State Radiation Control Programs.

19 Last year CRCPD formed a committee to look
20 specifically at machine-based radiation medical events.

21 The committee is charged with overseeing the development
22 and maintenance of a national database of radiation

1 medical events, developing a definition of reportable
2 radiation medical events from radiation-producing
3 machines, developing a format and mechanism for
4 reporting radiation medical events, reviewing submitted
5 reports for completeness and accuracy and establishing
6 a mechanism for referring information to CRCPD subject
7 matter experts to determine the need for timely
8 notices.

9 And the last task of this committee is
10 establishing a mechanism for preparing an annual
11 summary and an article for our news brief.

12 The committee includes members from states
13 that are currently actively tracking medical events and
14 include resource individuals from FDA and NRC.
15 It also has representatives from the professional
16 organizations, ASTRO, AAPM, ACR.

17 Having such a partnership will allow us to
18 bring together the expertise from the State inspectors,
19 the physicists and the clinicians to fully evaluate the
20 information collected and be able to prepare a report
21 that shows strength, root causes and possible
22 corrective measures.

1 CRCPD has the ability and the interest in
2 spearheading this national effort to track radiation
3 medical events. State radiation programs have the
4 authority to inspect the regulated facilities and
5 require reporting. Several states already require the
6 reporting.

7 Our partnership with NRC and FDA, as well as
8 our collaboration with the professional societies,
9 brings together the regulators and the regulated
10 community with the same objective in mind.

11 The committee is currently working on the
12 definition of a medical event and on the taxonomy of
13 the database. They recently sent a survey to all
14 radiation control directors requesting information on
15 the types and numbers of events reported in their
16 states and the availability of the information reported
17 to the state by website or other forms.

18 They are in the process of compiling and
19 summarizing that information.

20 The current charges for the committee don't
21 include tracking events involving radioactive
22 materials, since those are tracked using INMED.

1 But we anticipate that it will be a natural progression
2 to have just one national database that tracks all
3 radiation medical events regardless of the source of
4 radiation.

5 As we progress in the development of the
6 database, we welcome the opportunity to work with NRC
7 towards an effort to have a single national database.

8 Provided some funding is available, CRCPD is
9 able to compile, house and protect the data, oversee
10 the release of information notices and work with
11 our federal partners and the professional societies and
12 organizations to analyze and develop prevention
13 strategies and training opportunities.

14 Again, thank you very much for the
15 opportunity to talk to you about our activities and
16 I'll be glad to answer any questions you might have on
17 this subject. Thank you.

18 CHAIRMAN JACZKO: Thank you.

19 We will now turn to Ms. Rogers again to talk
20 about the current and future NRC security initiatives and
21 its impact on states.

22 MS. ROGERS: Sir, thank you.

1 Our Chairman was unable to get travel
2 approval from his state to attend today, so I'm
3 presenting this for him.

4 After the tragic events of 9/11/2001 and
5 later the passing of the Energy Policy Act, the need
6 for increased security of radioactive materials to
7 prevent theft and subsequent malicious acts was
8 highlighted for all of us. Consequently, the states
9 and NRC worked together to craft the increased controls
10 orders.

11 Through that process, the CRCPD and the OAS
12 devoted working group members who worked with the NRC
13 staff, which included NRC Agreement States program
14 staff, NSIR staff and the Office of General Counsel
15 Staff to develop requirements in the orders that would
16 provide good assurance that radioactive material is
17 secure throughout the nation while balancing the
18 requirements necessary to assure this good security
19 with the resources that were available at the radiation
20 control programs and also at the regulated industries.

21 In that process, we thoroughly vetted if and
22 how such factors as criminal background histories,

1 educational history, personal references and credit
2 scores would be best used to evaluate a person's
3 trustworthiness and reliability to allow them unescorted
4 access to radioactive materials so that they can
5 perform their necessary job functions to provide health
6 care and further industry in our nation.

7 The states also assisted NRC in conducting
8 workshops throughout the nation so that the affected
9 licensees could better understand their requirements.
10 And further, some states, including my own, conducted
11 their own informal workshops to assist our licensees
12 within our states in implementation of the orders.

13 Now the orders have been issued and the first
14 and in many cases the second round of inspections have
15 been performed. The licensees are, for the most part,
16 compliant with the requirements and based on the data
17 we've collected, it appears the requirements of the
18 order are indeed providing increased security of
19 radioactive materials.

20 Since NRC regulates primarily by rule and not
21 by order, the effort to codify the requirements of the
22 order's inter-rule is underway. This is where our

1 concerns begin.

2 The NRC began a working group to effect
3 this codification. Although there was state
4 involvement in the rulemaking working group, the
5 states' concerns appear to have gone, for the most
6 part, unheard.

7 The scope of the proposed Part 37 includes
8 provisions which exceed those in the original orders.
9 The states commented to NRC on this as a working group
10 drafted the rule and later when a near final draft was
11 sent to the Agreement State Program Directors. The
12 result is a proposal in the Federal Register which will
13 garner many, many comments.

14 A short list of the items that go beyond the
15 scope of the orders and that are of concern for many of
16 the states is:

17 First, for each of the items to be reviewed
18 in determining a person's trustworthy and reliability,
19 there are no criteria stated in the rule to be used for
20 that evaluation. Without that criteria that is
21 expected to be applied nationwide, there will not be
22 consistency in these evaluations.

1 Second, the requirement for NRC or the
2 Agreement States to perform the background check on our
3 facility's reviewing official, many states do not have
4 the legal authority to adjudicate a radioactive
5 material licensee's criminal background. This is a
6 function better suited to the industry, as is the
7 current requirement in the orders.

8 Third, the states, through the powers
9 conveyed to them by the agreements, between the NRC and
10 their governor, do not have authority to regulate local
11 law enforcement agencies, yet the proposed rules, if
12 adopted, will require actions of local law enforcement
13 agencies. In particular, the proposed rule requires a
14 local law enforcement agency to notify a licensee if
15 the local law enforcement agency's ability to respond
16 becomes degraded. This proposed requirement is
17 unenforceable under radiation control laws. Local law
18 enforcement agencies are not radioactive materials
19 licensees.

20 These are just a few of the items in the
21 proposed rule that are concerning to the Agreement
22 States. You will see a full listing with more

1 developed arguments in the comments of the states and
2 CRCPD and the OAS will be submitting during the
3 official comment period.

4 I bring them up to highlight that the states,
5 in the belief we are partners in radioactive material
6 regulation with the NRC, spent countless man-hours
7 working with the NRC to develop practical, workable and
8 effective requirements to secure radioactive material.

9 As published in the proposed rules, the
10 requirements NRC is looking at go beyond the
11 requirements of the earlier orders and impose
12 additional burdens on states and the licensees.

13 The value added for security and safety from
14 these additional burdens doesn't seem justified in
15 light of the fact that the requirements and the orders
16 have been protective.

17 And we're happy to answer questions on this
18 issue.

19 CHAIRMAN JACZKO: Thank you.

20 I'll now turn to Lee Cox, who is the chief
21 radiation -- the Radiation Protection Division at the
22 Department of Environmental and Natural Resources of

1 the State of North Carolina, and the current OAS
2 director.

3 MR. COX: Good morning, Mr. Chairman,
4 Commissioners, counsel and secretary.

5 Thank you for having me today and giving me
6 the opportunity to address you this morning.

7 I'm replacing Sean Sealy from Maine. I'll
8 do the best I can with my North Carolina accent,
9 so you may have to calibrate your hearing this morning.
10 So bear with me.

11 The recent oil spill catastrophe and massive
12 Toyota recall have emphasized the importance of safety
13 culture in industry. And where that culture is
14 lacking, that void magnifies the impact of the highly
15 improbable. Even prior to these events, the NRC
16 recognized the importance of a strong safety culture
17 and began developing with industry and Agreement States
18 a new policy statement.

19 This morning, I would like to present the
20 Agreement State perspective with regard to the proposed
21 policy while focusing on the following areas:

22 First, reasonable assurance of adequate

1 safety, not absolute assurance of perfect safety.

