Sarah Sanderlin, Chair, New Jersey
Becki Harisis, Chair-Elect, Tennessee
Beth Shelton, Past Chair, Tennessee
J. Niki Minnick, Treasurer, Pennsylvania
Shatavia Walker, Secretary, Georgia
Meghan Cromie, Director, Colorado
Phillip Peterson, Director, Colorado
David Matos, Champion, Georgia

August 28, 2026

Caylee Kenny
U.S. Nuclear Regulatory Commission
Washington, DC 20555–0001

Dear Ms. Kenny,

The OAS Executive Board (Board) appreciates the opportunity to comment on the draft regulation changes to 10 CFR Parts 19, 20, 34, 35, 40, 50, 53, 61, 71, and 72 proposed by the U.S. Nuclear Regulatory Commission (NRC), published as Docket ID NRC-2025-1140 in the Federal Register dated July 15, 2026 and communicated to Agreement States in STC-26-041. The Board is only providing comments on proposed changes to 10 CFR 19, 20, 34, 35, 40, 61, and 71 as the other proposed changes to 10 CFR Parts 50 and 53 do not fall under the regulatory authority of Agreement States. After reviewing the draft regulation changes to 10 CFR Parts 19, 20, 34, 35, 40, 61, and 71, and after receiving comments from our Agreement State partners, the Board has the following comments:

1. The Board agrees with maintaining 100 mrem as the public dose limit and 5,000 mrem as the worker dose limit.

2. The removal of the As Low As Reasonably Achievable (ALARA) concept will also remove some of the judgement, process knowledge, and flexibility that licensees and regulators can use when evaluating an applicant's or licensee's radiation protection program. Instead of being able to use established processes, applicants and licensees will now be forced to determine and implement a graded approach to all uses of radioactive materials. The administrative burden for applicants and licensees will greatly increase, and issuing licenses will likely be a lengthier process as each type of use of radioactive materials will have to be evaluated more thoroughly to ensure that the applicable regulatory limit is not exceeded by the proposed graded approach.

3. The rationale for the removal of the ALARA principle suggests that the concern is not with the underlying radiation protection concept itself, but rather with how it has been interpreted and implemented. As noted on page 23 of the proposed rule, "the primary issue is not the standards themselves, but their implementation." Similarly, page 47 acknowledges that, while implementation of ALARA has generally resulted in low overall radiation doses, it has at times led to overly cautious dose-reduction efforts that may not be reasonably aligned with actual risk or benefit.

   Given this rationale, it is unclear why a fundamental change to the regulatory structure is necessary to address what appears to be an issue primarily related to interpretation and implementation. The proposed change would require more than 16,000 radioactive materials licensees to adjust their radiation protection programs and practices, despite the stated concern appearing to focus on how the principle has been applied rather than the principle itself. It may be more appropriate to consider whether clearer regulatory guidance or changes to implementation practices could address these concerns without requiring such a broad change to the existing regulatory framework.

4. Many licensees reference or utilize the ALARA concept in their procedures and supporting information which is reviewed and accepted during the licensing process. With the removal of the ALARA concept as an accepted means of achieving public and worker dose compliance, it would appear that all licensees that reference or utilize ALARA will have to submit updated information to demonstrate compliance with a graded approach to dose management. The NRC will have to develop guidance for licensees and guidance for regulators, potentially including a notice of enforcement discretion for licensee's radiation protection programs that will not meet the graded approach to dose management concept.

5. The concept of 'graded approach to dose management' is misleading. Within the definition, it appears that licensees will only need to take any protective measures if prospective or actual radiation dose limits (i.e. 100 mrem to the public or 5,000 mrem to workers) will be exceeded. There does not appear to be any gradation within the definition as the licensee is conducting operations either less than the regulatory limit or they are not. The absence of guidance on what exactly a graded approach to dose management and how the NRC is planning on implementing this concept increases the difficulty in evaluating this proposed new regulation.

6. Guidance on a graded approach to dose management should include how licensees should approach contamination identified during routine surveys. For example, if a licensee encounters unexpected contamination, is the licensee expected to perform internal dosimetry calculations for potential exposure to confirm compliance with applicable dose limit regulations?

