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September 10, 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 STC-26-050, Draft Regulatory Guide: Release of Patients Administered Radioactive Material (Regulatory Guide 8.39, revision 2). After reviewing the Draft Regulatory Guide, and after receiving comments from our Agreement State partners, the Board has the following comments:

1. The draft regulatory guide includes references to proposed regulations that are not yet in effect. The Board appreciates work to clarify guidance, but the Board may have different comments on the proposed revision to the guidance should the final regulations be different than the proposed regulations.

2. The Board supports the clarification that Tables 1 and 2 are for patient release with bystanders (occupancy factor = 0.25) and Tables 3 and 4 are for patient release with caregivers (occupancy factor = 1). The Board agrees that patients who have regular close contact with another individual (e.g. co-sleeping with a spouse) are not eligible for the activity thresholds in Tables 1 and 2 (occupancy factor = 0.25).

3. Section 2.2 includes the following statement: "Note that administration regimens comprised of more than one release should ensure that the sum of all dose rate measurements at release do not exceed the M_{rel} value in column 1 of table 2 for that radionuclide. The dose rate is the highest measured exposure point taken at a distance 1 m from the patient." A similar statement is not included in Section 2.1. Section 2.1 should similarly take into account a summation of administrations across a treatment regimen.

4. Table 2 includes a dose rate measurement for strontium-90 that is indistinguishable from background radiation levels. Licensees should not be able to base patient release on measured surveys at 1 meter following administrations of strontium-90.

5. In Tables 2 and 4, there are dose rate criteria that are extremely high (examples include oxygen-15 at 40,000 mrem/hr and rubidium-82 at 64,000 mrem/hr in Table 2; oxygen-15 at 100,000 mrem/hr and rubidium-82 at 160,000 mrem/hr in Table 4) and may not be easily determined by licensees. Although mathematically correct, the guidance should incorporate more realistic survey values that provide adequate health and safety protections for members of the public.

6. The values in Table 5 are confusing. Based on the discussion preceding the Table, the values in Column 1 should match Table 1, Column 1; and the values in Column 2 should match Table 3, Column 1. Table 5, Column 1 does not match Table 1, Column 1 but Table 5, Column 2 does match Table 3, Column 1. If the intent is to demonstrate that the activities listed in the both columns of Table 5 are to represent an occupancy factor of 1 for both bystanders and caregivers, the information preceding the table should be clarified.

7. In Section 4.4, the last paragraph indicates that a bystander could receive up to 0.5 rem of exposure and a caregiver could receive up to 2 rem of exposure prior to a patient being released. This dose received would be independent of the dose received to a bystander or caregiver after a patient is released. In summation, this could allow for a bystander to receive up to 1 rem of exposure and a caregiver to receive up to 7 rem of exposure per administration. It is inappropriate for a caregiver to be able to receive a radiation dose per administration in excess of the annual limit for a radiation worker.

8. Table 8 includes breastfeeding interruption times that are in excess of 50 days of interruption. A recommendation of cessation (such as is currently in regulatory guide 8.39, revision 1) seems to be more appropriate and realistic to ensure infants are not exposed to excess radiation.

9. The guidance should include information regarding the use of a hold time for a patient and whether the requirements in 10 CFR Part 35.310 and 35.315 are applicable for those patients.

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

Sincerely,

Becki Harisis

Becki Harisis, Chair
Organization of Agreement States
Environmental Manager 3
Tennessee Division of Radiological Health
3711 Middlebrook Pike, Knoxville, TN 37921
becki.harisis@tn.gov