2 Second, existing risk informed safety
3 culture.

4 Three, support of a policy in lieu of a
5 formal regulation.

6 Four, Agreement State efforts on informing
7 licensees.

8 Five, no one material or use of material to
9 be the preeminent thought in the policy statement.

10 And, six, measurable expectations in the
11 existing IMPEP process.

12 The Agreement States recognize the vital role
13 that a positive safety culture plays in everyday use of
14 radioactive materials. It is a culture that integrates
15 safety, security, and control in its effort to protect
16 public health and safety in the environment.

17 It is important to recognize that
18 implementation of such a culture is imperative for
19 success, but does not guarantee it.

20 Past Commissioner McGaffigan's statement of
21 security is still relevant when we discuss safety
22 culture. He stated that the Commission's mandate was

1 to provide reasonable assurance of adequate protection,
2 but not absolute assurance of perfect protection.

3 Bill Webster from INPO best describes safety
4 culture as always a work in progress. It's a
5 never-ending effort, and efforts have to be a priority
6 of leadership and prevalent throughout an organization.

7 Agreement States have evolved into the
8 current safety culture of vetting policies and
9 procedures, facilities, material devices and even
10 individuals. The inspection process confirms and
11 verifies compliance of commitments, orders and
12 requirements, we think INMED, NSTS, SS&D registration
13 and the increased security controls are all valuable
14 components of this existing safety culture.

15 With the strong foundation of safety culture,
16 the Agreement States look forward to enhancing their
17 programs, but do not believe there is a need for a huge
18 shift in the safety pendulum.

19 The Agreement States also believe that the
20 proposed policy should be risk-informed.

21 Expectations of nuclear power industry may be
22 different than those of nuclear medicine and other

1 industries regulated.

2 While the overall safety culture for nuclear
3 reactors is to maintain the integrity of the core for
4 most other material licensees, it is to maintain
5 individual exposures, ALARA, and secure and control
6 material. Differing expectations should be identified
7 and sub-tier language of traits and characteristics in
8 a clear and concise policy.

9 All Agreement States are very encouraged and
10 support the development of the safety culture policy
11 statement in lieu of formal regulation.

12 You don't have to look very far to find
13 a state with looming budget deficits. The
14 creation of this policy as a regulation would further
15 strain already suffering state resources.

16 You've heard that, I think, consistently up
17 and down the table this morning.

18 The Agreement States applaud the NRC efforts
19 in obtaining stakeholder input on this policy
20 statement.

21 The Agreement States also took a lead role as
22 co-regulators in informing its licensees. Thirty five

1 states shared and continue to share information with
2 their licensees about the policy via the web, e-mails,
3 information notices, letters, phone, inspections and
4 conferences.

5 I personally presented the concept during our
6 Spring Health Physics Society meeting, and two weeks
7 ago during our radiation protection commission meeting
8 where it was very well received.

9 I will again present it at our September
10 Health Physics Society meeting. And here in D.C. on
11 September 28th there will be a meeting of safety
12 culture and a lot of the states are participating.

13 Some of those that have shown support are
14 California, Nevada and Utah, and they will be
15 participating along with some of their licensees.

16 So the word is out there and we really
17 appreciate you allowing us to participate in this
18 effort.

19 The Agreement States feel that a single
20 safety culture definition applicable to all licensees
21 is desirable. While this was the workshop consensus,
22 both the workshop definition and the FRN used the term

1 "nuclear." The FRN uses a footnote to inform that
2 nuclear safety and security is synonymous with all
3 things regulated by the NRC.

4 The need for a footnote defining nuclear
5 suggests it may not be clear nor intuitive to all.
6 The states strongly believe that no one material or
7 material use should be the preeminent thought in the
8 definition or policy statement.

9 Maybe a more general term, radiation safety
10 culture, reaches across all NRC and Agreement State
11 boundaries.

12 Agreement States are also responsible for
13 other sources of radiation such as CT and X-ray.
14 The difference among the varying types of licensees
15 could still be best highlighted in the safety culture
16 trade characteristics and sub-tier language.

17 The last point I would like to discuss is
18 measurable expectations. The current Agreement State
19 inspection process captures and measures safety culture
20 in its current evolution.

21 The Agreement States also believe that the
22 current IMPEP adequately measures the Agreement States'

1 evaluation of its licensee safety culture performance
2 as well as the safety culture within the Agreement
3 State program.

4 If one looks close enough at the current
5 IMPEP process, they will discover it already includes
6 expectations with regard to the workshop's proposed
7 eight high-level trade characteristics and categories.

8 In closing, the Agreement States place their
9 support for this policy statement, they feel it
10 enhances the safety culture that already exists within
11 the state programs and its regulated community without
12 further burdening resources.

13 We want to thank you this morning for the
14 opportunity to actively participate and work alongside
15 the Commission with this policy and any other project
16 that may come up in the future.

17 Be glad to answer any questions. Thank you.

18 CHAIRMAN JACZKO: And finally we'll turn
19 back to Mr. Walter, who will talk about balancing NRC
20 priorities with state programmatic needs and budgetary
21 constraints.

22 Mr. Walter.

1 MR. WALTER: Thank you again, Chairman
2 Jaczko, and all the Commissioners for allowing me to
3 have the opportunity to speak to you on behalf of the
4 Agreement States.

5 We're pleased to be partners with the NRC in
6 regulating the safe use of byproduct radioactive
7 materials in the United States. And we've worked side
8 by side with NRC staff on many working groups during
9 the past year and look forward to working with you in
10 future endeavors such as the upcoming review of Part
11 35.

12 Because the Agreement States regulate over
13 85% of the byproduct radioactive material licensees in
14 the country, we feel a strong responsibility to be
15 closely involved in the regulatory process and will
16 continue to provide knowledgeable, experienced members
17 to work with the staff on future projects.

18 I have the honor of talking to you about
19 states' programmatic needs and budgetary problems.
20 Some people might not consider it an honor. It is a
21 hard -- it's very hard to find any organization that's
22 not having funding problems in this current economy.

1 Even when the economy is strong, funding can be a
2 problem for some state programs.

3 Most of our programs are also responsible for
4 the regulation of all ionizing radiation, also some
5 have non-ionizing radiation included in their programs.
6 So we have to consider naturally-occurring radioactive
7 material and X-ray uses as well as byproduct material.
8 This broad regulatory range presents us with some
9 unique and sometimes difficult situations.

10 I'd like to point out that for the past five
11 to ten years, we, both the states and the NRC, have
12 experienced the retirement of many highly qualified
13 individuals from our programs. These losses add up to
14 hundreds of years of experience in licensing,
15 enforcement, incident response and program management.

16 To assure that we're able to carry out our
17 mission to protect the radiation health and safety of
18 the occupational worker, the public and the
19 environment, it's imperative that we maintain staff
20 that is properly trained.

21 The NRC's continued financial support for the
22 training of Agreement States staff is an immense help

1 and is greatly appreciated. Without this funding, many
2 states could not afford to offer their new staff the
3 necessary training and we hope that you'll continue to
4 support the Agreement State programs and the public
5 that we serve in this way.

6 I'd like to turn your attention to the NCRP
7 report number 160 and the average annual U.S.
8 population exposure. From the early 1980's, and the
9 NCRP report number 93 to this report, a member of the
10 U.S. population has seen an average increase in annual
11 radiation exposure of about 260 millirem.
12 Virtually all of this increase is from the medical use
13 of ionizing radiation, which now comprises some 48% of
14 the total annual average exposure.

15 And while 25% of the medical exposure comes
16 from nuclear medicine studies, 75% of it comes from
17 x-rays, specifically CT and interventional fluoroscopy.

18 It is apparent that these data must be
19 considered by a state as they work towards meeting
20 their law bound objectives and determine where their
21 funds are to be used.

22 It is vitally important that we all use our

1 scarce monetary resources in an effective manner.
2 That is a given. And the OAS requested that member
3 states inform us of the costs that they've incurred to
4 implement things such as the National Source Track
5 System.

6 Specifically on the NSTS, of those responses
7 we have received to date, implementation of the program
8 has averaged around 515 hours per state program.
9 This includes staff training and the credentialing
10 time.

11 Reported actual costs to each program vary
12 widely because of the average hourly wage differences.
13 But prioritization of additional security-related
14 activities should be performed through close
15 collaborative efforts between the NRC and the Agreement
16 States.