7. A potential method to achieve a graded approach to dose management could be interpreted as terminating workers that are approaching the worker dose limit. Regulatory protections should be put in place such that a licensee cannot interpret a graded approach to dose management as a method of terminating employees who are approaching worker dose limits as opposed to implementing engineering controls to manage dose.

8. The proposed compatibility designation for 10 CFR Part 20.1101(b), changing the compatibility from compatibility C to compatibility A should be reconsidered to remain as compatibility C. The definition of compatibility A is "basic radiation protection standards and scientific terms and definitions that are necessary to understand radiation protection concepts." The use of graded approach to dose management does not meet this definition. Within the current regulation, the definition of ALARA is compatibility A and 10 CFR Part 20.1101(b) (which uses ALARA as the method for licensees to meet dose limit thresholds) is currently compatibility C. This same framework should be continued and most accurately meets the compatibility definitions found in NRC's Management Directive 5.9 and NRC's State Agreements Procedure SA-200.

9. The proposed changes to 10 CFR Part 20.1101(d) appear to conflict with other legal and regulatory structures for air emissions, specifically the Clean Air Act and 40 CFR Part 51, Subpart H. The proposed changes to 10 CFR Part 20.1101(d) could allow for a licensee to be in compliance with 10 CFR Part 20 and out of compliance with 10 CFR Part 40. Changes to 10 CFR Part 20 should not be made in an inconsistent manner with other regulatory requirements.

10. The Board disagrees with the removal of a timeframe requirement for licensees to review the radiation protection program content and implementation (proposed 10 CFR Part 20.1101(c), removal of 'at least annually'). This removal takes away the clarity needed to have an effective regulation which is implemented across different jurisdictions. An annual review of a radiation protection program allows licensees to identify trends and potential non-compliance and allows those licensees to correct those issues prior to an enforcement action by the regulator. An annual review of a radiation protection program is not an undue burden to licensees.

11. The Board strongly recommends reconsidering the proposed removal of 10 CFR Part 20.1301(a)(2) which allows licensees to conduct operations so that the dose in any unrestricted area from external sources, exclusive of the dose contributions from patients administered radioactive materials and released in accordance with 35.75, does not exceed 0.002 rem (0.02 millisievert) in any one hour. This regulation is utilized by industrial radiography and well logging companies in their efforts to support the oil and gas industry. Removal of this regulation will have negative effects on those companies and their abilities to use radioactive materials at temporary job sites. Industrial radiography companies commonly use the 0.002 rem in any one hour limit as a method for achieving compliance with public dose regulations. Removal of this regulation will cause industrial radiography companies to perform more complicated public dose calculations to ensure compliance with public dose limits and will restrict their abilities to perform work at temporary job sites over the course of multiple days. The Board recommends keeping this regulation in 10 CFR Part 20 or including this regulation (or a similar iteration) in 10 CFR Parts 34 and 39.

12. The 2 mrem in any one hour limit provides a level of safety and a basis of confidence that a licensee is not exposing members of the public to levels of radiation that would cause an exceedance of public dose limits. Members of the public may be exposed to radiation levels at multiple facilities, such as waiting rooms at multiple medical facilities, where over the course of a year and in concert, those radiation levels could cause an individual to be exposed to greater than 100 mrem in a year. The 2 mrem in any one hour threshold provides both a level of safety for members of the public and for providing a means of compliance for licensees to ensure public dose limits are not exceeded. Removing 10 CFR 20.1301(a)(2) reduces the safety margin for members of the public and increases the likelihood of licensee non-compliance with public dose limits.

13. For industrial radiography uses, licensees will commonly use a 2 mrem in any one hour as a barrier for public dose access while conducting operations at temporary job sites. By removing the requirement in 10 CFR Part 20.1301(a)(2), the initial required warning to members of the public at temporary job sites will be the required radiation area posting. This is a notable decrease in the warning members of the public would receive and creates the potential for allowing less safe work practices with radioactive materials.

