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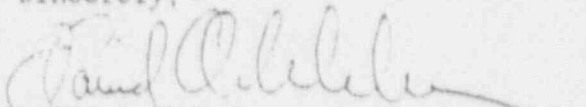
Samuel Chilk
Secretary
Nuclear Regulatory Commission
Washington DC 20555

Attn: Docketing and Service Branch

I am writing to support the general spirit of the petition for "Rulemaking" filed by the American College of Nuclear Physicians and Society of Nuclear Medicine, assigned Docket No. PRM-170-3. This petition cites the major increases in NRC annual fees that have occurred over the last two years, and recommends alternative solutions. At a time when health care costs must be carefully scrutinized, it is extremely important that the NRC work with the Nuclear Medicine community to promote safe uses of radioactive materials and at the same time hold additional costs to the lowest possible level. Although an exemption for medical service similar to the exemption provided for nonprofit institutions may not be feasible as requested in petition item No. 1, the adoption of uniform consideration for "each licensee's particular circumstances", providing a simple template for structuring exemption requests (item No. 2) should be strongly considered. The development of a sliding scale recommended in item No. 3 of the petition should result in a more equitable and fair treatment of the various participants in the nuclear medicine community while at the same time assisting NRC in collecting fees for its needed budget. The final item, No. 4, in the ACNP/SNM petition requests licensees to have a greater voice in the "NRC decision making process for developing new programs where development cost could have substantial economic impact". This, without saying, is essential to improve communication between the regulator and the practitioners. This can only improve the delivery of safe and useful services needed by the public, while at the same time helping the NRC and the nuclear medicine community deliver their best services.

I would appreciate your consideration of these comments as they relate to the continued implementation and future modification in CFR parts 170 and 171 concerning fees for facilities, material licenses and other regulatory service under the Atomic Energy act of 1954. The NRC and the Nuclear Medicine community must work closely to assure that the best possible medical services can continue to be delivered with costs shared in the most equitable manner. Nuclear medicine continues to be a major example of an area coming out of U.S. nuclear energy programs which most people can point to with great pride. Care must be given to not tax this specialty beyond levels that will force curtailment of needed health care delivery services.

Sincerely,


David A. Weber
Head, Nuclear Medicine Research Group

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