17 This process will allow substantive
18 discussions that match any needs of additional security
19 with our ability to produce and regulate effective
20 programs while minimizing the effect on our overall
21 radiation safety program objectives.

22 As stated at this meeting two years ago by

1 then OAS chair, Cindy Cardwell, by jointly establishing
2 our security-related priorities we should be able to
3 account for our individual legal and jurisdictional
4 roles and develop a path forward that represents the
5 most effective sharing of responsibilities and
6 resources.

7 At this point in time, minimization of
8 unfunded mandates to the states is a high financial
9 priority. The prioritization process should help
10 minimize such occurrences and result in the ability of
11 the states to work even closer with the NRC to
12 accomplish the stated goals in the least amount of
13 time.

14 As we all work through these tough economic
15 times, we look to a much brighter future and the OAS
16 stands ready to assist our partners at the NRC in any
17 way that we possibly can.

18 I'd like to thank you.

19 CHAIRMAN JACZKO: Thank you.

20 Appreciate all of your presentations.

21 We'll start with questions with Commissioner
22 Apostolakis.

1 COMMISSIONER APOSTOLAKIS: Thank you, Mr.
2 Chairman. I appreciate your coming here and making
3 these interesting presentations.

4 I have a couple of questions that came up in
5 my mind as you were speaking. Let's start with
6 Mr. Walter.

7 At the beginning you explained to us what the
8 differences are between the OAS and the CRCPD. Let me
9 ask a question a different way.

10 What would be the down side if the two
11 organizations merged?

12 MR. WALTER: I think the best way to look at
13 it would be the mission statements, which are slightly
14 different.

15 The OAS is I think more involved with the NRC
16 on a day-to-day basis, specifically with the byproduct
17 material and trying to assure that we can help make
18 sure that the working groups have the knowledge and
19 experience of the states available to bring in
20 information and to disseminate information from the
21 working groups back out to the states to again take
22 advantage of that.

1 The Conference -- and I'll defer to the
2 Conference members here, as far as that's concerned.
3 But the Conference, its main priority has been in the
4 past is to provide operable help in the way of guidance
5 and suggested, say, regulations to the states to help
6 disseminate the information that comes out of these
7 working groups more so than the work in the working
8 groups itself.

9 While both of them can be involved, very
10 often you don't have enough state people to be
11 involved, more than one at a time in working groups.
12 So one person may involve themselves as both the OAS
13 and the CRCPD representative.

14 When they are going back to get more
15 information, they are going through the OAS to get that
16 information and they're giving information to the
17 CRCPD's specific committee that is set up for the
18 parallel rulemaking as it comes to an end.

19 MS. SALME-ALFIE: Our focus in CRCPD is
20 broader than byproduct material. As you heard from my
21 presentation, I really stayed away from the radioactive
22 materials.

1 In CRCPD, its format is more consistent with
2 the overall radiation programs for all the state
3 programs. We don't just focus on radioactive
4 materials. We try to have a consistent approach across
5 the country.

6 When we started out, there weren't 37
7 Agreement States. It's been growing. So we had to
8 serve the larger community in a variety of issues, from
9 healing arts to environmental.

10 We have a very active radium group,
11 contaminated site group. Healing arts committee is
12 one of our busiest right now with all the medical
13 events. We've been very involved and work with FDA.
14 So some of the mission is slightly different.
15 I believe we complement each other.

16 OAS, by their definitions, so to speak, it
17 can be more focused in the regulatory effort and
18 compatibility with the byproduct issues. And they
19 provide that to our members as well.

20 It's a complementary. I don't think we
21 contradict each other. We share comments many times.
22 like David said, we have members that participate in

1 working groups, sometimes representing both.

2 For example, with the proposed changes to the
3 dose limits from ICRP, if you look at it strictly from
4 the radioactive materials point of view, you might have
5 one answer but the majority of our healing arts
6 issues, they would not be taking into account, that's
7 where you see the higher doses right now.

8 I hope I didn't confuse the issue more that
9 way.

10 COMMISSIONER APOSTOLAKIS: No. I have a
11 question for you: You mentioned, and maybe I
12 misunderstood, you're in the process of creating a
13 database for medical events or you already have it?

14 MS. SALAME-ALFIE: Some states have
15 databases. New York has a database tracking all
16 events, including medical events. There are other
17 state programs that are tracking events.

18 So what the committee is looking at what's available,
19 what will be the framework.

20 We have members from NRC and FDA in our
21 committee, we have the associations trying to come up
22 with what will be the best way, what information will

1 be the most relevant for the databases.

2 COMMISSIONER APOSTOLAKIS: You didn't say
3 anything about the difficulties of creating such a
4 database. For example, does everyone agree as to what
5 a medical event is? And is there willingness on the
6 part of hospitals, for example, to report accurately
7 what is happening? And there are also other
8 considerations, like the threat of lawsuits and so on.

9 Can you address the issue of difficulties a
10 little bit?

11 MS. SALAME-ALFIE: I will try.

12 That is one of the main tasks right now. The
13 Committee is trying to come to terms with what will be
14 the definition of a medical event.

15 We come from a variety of perspectives.

16 Different states have different authorities.

17 I can speak from the experience in New York.

18 We have an active database. We've been collecting data
19 electronically since 2000. We have validated our data.

20 We have the expertise of medical physicists
21 on our staff and a couple of people with clinical
22 background. So we're able to review the data.

1 We share that with CRCPD.

2 And other states, Pennsylvania, Florida, have
3 other databases. So we're looking at what's available.

4 We had a meeting with FDA yesterday. We
5 talked about this database.

6 The actual database I don't believe is that
7 difficult. It's just agreeing on what it is we're
8 going to track, what information is going to be
9 relevant, what information is worth collecting, and
10 what information we're collecting right now that may
11 not add anything to what we're trying to determine. So
12 we're starting.

13 COMMISSIONER APOSTOLAKIS: Or what
14 information is actually volunteered.

15 MS. SALME-ALFIE: We have regulatory
16 authority. In New York, facilities are required to
17 report medical events. And it's not just radioactive
18 materials.

19 Our analysis of the data shows that the
20 majority of the events were not in the materials side,
21 they were on the therapy side, with the linear accelerators.

22 You can't really determine what your problems

1 are unless you look at the data. So we believe by
2 looking at the data across the country, we'll be able
3 to do trend analysis and look at possible
4 interventions.

5 The Committee is also right now conducting a
6 survey that's due in a couple of weeks asking all the
7 states: Do you collect the data? Do you have
8 regulatory authority? Do you have a database? You
9 know, trying to get the baseline.

10 Some states are ahead more than others. But
11 we're trying to figure out where we stand so we can
12 move forward.

13 COMMISSIONER APOSTOLAKIS: Is there any
14 effort to protect the source of the data?

15 MS. SALAME-ALFIE: From my experience in
16 New York, we protect the data. We don't release data
17 other than in an aggregate form. We do not disclose a
18 facility name.

19 We internally, of course, know what the
20 facility is because we look at the root cause analysis
21 and we do follow up, but that -- we do not disclose a
22 specific.

1 And my personal opinion is that has helped
2 get the data because the facilities don't have to worry
3 about us putting their name in the newspaper.

4 COMMISSIONER APOSTOLAKIS: Thank you very
5 much.

6 Mr. Cox, you mentioned two terms that are
7 very close to me in my heart. Safety culture and risk
8 informing things.

9 I think as general principle, it's a good
10 idea to have a risk informed system and a good safety
11 culture, although we would be hard pressed to define a
12 good safety culture.

13 Given that we have 37 Agreement States
14 geographically dispersed and so on, the practical issue
15 in my mind at least is how does one educate people to
16 try to establish a safety culture, I mean diverse
17 groups of people in the north, in the south, east, west?

18 Have you given any thought to that?
19 Can you help the Commission a little bit with that?

20 MR. COX: I think we've been doing that for
21 years, since the inception of the Agreement State
22 program. I think that safety culture didn't just

1 happen, Marty Virgilio brought it up two years ago at an OAS
2 meeting.