14. The Board has concerns with the proposed revision to 10 CFR Part 20.2203(a)(2)(iv). If any licensee does have an exposure to a member of the public that exceeds 100 mrem, having to evaluate if they have exposed that individual to previous amounts of radiation that may exceed 500 mrem in the preceding four years is a substantial increase in administrative burden for the licensee. This will be extremely problematic for licensees that work at temporary job sites such as industrial radiography licensees.

15. The Board supports the inclusion of the proposed 10 CFR Part 20.1010, as the proposed alternative dosimetry methods could provide flexibility for future fusion applications and help align U.S. regulatory practices with those already accepted internationally. The Board also recommends that the NRC develop training for NRC and Agreement State staff on evaluating proposed alternative dosimetry methods to promote consistent implementation across the National Materials Program.

16. For the proposed changes to 10 CFR Part 20.1301(a)(1), the inclusion of "or any other source of radiation under the control of a licensee" has the potential to create an uneven regulatory structure across different companies. For example, a large medical facility that has a license to use radioactive materials will need to ensure compliance with 10 CFR Part 20.1301(a)(1) for X-ray and machine-based radiation exposures, while a medical facility that does not have a license to use radioactive materials will not be subject to the requirements in 10 CFR Part 20.

17. It is not clear if the proposed 10 CFR Part 20.1205 would apply to workers that are employed by a licensee but do not use radioactive materials in the course of their work. For example, could a licensee utilize the proposed planned occupational dose limit extension for a fluoroscopy physician? The occupation dose limits for adults do not make any mention of any other source of radiation under the control of a licensee similar to the proposed changes to 10 CFR 20.1301(a)(1); however, the inclusion of "or any other source of radiation under the control of a licensee" in 10 CFR 20.1301(a)(1) make the applicability of the proposed 10 CFR Part 20.1205 be less clear.

18. The proposed new regulation in 10 CFR Part 35.75(b)(1) is torturously worded and is very confusing. This proposed regulation should be rewritten so licensees, regulators, and members of the public have a clear understanding what this proposed regulation requires. Additionally, it is difficult to see how this proposed regulation as written meets the Plain Writing Act of 2010.

19. The proposed new regulation in 10 CFR Part 20 Appendix H includes references which may not be publicly available, may be copyrighted, and/or have additional costs to access those references. The NRC should make available to all Agreement States all the documents referenced in Appendix H as this proposed regulation is compatibility B but carries an additional, unexpected cost for Agreement States to maintain compatibility.

Specific requests for comments

1. The NRC is seeking input from the public on the proposed rule. The NRC is interested in comments and supporting rationale from the public regarding the implementation of proposed 10 CFR 20.1301(b), which would allow licensees and applicants to request higher dose limits for members of the public who access the controlled area, as defined in 10 CFR part 20. As explained in the proposed rule, the NRC would review these requests on a case-by-case basis and would provide individual approvals if the NRC determined that there was reasonable assurance of adequate protection of public health and safety.

    a. As it pertains to the proposed process of case-by-case reviews of requests for higher annual dose limits to members of the public who access the controlled area,

        i. Would a performance-based method be an acceptable means of justifying such requests? For example, a performance-based method could rely on an integrated analysis of relevant factors (e.g., radiological hazards, occupancy, and access conditions) to demonstrate that members of the public are unlikely to receive doses exceeding the annual public dose limit in 10 CFR 20.1301(a).

ii. Under an applicant driven, case-by-case analysis, how should NRC evaluate applicant requested justifications?

iii. What factors should the NRC consider in evaluating these requests (e.g., health risks, duration of entry, proximity to population centers, demographics, accessibility to the controlled area, national security, energy reliability, undue hardship, cost considerations), and how should these factors be prioritized?

iv. Similar to other protective measures (i.e., such as postings for high voltages at electrical substations), what measures would be appropriate to provide notice and protection to members of the public in such cases including any special subgroups such as transient workers, minors, pregnant or breast feeding women, etc.?