3 COMMISSIONER APOSTOLAKIS: You're taking
4 away the credit from Marty?

5 MR. COX: I did a little --

6 CHAIRMAN JACZKO: He's not here.

7 MR. COX: I did some background research on
8 you and know that you're very good in --

9 COMMISSIONER APOSTOLAKIS: On me
10 personally?

11 MR. COX: On you, personally, and I know
12 you're very well-informed on risk-based.

13 So I didn't use that term, I went risk-informed. There
14 might be some subtle differences.

15 COMMISSIONER APOSTOLAKIS. Risk based will get you into trouble.

16 MR. COX: I think that we have been training our licensees, as has the
17 Nuclear Regulatory Commission, at least in North Carolina, since the signing of our
18 agreement in 1964. Training through inspections,
19 entrance meetings with leaders, exit meetings with
20 leaders and investigations, inspections. That's where
21 the training process takes place.

22 COMMISSIONER APOSTOLAKIS: The way I

1 understand it, in a risk informed system, you focus
2 regulatory attention on what is really significant to
3 risk. For reactors, we know how to do that.

4 It's not clear to me how we would do it for
5 the variety of issues that involve medical applications
6 or radioisotopes and so on.

7 Do we have the infrastructure to do that or
8 shall we rely, say, on some experts to say, gee,
9 Ms. Salame-Alfie said there were many, many human
10 errors but harm was minimum?

11 MS. SALAME-ALFIE: There were a few.

12 COMMISSIONER APOSTOLAKIS: A few. A few.

13 Okay. So shall we use information like this
14 and combine with some expert opinion to say in this
15 particular process, these are the important things from
16 the risk perspective?

17 Do we have the infrastructure to do that?

18 That's what worries me a little bit.

19 MR. COX: I think we do, and I think the NRC
20 does.

21 We learned yesterday that the NRC may go back
22 and look at inspection frequencies. That's done on a

1 risk-informed type decision. And I think the IMPEP
2 captures through inspection frequencies.

3 They've looked at risk-based, risk-informed
4 issues and made decisions based on that, based on the
5 material, based on the quantity of material, based on
6 the material use. And the increased controls, security
7 controls are a good example of that.

8 I think we do have the resources to do that
9 in partnering with the NRC and look forward to going
10 forward and helping in that process. And we discussed
11 it yesterday going back and looking at inspection
12 frequencies.

13 CHAIRMAN JACZKO: Mr. Magwood.

14 COMMISSIONER MAGWOOD: Thank you, Chairman.

15 I would like to follow up a little bit on my
16 colleague's questions about medical events. I notice
17 you were about the leap into this part of the
18 conversation.

19 The definition of medical events is something
20 that's been discussed on this Commission clearly more
21 than materials, byproduct material, than even the
22 machine venue.

1 I'm curious to -- if you give some insights
2 as to the kinds of conversations on the definition of
3 medical events that's happened in your committees and
4 how those conversations might inform some of the
5 decisions that we have coming up?

6 MS. SALAME-ALFIE: I was not a part of that
7 committee meeting, but I can tell you that some of the
8 things that we see that are very clear to me,
9 regardless of the source, could be wrong patient, wrong
10 body part, unintended tissue being irradiated. That
11 should not happen. That's certainly preventable.

12 Sometimes there are errors with the
13 equipment, there are errors with the communication
14 software compatibility that are more subtle and that
15 are going to be more specific.

16 But there are some basic parameters,
17 exceeding dose by a certain percentage, not
18 administering the right prescription, communication
19 error between the physician and the therapist, lack of
20 policy and procedures, lack of quality assurance.

21 Those are some things that we look at what
22 could be causing these errors.

1 We plan to -- I said we have somebody from
2 NRC engaged in our committee. We plan to have those
3 discussions. We're looking right now at the taxonomy.

4 I'm not sure exactly where the committee is.
5 They had a meeting a couple of weeks ago, but I'm not a
6 committee member, I'm an advisor. And I was trying to
7 present the big picture.

8 But I'll be glad to get back to you and the
9 rest of the Commissioners where we stand and where we
10 are with our definitions.

11 I believe we should do this in partnership.
12 We're looking at the same problem.

13 COMMISSIONER MAGWOOD: Appreciate that.
14 Appreciate anything you provide to us.

15 Just in recognizing that you haven't been
16 intimately involved in all the conversations, but one
17 aspect in the medical events discussion that's been
18 quite interesting for us has been the fact that it
19 prevents -- there is a bit of a balance between
20 regulatory approach to looking at these issues and the
21 way that the physicians look at these issues.
22 And the internal struggle, the balance, the interests

1 there is something that we found rather complex.

2 Just curious if you have any views about that
3 as well?

4 MS. SALAME-ALFIE: I can give you my
5 personal perspective.

6 Some of the things that we are concerned
7 from a regulatory standpoint is did something go wrong?
8 Did they fail to meet regulations?

9 But as far as telling a doctor that it's okay
10 to prescribe a certain procedure or a certain dose is
11 way above and beyond our scope. However, we can
12 educate. And we've engaged in a campaign to educate
13 the physicians through the associations and some of our
14 health departments into the appropriate use of certain
15 procedures, lowering doses.

16 We issue a tri-fold, the CRCPD talking about
17 ranges for CT exams, what would be appropriate.

18 You know, I personally believe education is
19 one of our best tools. Sometimes physicians don't
20 realize that they're administering a very large dose
21 and interventional floral, you know, they put pedal to
22 the metal. Sometimes just some awareness, have some

1 buzzer, have some ways of knowing that you're exceeding
2 a limit, you're exceeding a rate.

3 So I think we can work with the physicians.
4 Physicians don't like to be told what to do or how to
5 do it, we're not into the practice of medicine, but I
6 think even then we can try to effect some change.

7 COMMISSIONER MAGWOOD: Appreciate that.
8 Thank you very much.

9 Ms. Rogers, you talked about the low level
10 waste issue and it's a subject that's been
11 discussed a lot lately, probably will be discussed even
12 more as we go forward.

13 You rightly pointed out that the system has
14 been challenged, that we hadn't exactly fulfilled the
15 vision of the Low-level Waste Policy Act. And
16 you've pointed out some of the difficulties that arise
17 from that.

18 However, you didn't really suggest a path
19 forward and looking for the wisdom from the states.
20 When the states get into these conversations about
21 the -- when the states have conversations about the
22 state of things with the low-level waste policy,

1 the availability of sites and the issues that you
2 mentioned, what do -- what do state representatives,
3 what do they like to see? Would they like to see
4 federal action? What would they like to see happen?

5 MS. ROGERS: Well, we often comment among
6 ourselves that the Agreement States don't agree.
7 And this is a great example of actually probably none
8 of the states agree, with the exception that we do
9 believe it is broken and we do want to help fix it.

10 The compact system has been in existence
11 since the early '80s. And it's been a long time, a lot
12 of money, a lot of staff hours and we don't have very
13 many new sites on the horizon. So we need to
14 acknowledge there is a problem, we need to acknowledge
15 that there is a need and go forward from there.

16 COMMISSIONER MAGWOOD: Do the states, from a
17 regulatory standpoint -- of course the State of Texas
18 does have a site that's being considered for a wider
19 role, but do the states feel they're well equipped to
20 have a conversation about the path forward on low-level waste or do they
21 feel that federal action is necessary?

22 MS. ROGERS: I think we're always equipped to

1 have a conversation. It may take federal action

2 because of the confines of the compact law.

3 COMMISSIONER MAGWOOD: Thank you.

4 Any other -- since you represent different

5 states, any other perspectives on low-level waste before I

6 move on?

7 I wanted to have a discussion about security.

8 Back to Ms. Rogers. One of the security --

9 security obviously has changed -- the security

10 framework has changed a lot since 2001, obviously.

11 And as I've visited facilities -- in fact,

12 the State of Texas I visited this week, as a matter of

13 fact, visited an irradiation facility. And was talking

14 about -- with the staff there about improvements and

15 changes they had to make over the last several years.

16 And, obviously, there's been a lot of expenses going

17 into this and NRC has the predominant role in security.

18 But from your perspective, how has the

19 security framework impacted your activities? And what

20 perhaps can we do to make things easier?

21 MS. ROGERS: Well, Texas has 228 licensees

22 that increased controls are applicable to and about

1 half of those are radiography companies.

2 Radiography companies provide a unique
3 challenge to this situation because they're out in the
4 field working.

5 It has increased our workload significantly. It
6 has changed the way we do inspections. It hasn't
7 changed the frequency after that first set of
8 inspections, but it has changed what we're looking at
9 and how they look at it.

10 The first set of inspections, a majority of
11 our facilities were not very compliant, didn't
12 understand. Just, frankly, didn't get it. We helped
13 them through learning how to perform better.

14 Our second set of inspections shows a much
15 improved situation out there.

16 As far as the new rules are concerned, the
17 proposed rules, they're not new yet, we just feel that
18 they go way beyond, in some instances beyond what the
19 orders had and we're just not seeing the benefit of
20 those add-ons at a time when the states are broke. And
21 we've got hiring freezes. We've got furloughs. We've
22 got legislative mandates to reduce our budgets by 10%

1 and 20% and more percent.

2 So if we need to do something, we'll do it.

3 But if it's just a nice to have, perhaps we should put

4 it aside for awhile.

5 COMMISSIONER MAGWOOD: I think that's a
6 valuable perspective to have. I guess we can consider
7 risk informing some of these initiatives.

8 Final question: I appreciate your comment
9 about the fact that the states don't have complete
10 control over local law enforcement, but I imagine the
11 states do have a lot of interaction with local law
12 enforcement on these issues.

13 Are there training programs that the states
14 are putting in place? And how are you working with the
15 local law enforcement?

16 MS. ROGERS: Since 9/11, there are a number
17 of funding sources that have come available to help
18 provide equipment to local law enforcement and first
19 responders and to provide training to them as well.

20 But for our perspective, if a facility, and
21 in particular, we're concerned about industrial
22 radiography, who move around a lot.

1 If there is an issue and they call 911, the
2 appropriate local responder will respond.

3 One of the things in this proposed rule is
4 that the companies will need to notify local law
5 enforcement when they go into their area. Well, it's
6 hard to tell who's in charge. Is it the county? Is it
7 the city? Is it the little, tiny town?

8 Even the fixed facilities have had issues
9 trying to figure out whose jurisdiction they're really
10 under for first response.

11 Again, a call to 911 will get you who you
12 need. You may not need to spend all of that time,
13 and the law enforcement folks' time working it out.

14 COMMISSIONER MAGWOOD: But does it still play
15 a role in helping work out those difficulties or is
16 that something that local --

17 MS. ROGERS: We do to some extent. My
18 agency actually provides radiological emergency
19 training to first responders throughout the state. And
20 we provide them with old-fashion yellow CDV
21 instrumentation and we calibrate it for them as well.

22 COMMISSIONER MAGWOOD: Thank you very much.

1 Thank you, Chairman.

2 CHAIRMAN JACZKO: Mr. Ostendorff.

3 COMMISSIONER OSTENDORFF: Thank you,
4 Chairman.

5 I'm going to pick up with where Commissioner
6 Magwood left off, Alice, if I can. I'll highlight a
7 couple of points.

8 First on the security that you just recently
9 talked about.

10 I've heard similar comments and feedbacks on
11 the proposed rule 37 while visiting the University of
12 Pittsburgh Medical Center here two weeks ago with
13 respect to the limitations at the state level of what
14 adjudicatory responsibilities and roles various
15 agencies have.

16 It's not really a question, just to encourage
17 you and your colleagues as you provide comments back on
18 proposed rule 37, as I know you will, to be as specific
19 and provide as many details to help inform the staff
20 and the Commission so that we fully appreciate some of
21 the challenges that might not at first blush be evident
22 to us here with respect to how your individual state

1 regulatory law enforcement agencies work.

2 So your points are well taken on the security
3 and I think we need collectively all of the Agreement
4 States' feedback in this area.

5 I'd like to stay with you, Alice, though, and
6 talk about the low-level waste issue just a little bit.

7 And this question, I'll start with you and
8 see if other colleagues have any points to add: Are
9 you seeing any operational or safety concerns currently
10 with the -- due to the unavailability of low-level
11 waste disposal?

12 MS. ROGERS: We're seeing materials in
13 storage at facilities that would better be consolidated
14 somewhere else. We have not had any real specific
15 issues in about the last five years, at least not in my
16 state. But the danger is out there.

17 Companies go bankrupt. Facilities get
18 abandoned. You forget, it's in my closet over there.

19 Let my colleagues speak. We all have a
20 little bit to say.

21 MR. COX: I would say that in North Carolina,
22 we haven't had any issues. We do have some experience

1 because we left the compact a while ago and didn't have
2 access to Barnwell, even dated back to 1995.

3 So we had a five-year period where we got a
4 jump on the experience. I don't know if that's
5 anything to brag about. But not having disposal
6 options for sealed sources and Type B and C waste, so
7 most of our licensees for Type A waste, still have
8 disposal options at EnviroCare. They use that and
9 have done a good job.

10 We only have a few licensees that actually
11 have Type B and C waste, which are mainly, as you know,
12 nuclear reactors that are regulated by the Commission.
13 And they have plenty of storage capacity on site. So
14 we haven't seen any issues in our past experience.

15 We have a license condition that requires our
16 licensees to fill out and complete a low-level
17 radioactive waste survey once a year so that we know
18 how much waste they're generating, what they've
19 disposed of, are they having -- there's a form that
20 they can fill out and make comments on if they're
21 having issues with storage. So we keep a good feel for
22 that.

1 COMMISSIONER OSTENDORFF: David, do you have any comments?

2 MR. WALTER: Currently in Alabama, we are not
3 seeing any pressing issues as far as storage is
4 concerned. Again, we do not have licensees that have B
5 and C waste that are our licensees. So they're still
6 currently able to find routes of disposal for the Type
7 A. With the addition of additional dry storage on the
8 nuclear power plant sites that has greatly increased
9 their capacities. And also with the possibility of
10 reprocessing out there, that should help, I hope, once
11 those come on-line, the ability to minimize even the
12 Type C waste.

13 I think we're trying to look forward at this
14 point and see if we can uncomplicate the matter
15 somewhat.

16 While we do have access to other places, even
17 for the Type A, sometimes it takes quite a bit of
18 paperwork and wrangling and begging to be able to get
19 that waste into certain areas. So it would be nice if
20 that didn't have to go on.

21 COMMISSIONER OSTENDORFF: Recognizing that
22 Alice had made the comment that the current system is

1 broken, I think you used that word "broken"

2 intentionally.

3 Do you see any current activity going on
4 among the states that are trying to look forward to a
5 potential solution here or is there something that the
6 states are waiting specifically for the federal
7 government or the NRC to do to move forward?

8 MR. WALTER: Alabama is a member of the
9 Southeast Compact and I can't speak for the compact, so
10 I prefer not to address that issue.

11 MS. SALAME-ALFIE: We're not in the compact
12 in New York and it's not -- it hasn't hit a critical
13 mass yet, but we don't want to be faced with a
14 situation that we don't have a place to put this
15 anymore. And we don't like the idea of having a
16 multitude of storage sites in the state.

17 COMMISSIONER OSTENDORFF: Okay. Anybody
18 else?

19 Let me shift, Lee, to your comments on the
20 safety culture. And appreciate your feedback on the
21 need for or the desirability of a policy statement as
22 opposed to regulations, if I heard that correctly. And

1 looking at the definition piece, nuclear versus the
2 radiation safety element.

3 If the Commission were to proceed with a
4 safety cultural policy statement, can you talk a little
5 bit about how you would envision that being implemented
6 by the states?

7 MR. COX: I think that we would do what we're
8 already doing. We would go out and inform and train
9 our licensees and registrants on expectations of what
10 that -- what isn't held in that safety culture.

11 We would do that through our inspections,
12 every inspection would require entrance meetings with
13 leaders. We would impress upon the leaders of our regulated
14 community that safety culture starts with them
15 and it needs to be a feeling throughout their entire
16 organization.

17 Our whole process of enforcement and
18 inspections is looking at root causes. I think that
19 you can go back to almost every violation of a
20 regulation and tie it to safety culture.

21 And we would impress upon them if you can fix
22 some of these things and focus on safety culture, as

1 written in the policy, whatever that is, that those
2 items should improve.