OAS Board response: the Board has concerns with how broadly this proposed regulation is written. The regulation itself does not require any notification by the licensee to the member of the public that they would be entering into an area of radiation that could cause them to be exposed to higher amounts of radiation when compared to public dose limits. This regulation provides no limits on who the member of the public is, so individuals with different public dose limits or are more sensitive to radiation (pregnant individuals, minors, etc.) could have additional side effects, including anxiety of any potential exposures, that would have a negative effect. This could also cause compliance issues at other unrelated facilities that may expose members of the public to radiation where in concert the dose to the member of the public would be in excess of public dose limits, but the unrelated facility would be likely unaware of any compliance issue and not have the ability to address the issue.

b. Alternatively, or in addition to the previously discussed case-by-case review and approval process, should the NRC increase the annual public dose limit of 10 CFR 20.1301(a) within the controlled area?

i. What dose management measures would be appropriate in such cases?

ii. Additionally, would it be sufficient for these dose management actions to be implemented through a licensee's radiation protection program, which is required by 10 CFR 20.1101, and verified through NRC inspection?

iii. Finally, under such an option, what should the annual dose limit be for members of the public who access the controlled area under these circumstances?

OAS Board response: rather than provide a complex means for licensees to expose members of the public to dose limits in excess of regulatory limits, it would make more sense to require licensees to provide awareness training to these individuals if their job duties require entering an area where public dose limits may be exceeded. This potential regulation should not be applicable to members of the public who are not employed by a licensee.

2. What are the expected benefits (e.g., simplified design/construction, costs, operational efficiency) and drawbacks (e.g., additional dose management and controls, periodic monitoring of population, stronger access controls) of allowing higher annual dose limits to members of the public who access the controlled area and, in limited circumstances, outside the site boundary? What specific use cases are expected to leverage these flexibilities and what operational or design benefits are anticipated for these use cases if the flexibilities are adopted? Please provide quantitative information and description of use cases to the extent possible; however, qualitative assessments would be useful, as well.

   OAS Board response: allowing members of the public outside of the site boundary to be exposed to greater than public limits without their knowledge or consent will break down the trust that needs to exist between licensees, the regulators, and the general public.

3. The NRC requests comments and supporting rationale on proposed 10 CFR 20.1301(d), which would allow licensees and applicants to request, on a case-by-case basis, higher public dose limits than those in 10 CFR 20.1301(a) when there is reasonable assurance of adequate protection of public health and safety.

   a. What factors should the NRC consider when evaluating these requests (e.g., dose control measures, health risks, proximity to population centers, demographics, land ownership, national security, energy reliability, cost considerations), and how should these factors be prioritized?

   b. Are there scientific considerations the NRC should take into account when reviewing requests for increased dose limits on a case-by-case basis? Quantitative or qualitative information is useful.

   c. Based on practical use cases and consistent with the NRC's intent for the flexibility in 10 CFR 20.1301(d), as described in the preamble, the NRC seeks input on the advantages and disadvantages of public dose limit flexibility allowed through 10 CFR 20.1301(d) and potential qualitative or quantitative limits on flexibility in guidance or regulatory text that the NRC should consider. Are there any practical use cases that would be challenged by a limitation on the flexibility allowed in 10 CFR 20.1301(d)?

   OAS Board response: the same response in the specific request for comments questions 1 – 2 are applicable to this question. Additionally, the NRC should ensure that members of rural communities are not expected to shoulder any additional radiation burden simply because they live in a less dense population center.

4. The NRC proposes to introduce the concept of the caregiver in the patient visit and release-related regulations in parts 20 and 35, respectively. This will enable people who are essential to the care and well-being of patients receiving radiopharmaceutical treatments to willingly receive higher doses than members of the general public, if needed. As part of this regulatory change, while the NRC is maintaining the dose limit to members of the public from patient release at 500 mrem, the NRC proposes to revise the basis for calculating doses to members of the public from per-administration to per-regimen. What are the advantages and disadvantages of using a per-regimen basis for patient release determinations? Would this approach create any barriers to treatment access? Alternatively, should the NRC retain a per-administration basis for members of the public but apply a per-regimen basis for caregivers? Please provide quantitative information to the extent possible; however, qualitative assessments would be useful, as well.