3 COMMISSIONER OSTENDORFF: Anyone else want
4 to comment on the safety culture?

5 MR. WALTER: I would like to say that I agree
6 wholeheartedly with what Lee said that our inspectors
7 do both entrance and exit interviews with the
8 administrative staff. Those who are not doing anything
9 other than being the administrators of the license, so
10 that they are understanding of what is necessary to
11 have a good safety culture so that they can allow their
12 staff the ability, whether it be monetary or otherwise
13 backing them, to be able to increase the safety culture
14 concentration. And I think it works very well.

15 MS. ROGERS: We discuss it with our licensees
16 when we inspect them as well.

17 MS. SALAME-ALFIE: Part of what we do when
18 we inspect is try to educate our regulated committee,
19 not just hit them with a hammer, but try to tell them
20 there are ways you can do these better. And not just
21 with materials, but in general. That is some of what
22 our inspectors try to do.

1 MR. COX: I think we also have a very good
2 story to tell that, you know, it didn't take an oil
3 spill or a Toyota recall for the NRC and the states to
4 engage in this conversation. It's been going on for
5 awhile. We realized that even before those events that
6 we need to look at it again and focus on those issues.

7 COMMISSIONER OSTENDORFF: Thank you all for
8 being here today. I appreciate it.

9 CHAIRMAN JACZKO: Commissioner Svinicki.

10 COMMISSIONER SVINICKI: Thank you all again
11 for being here. My colleagues have asked just some
12 interesting questions and I've been enjoying the
13 dialogue that they've had with you.

14 I was probably going to touch on some of the
15 same areas, but what's that saying, everything's been
16 said, but not everybody said it. So I'll share some of
17 my perspectives.

18 I didn't travel as far as Commissioner
19 Magwood this week. I didn't realize he was in Texas.
20 I was in Illinois yesterday and I was visiting the
21 NRC's Region III office.

22 And I wanted to say, Mr. Walter, your

1 comments about kind of what's happening in the world
2 outside these doors is important, it's good. I call it
3 I left the bubble. I guess I left the bubble.

4 But as I drove to our Region III offices, it's
5 amazing, there were whole office parks that are empty.
6 There are -- and you know it's -- you can't miss it
7 when parking lots of massive office buildings are empty
8 in the middle of a weekday afternoon.

9 I joined this Commission two and a half years
10 ago, approximately, and a lot has changed outside these
11 doors in that time. And I think, again, as Ms. Rogers
12 said, if the requirement needs to be imposed, states
13 and the NRC are going to do what they need to do.

14 But, you know, it's a different world, and I
15 think what you're trying to express and sensitize us to
16 is how much has changed in a short period of time.
17 I know what you're up against and what you're facing,
18 and I appreciate your real candid expression of that
19 here today.

20 You're all nodding your heads, even though,
21 Mr. Walter, you're the one who got to cover that topic
22 today. As you said, you got the privilege of doing

1 that.

2 I wanted to say on safety culture, Mr. Cox,
3 that I remember previous meetings of the Commission
4 with OAS and CRCPD, I was struck as we talked about
5 putting out a draft policy statement for comment.

6 The uphill climb that the Agreement States and all the
7 states would have in terms of trying to get awareness
8 of that policy statement and collect comments.

9 And I'm very impressed with the quality of the outreach
10 effort that you've done. Because I think it was a tall
11 order and a lot of folks to coordinate with.

12 I have in front of me here, this happens to
13 be the map that gets updated here of the Agreement
14 States and the NRC states. You don't need to see
15 this very close to see there's a lot of blue on here.
16 And those are the Agreement States.

17 And so as I was thinking about the comments
18 on Part 37 and security, you know, there may ultimately
19 be a moment in time where -- and again, this is slow
20 getting back to the economic situation, some states
21 that maybe were exploring becoming Agreement States. I
22 think that that slowed down for a number of those that

1 had indicated an interest just because they are not in
2 a position to take on the additional burden and the
3 work right now. But that will change in the future I'm
4 sure, and those who have an interest in it will pursue
5 it at whatever time they're going to have a little more
6 breathing room in their budgets to do that.

7 But we may reach a point where on some of
8 these issues, depending on the compatibility, NRC is
9 going to be the tail trying to wag the dog here on some
10 of the issues. The preponderance of the IMPEP is going
11 to be in the Agreement States.

12 So this meeting is, again, always something I
13 look forward to hearing from the Agreement States and
14 the CRCPD and I think it's very helpful.

15 And on the Part 37 comments, which OAS sent
16 in, I'll just admit since it's a matter of public
17 record, I'm flattered that my -- the comments that I
18 submitted with my individual vote were quoted --
19 I appreciate that. I always like being quoted by
20 people who agree with me.

21 Sometimes I get quoted back to me by people
22 who don't necessarily agree with the position that I

1 took. But I was struck by some of the same things.

2 I thought it was worthwhile to go forward and

3 get public comment on the proposed rule. But

4 particularly the practical realities of the local law

5 enforcement issues.

6 So, Ms. Rogers, I appreciate that you

7 mentioned that, because I'm thinking to myself, I often

8 try to come up with scenarios just to understand the

9 impact of something that's being proposed. I thought

10 in that case about the degraded response capability.

11 Well, let's say it's the sheriff's department and it's

12 flu season. And let's say that, you know, half of

13 their responders have the flu.

14 Do we really expect as a practical matter

15 that they're going to contact these regulated entities

16 and tell them, hey, half of our guys are out with the

17 flu?

18 And then you mentioned the much more basic

19 notion of how do you even impose that on them? How do

20 you express to them that they're now required to do

21 that?

22 So I expect we'll get I think, as I said in

1 my vote, very fulsome comment on that and other matters
2 in Part 37. But, again, you should know that your
3 comments are read and scrutinized and evaluated and
4 appreciated.

5 I know participating in our rulemaking is
6 yet another thing that you have to do in addition to
7 everything else.

8 And so to get around to a question of any
9 particular kind here, is there anything in terms of
10 commenting on rules or even the working groups you
11 talked a little bit about? Is there anything we could
12 do to improve that process?

13 Do you get volunteers from the states who are
14 willing to do that or is it kind of picking your victim
15 because they know that somebody needs to do it? Or do
16 they feel like it's a meaningful participation on their
17 part?

18 MS. SALAME-ALFIE: I'll speak on CRCPD's
19 behalf.

20 We always try to use that opportunity to
21 provide our feedback. Many times, even if you have,
22 having the opportunity to get back to the larger

1 Radiation Control Program Directors community, not just
2 the Agreement States, bring some insight and some of
3 the impact of some of the regulations.

4 Sometimes we are very thin and we end up
5 having one person representing both the CRCPD and the
6 OAS, but we'll do what it takes to try to be involved
7 because it's very important to be partners in the
8 development of these regulations.

9 We don't want to be just reacting to
10 something. We think that we better serve our
11 communities by fighting those battles internally while
12 developing or participating in the development of the
13 regulations, than trying to then effect some change.

14 So we do appreciate and -- it's getting
15 difficult because we're losing people with a lot of
16 experience that sometimes they bring some insight that
17 a younger person will not have. At the same time, some
18 of our younger blood, they get the experience by
19 participating in some of those groups.

20 By all means, it is a great effort and we
21 appreciate being part of that.

22 COMMISSIONER SVINICKI: And there is another

1 challenge there that you've kind of telegraphed in your
2 answer, and it's a challenge for the NRC staff, which I
3 don't think we've acknowledged, so I'll mention it. Is
4 that they do hear the collective views of OAS and
5 CRCPD, but they also hear the individual views of the
6 states. So they get to have their individual voice,
7 particularly if they are a large state with a very
8 large program.

9 The NRC staff will then have some individual
10 state inputs as well. So what the staff is looking is
11 across all of that commentary. So not just at the
12 negotiated joint position, but at individual positions
13 of states as well. I think you've kind of acknowledged
14 there is a diversity of voices there.

15 Dr. Salame-Alfie, since we're talking, I
16 would mention and maybe this isn't even that relevant
17 to me as a Commissioner, but maybe more as a once and
18 future patient of, you know, we're all patients at one
19 point or another.

20 You mentioned in response I think to
21 Commissioner Magwood about the education of medical
22 practitioners, maybe they're really not that focused on

1 the dose they might be delivering when they deliver a
2 procedure.

3 But it's interesting now as we look at
4 average doses across the United States, that this
5 dominance by the medical element, and so I wondered is
6 just basic patient education anything that the states
7 are looking at to say, yes, your doctor is giving you a
8 choice of different things you could do and procedures
9 that you could undergo, but here are the questions as
10 an informed patient that you should ask. Is that any
11 aspect of what states are doing?

12 MS. SALAME-ALFIE: We're heading in that
13 direction. I can speak for New York. We are getting
14 ready to launch a follow-up campaign.

15 A couple years ago we sent a mailing to a
16 great number of physicians alerting them of the Image
17 Gently website and the available information about, in
18 particular with pediatrics that children are not little
19 adults and the dosage should be commensurate with the
20 size and the age. And we put some links to the Image
21 Gently website. That was a couple years ago.

22 We're getting ready to do a mailing to about

1 16,000 physicians with additional material to provide
2 to the patients, as well as some little cards
3 similar to what the Image Gently is providing so
4 parents can track their children's exposure.

5 We're alerting them to go to the ACR website
6 and other websites that talk about utilization factors
7 and appropriateness criteria and things like that.
8 We're trying to educate to the extent that we can.

9 We have letters from our Commissioner of
10 Health going out to these doctors. And we had some
11 good response.

12 We have also some comments last time we got
13 the mailing from people saying you have to watch out
14 for self-referrals. We see that part of the increase
15 in the dose has to do with self-referrals. That's
16 certainly another big project.

17 I'm a firm believer in education, educating
18 the patient, even with these, I call it like lunch
19 dates. Sometimes these quick dating, whatever the name
20 is, you go to the physician, you got two minutes
21 to talk to your doctor.

22 COMMISSIONER SVINICKI: It's called speed

1 dating.

2 MS. SALAME-ALFIE: Thank you. I haven't
3 been dating for a long time.

4 You see those commercials, you go to the
5 physician and you sometimes have two or three minutes.
6 So if we can come prepared with a quick set of
7 questions, you know, we'll be helping the doctors try
8 to get information.

9 COMMISSIONER SVINICKI: Thank you for that.
10 that's very encouraging. And I know New York can bring
11 resources to bear that other states can't. But it's
12 good that you're using your leadership role to do that.
13 I really do appreciate that. And if I can just have
14 one last quick question.

15 On the IMPEPs, would any of you -- and I've
16 forgotten what that stands for, but it's the
17 assessments of the state programs, do any of you just
18 have any general feedback about that, either if you are an Agreement
19 State, your own IMPEP experience or just other -- just because I know the NRC
20 staff is looking at it. It's been, I think, approached
21 the same way for a number of years now.

22 But is there anything, just quick -- quick

1 feedback you'd give?

2 MR. WALTER: Alabama just went through their
3 IMPEP in May of this year. And there were actually two
4 individuals that had never been through IMPEP before
5 who were on this team.

6 I was personally very impressed with the way
7 they conducted themselves, the way that they looked for
8 and asked for the proper information. They seemed well
9 understanding of what it takes to have an effective
10 program. And we're looking at those aspects of the
11 program.

12 I was -- this is the fourth IMPEP we've been
13 through and we've had -- I don't think anybody, any
14 team has been any better than this team that we had
15 this time. They seemed to be very, very well educated
16 in the program.

17 And I believe that the IMPEP, with the
18 pre-questions gives you a chance to get the information
19 out to the team for them to be able to take a look and
20 then when they come along with the inspectors and see
21 what's going on there, I think it works very well.

22 I have also lived through earlier times

1 before IMPEP and much, much prefer IMPEP to what was
2 going on before. I think it gives you as an
3 organization a much better idea as to how things are
4 done in the states and maybe that warm fuzzy feeling
5 you might not have gotten from the earlier way things
6 were done.

7 COMMISSIONER SVINICKI: Anyone else, quickly?

8 MS. ROGERS: Texas was IMPEPped in February
9 of this year. And I think we're one of the very few
10 states that has all of the common indicators and all of
11 the non-common indicators as well. So it was a very
12 thorough review.

13 I also must compliment the team that came to
14 Texas. They really knew what they were doing, and were
15 very thorough. And it was the first full IMPEP that we
16 went through after we were pulled off of heightened
17 oversight a few years before.

18 And I will say that the heightened oversight
19 process did give us some information to take to our
20 executive managers to get the attention that our
21 program actually needed to get it back up to snuff.
22 It was very helpful.

1 I've also been involved in a lot of other
2 regulatory programs and various audits as well.
3 And I think that IMPEP gives you a very thorough
4 snapshot of the elements that really need to be looked
5 at to have a good regulatory program.

6 MR. COX: I would like to comment on that as
7 well.

8 I think collectively the Agreement States
9 think it's a painful process, but a necessary process.
10 It's kind of like going to the dentist. But, I think
11 if you looked across all the states, they are all huge
12 proponents of IMPEP because it's a collegial
13 atmosphere.

14 You've got the regulators looking out. It's
15 always very nice to have outside eyes looking at a
16 program that you look at every day and may miss things.

17 Can I give credit to Paul Lohaus
18 for inventing IMPEP?

19 I think his vision of IMPEP, he would be very
20 proud of this continuing in his vision with -- under
21 Dr. Miller and Rob and the things that are learned not
22 only from the IMPEP team shared with state members on

1 the team with the state that they're auditing, it's
2 invaluable.

3 MS. SALAME-ALFIE: If I might just add
4 something that they didn't cover from our perspective.
5 When we provide a member of the state program to be
6 part of the IMPEP team, it works wonderful in terms of
7 bringing back information to our own programs.

8 So not only do they learn what other programs
9 are doing and they are able to evaluate, but they bring
10 some really good lessons back to the states. So
11 continuing to provide the opportunity to participate
12 and have the training available for state folks to be
13 on IMPEP teams works really, really well.

14 COMMISSIONER SVINICKI: Thank you, Mr.
15 Chairman. And ended on quite a high note there, that
16 surprised me.

17 CHAIRMAN JACZKO: It's always good to hear
18 something's working.

19 I wanted to ask a couple of questions on
20 the working groups. We've got, I think, over 30 now.
21 I would just ask, is that the right number, do you
22 think? As you mentioned, the actual CRCPD chair is not

1 here because of the inability to get travel funds.

2 Is there something we can do with the working
3 group perhaps to consolidate some so that there is
4 less -- I assume probably one of the challenges with
5 the working groups is travel and getting to the
6 meetings or wherever they're held.

7 MR. COX: May I address that?

8 MS. ROGERS: Please do.

9 MR. COX: Part of my job is the director on
10 OAS, we saw a need that -- there is a real need for
11 someone on OAS to look at working groups and
12 coordinate. That coordination happens right now with
13 Rob Lewis and his group.

14 Can we consolidate more working groups?
15 We had that question two years ago when we started
16 looking at priorities and looking at the massive number
17 of working groups that we had.

18 I think we had at one point over 50 working
19 groups, and we've done a lot of that consolidation.

20 We have an annual meeting with a CRCPD
21 representative, Rob Lewis and myself. We look at
22 priorities, trying to be as effective and efficient as

1 possible. So there's been a lot of improvement in that
2 area.

3 CHAIRMAN JACZKO: I guess what I'm hearing
4 is probably not a need to further consolidate now?

5 MR. COX: I don't think so because it's being
6 looked at continuously and I think we've got it pared
7 down.

8 CHAIRMAN JACZKO: I remember that
9 Commissioner meeting two years ago, several years ago,
10 when we did have that discussion. I think at that
11 time, I don't think we knew how many there were.
12 Everybody realized all of a sudden that we had 50 or 60
13 or however many it was. It seems we've made some
14 progress there in getting that to a more manageable
15 number.

16 MS. SALAME-ALFIE: We try to look at the
17 priorities and what's happening. Sometimes we switch
18 the priorities and not all the working groups are fully
19 active all the time.

20 CHAIRMAN JACZKO: That's good to hear.

21 We talked a little bit about security.

22 What are the policy choices we made a while ago when we

1 were looking at a lot of these issues, the orders, National Source
2 Tracking, we did these under health and safety
3 basis I guess is what we call that.