OAS Board Response: the Board supports allowing additional dose to caregivers, assuming that the risk is communicated to the caregivers and an informed decision is made regarding each patient's care regardless of per-administration or per-regimen. Accompanying NRC guidance for this proposed regulation should make clear that licensees **cannot** require patients to rely on caregivers for support, and for situations where a patient only has a medical assistant or provider (i.e. not a caregiver as the assistant or provider has commercial gains) that the 500 mrem dose limit would be applicable.

5. The NRC proposes to increase its radionuclide emissions standards from the current regulatory constraint in 10 CFR 20.1101(d) of 10 mrem per year to 25 mrem per year; this change would also be extended to the criteria in 10 CFR part 50, Appendix I. If a licensee releases effluents greater than or equal to the 25 mrem per year constraint, that licensee would be required to submit relevant reports to the NRC on an annual basis until levels are returned to below the 25 mrem per year constraint. Additionally, such a licensee would be required to evaluate and consider implementing cost-justified corrective actions to restore effluent levels to below the 25 mrem per year constraint. The NRC is seeking input from the public on the following related to the proposed changes to effluent constraints and reporting requirements: Are there alternative approaches the NRC should consider, such as increasing the constraint while retaining existing reporting practices? What are the potential advantages or disadvantages of these alternative approaches?

   OAS Board Response: although this question is more directed to potential changes in 10 CFR Part 50 (and therefore outside of Agreement State jurisdiction), the Board still expresses concerns that the proposed increase to air emissions is not consistent with the Clean Air Act and 40 CFR Part 51, Subpart H.

6. If the public dose limit in 10 CFR 20.1301(a) were increased, what level would be appropriate and why? What would be the advantages and disadvantages of such a change? Please provide the technical basis for your response, including quantitative or qualitative information supporting that basis.

   OAS Board Response: the Board supports maintaining the current dose limits found in 10 CFR 20.1301(a), including retaining the current limit found in 10 CFR 20.1301(a)(2).

Cumulative effects of regulation

1. The NRC is proposing an effective date that will be 30 days after the date of publication of a final rule. Does this provide sufficient time to implement the proposed requirements? Please provide a rationale for your response.

   OAS Board Response: given the amount of guidance (the NUREG-1556 series, regulatory guides, inspection procedures, etc.) that will need to be revised, the Board recommends for the NRC to implement changes to 10 CFR 20 at least 2 years after the final publication date and an additional 3 years after the final implementation date for Agreement States to implement associated changes to 10 CFR 20.

2. Are there unintended consequences related to this rulemaking and how should they be addressed? Please provide a rationale for your response.

   OAS Board Response: the Board believes the unintended consequences are addressed in the comments above.

Amended requirements to NRC Forms 540/540A, 541/541A, and 542/542A

1. Is the proposed information collection necessary for the proper performance of the functions of the NRC, including whether the information will have practical utility? Please explain your answer.

2. Is the estimate of the burden of the proposed information collection accurate? Please explain your answer.

3. Is there a way to enhance the quality, utility, and clarity of the information to be collected? Please explain your answer.

4. How can the burden of the proposed information collection on respondents be minimized, including the use of automated collection techniques or other forms of information technology?

    OAS Board Response: the Board supports the proposed change to allow companies to use different means of capturing the information required by NRC Forms 540/540A, 541/541A, and 542/542A as long as that information is readily accessible by first responders at a potential accident site.

Once again, the Board appreciates this opportunity to comment. We are available should you have any questions or need clarifications to our responses.

Sincerely,

Sarah Sanderlin Digitally signed by Sarah Sanderlin Date: 2026.08.28 11:55:27 -04'00'

Sarah Sanderlin, Chair
Organization of Agreement States
Radiation Physicist 2 | Agreement State Program
New Jersey Bureau of Environmental Protection
Mail Code 25-01, 420, Trenton, NJ 08625
Sarah.Sanderlin@dep.nj.gov