4 The other option is to do that under a common
5 defense and security basis. The advantage is if we do
6 it under common defense and security it become an NRC
7 issue rather than an Agreement State issue.

8 In giving some of the challenges you have
9 with budgets and kind of the burden from this, I'm
10 wondering if this is something you think we should
11 reevaluate the basis for the rule?

12 MR. WALTER: Okay. I think maybe what I
13 would like to think in this point is the Agreement
14 States have a, in general a fairly close relationship
15 with our licensees. From that point, I would believe
16 that the Agreement States would like to try and
17 maintain as much effectiveness with their own licensees
18 as possible to avoid a number of things which would,
19 having to answer to -- right now they are already
20 answering to two essentially with NSTS if they're in
21 that area.

22 We do have to consider the fact that we have

1 finite resources. And in many cases those resources
2 have gone down. So I think it's an ongoing thing.

3 We would like to maintain it as much as
4 possible, but there may come a time that we'll have to
5 reassess this.

6 CHAIRMAN JACZKO: One of the options -- I
7 mean, under our statute is the 274(i), which allows us
8 to do cost reimbursement for inspections. It seems to me
9 a model that would satisfy that need is that looking at
10 this from the perspective of keeping it a common
11 defense and security, so it becomes an NRC issue.
12 But we enter into the 274(i) agreements to allow the
13 inspection activity to continue to be done by your
14 personnel on a cost reimburse basis than from the NRC.

15 I mean, it seems like that that's a model
16 that would satisfy that concern, again, because
17 probably the proportion of the inspection activities
18 actually go to -- the security is small relative to the
19 other things that you're doing from an inspection
20 standpoint and the interactions with licensees. Well,
21 from a functional standpoint, it may be the same in
22 many ways. You know, whether it's a security

1 inspection or safety.

2 But it allows that relationship to continue.

3 But perhaps we can change some of the dynamics of the
4 financing and the funding for some of this.

5 MS. SALAME-ALFIE: Many times it's
6 difficult for states to accept money. We have to --
7 drafting contracts or even grants, we've had some
8 experience with other federal government agencies, and
9 it could be a painful process. Sometimes it's not
10 worth it for the amount of money we will get reimbursed.
11 And we considered that a couple years ago when the
12 issue first came up with the 274(i). It will take
13 resources away from doing the work to work on the
14 contracting piece.

15 So it varies from state to state, but it's --
16 you would think we could get some money; it will be
17 easy. It's not that easy to accept money.

18 MR. COX: I would have one comment with that
19 concept. When they looked at whether they should
20 fall under public health and safety or common defense
21 and security I think irradiators fall under common
22 defense and security. A lot of materials did not and

1 it's based on material quantities.

2 And I would -- there may be some challenges
3 in reversing that decision because what has changed?
4 because those decisions were made, were based on risk
5 informed type decisions. And has the risk changed?

6 CHAIRMAN JACZKO: NSTS and the orders
7 wouldn't necessarily -- I don't think it was
8 necessarily made out of risk informed. I was here at
9 the time when we went through that discussion and it
10 was more, I think, of a practical reality that from a
11 functional standpoint there wasn't much difference.

12 If you're going to inspect a source, to ensure that
13 the source is not being used inappropriately,
14 whether it's from a security standpoint or a public
15 health and safety standpoint, to some extent it's the
16 same kind of control, regardless.

17 So you could make a logical analysis that
18 says that that is ultimately acceptable. It's really
19 more of a public health and safety. Which makes it
20 subject to Agreement State jurisdiction. If it is a
21 common defense and security issue, it's simply not
22 subject to Agreement State jurisdiction.

1 I think it's more as we had discussions more,
2 that philosophical approach. And again, I think it was
3 to want to try to preserve that relationship that
4 exists with the individuals.

5 I throw it out there because as we talk about
6 these challenges, perhaps there may be ways to deal
7 with the actual -- I was not aware there were these
8 burdens of getting the 274(i). If we could
9 figure out a way to deal with that, it might be a
10 viable option going forward.

11 MS. SALAME-ALFIE: In my work, I'm just
12 bringing it up that it could be difficult.

13 CHAIRMAN JACZKO: I appreciate that. And
14 so many things, I think, in this area are always
15 challenging. I appreciate your comments.

16 The last thing, I wanted to raise an issue,
17 Mr. Walter, you talked about the NSTS and I know we've
18 had some differences of opinion, I think, about some
19 generic communications for NSTS.

20 I think staff had asked about sending out a
21 brochure that would talk about NSTS that would help
22 with licenses. We received a communication from your

1 state indicating they weren't going to pass on that
2 information or something like that.

3 I'm wondering, is there a broader challenge
4 that we have right now, I think, with generic
5 communications? Is our process of generic
6 communications not working as we kind of pass through
7 information to Agreement States?

8 MR. WALTER: I can only really speak for my
9 state as far as how things have worked in ours. And we
10 only have 38, maybe now 39, increased control
11 licensees. Perhaps of those, we have -- I doubt we
12 have any more than that that are going to be on NSTS.
13 It is not as difficult for us to pass the information
14 on to them. And when we do hear of information, I
15 don't know how to better say it, but faux pas that
16 occur.

17 That if, for instance, there is a period of
18 time that's gone by where there hasn't been a source
19 that has been registered, it should have been received.
20 We're immediately on the phone with that licensee.

21 So far we have found that they have usually
22 turned in the proper form, though it's a matter of

1 trying to make sure it's either put in the right way as
2 far as faxing is concerned or if they got it to the
3 right place or if they missed something in filling out
4 the form.

5 I think NSTS at this point in time is, in our
6 state it's getting better. It has consistently gotten
7 better from the beginning. We have not had a lot of
8 new licensees that have come on, but those who have
9 come on, we have had no problem getting them registered
10 and getting them up to speed on what they need to do
11 and getting them involved in it.

12 So I think from the brochure standpoint, we
13 really didn't see that there was anything in the
14 brochure that we weren't able to already have given to
15 our licensees. So it didn't make sense for us to send
16 out a mail and spend the money on that when we've been
17 in contact with our people if they have any questions.

18 CHAIRMAN JACZKO: What was -- what's
19 approximately the cost of sending it out?

20 MR. WALTER: It's not going to be that much.
21 But in the scheme of things, it was just to take up the
22 time for a person to put together the memorandum and

1 then to stuff and send out the mails.

2 From a priority standpoint, what were we
3 going to get from it.

4 CHAIRMAN JACZKO: Can you give me a sense
5 of what the time was for something like that? I mean,
6 days or weeks?

7 MR. WALTER: I don't think it's going to be
8 days or weeks. But at the same time, we're at
9 .4 FTE. Of the recommendations, we're still holding
10 up everything that we have and doing everything we
11 need, but that puts us in a very, very stressed area
12 as far as making sure that we get everything done.

13 And adding any little thing, if we don't see
14 it as being something that is going to really help us
15 out, if we don't see that, then we're not going to do
16 it.

17 CHAIRMAN JACZKO: I appreciate that. And
18 I think certainly from our perspective, since we do
19 have the responsibility to kind of manage the system,
20 what we're continuing to work towards is better data
21 integrity and part of the issue of better date
22 integrity is more electronic use. And I think that was

1 really the idea behind the brochure.

2 I mean, if it's a cost issue and a timing
3 issue, would you object if NRC just sent it to those
4 licensees?

5 MR. WALTER: No, we would not object to that.
6 You have all the information, obviously, you can send
7 it directly to them.

8 CHAIRMAN JACZKO: Maybe then we can still get
9 the information out that way to them because I thought
10 it was actually a pretty nice brochure that the staff
11 put together.

12 Well, good. Thanks, I appreciate that.

13 Again, I appreciate all of your being here.

14 The remark I think by Mr. Walter that the
15 majority of byproduct licensees are in the Agreement States.
16 Obviously, not all in one. They're in a whole bunch of
17 different ones. So that is why meetings like this are
18 so important for us to get information and hear from
19 all of you.

20 I don't know if Commissioners have any items
21 they wanted to think about or talk about for an SRM,
22 I'd be happy to do that now.

1 Okay.

2 Well, good. We're adjourned then.

3 Again, I want to thank everyone for a very

4 interesting meeting.

5 (Whereupon, the meeting was adjourned.)

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22