LINKS FOR DOCKET AND RULE

https://www.regulations.gov/document/NRC-2025-1140-0001

Or

https://www.federalregister.gov/documents/2026/07/15/2026-14208/reforming-and-modernizing-the-nrcs-radiation-protection-framework

LINKS FOR COMMENT

https://www.federalregister.gov/documents/2026/07/15/2026-14208/reforming-and-modernizing-the-nrcs-radiation-protection-framework#open-comment

Or

https://www.regulations.gov/commenton/NRC-2025-1140-0001

TALKING POINTS FOR COMMENTS:

Include the Docket # NRC-2025-1140

Do not include any personal identifiers like email, phone number or name, if you wish to remain anonymous to other commenters since comments are public.

Unique Talking Points:

For those of us living with legacy contamination and ensuing health impacts, it is important to state how this radioactive pollution has impacted us, our family members, or members of our communities.

Our unique experiences will help drive the outcome of this process.

General Talking Points:

Please use these as a guide only. Please put this language in your own words and add your own thoughts.

Current Standards

Current standards for radioactive pollution are not protective. Studies of workers, and of public health impacts around normally operating nuclear reactors, show that standards should be significantly tighten to allow less radiation exposure.

The proposed rule fails to cite or assess recent studies which reaffirm no safe dose for exposure to radiation.

Any increase in allowed exposure will increase disease.

This current PR does honor recent radiation science, which reaffirms there is no safe dose of radiation, **however —**

Exemptions and Public Participation

Industry will be allowed to expose members of the public to more radioactive pollution by asking for exemptions, effectively deregulating the industry.

The NRC is being duplicitous by allowing these industry exemptions while claiming to maintain the current level of protection, which is not protective enough in any case.

There is no obvious procedure in this proposed rule for the public, workers, or sovereign tribal entities, to be able to reject these ad hoc exposure exemptions. This amounts to silencing opposition.

Costs

This proposed rule shifts the cost from industry to public health.

The industry saves the most money under this plan while tax payers save very little. By the proposed rule's own accounting even industry savings are paltry compared to treating diseases that could be caused by increased exposure.

Health Impacts

Cancers aren't the only disease caused by radioactive pollution although cancers are the only disease the proposed rule recognizes.

The proposed rule doesn't deal with non-cancer impacts which can include fertility issues, detrimental pregnancy outcomes, cognitive diseases, immune system dysfunctions, chronic fatigue and related syndromes and cardiovascular impacts.

The proposed rule contains no meaningful accommodation of increased public health impacts for females, children, and pregnancy.

The proposed rule fails to recognize current impacts from legacy radioactive pollution and exposures, and the compounding and intergenerational health impacts we are already seeing, especially the rise in cancer among younger people.

NOTE: NRC has provided questions it wants answered starting on page 43477 of the pdf version of the FR notice. The following is an very abbreviated and

reordered version of these questions. Please consider crafting your comments as answers to these questions, if applicable.

Should the NRC increase the annual public dose limit of 10 CFR 20.1301(a) within the controlled area? Under such an option,
what should the annual dose limit be for members of the public who access the controlled area under these circumstances?

What factors should the NRC consider in evaluating requests to allow increases in dose, within a facility's control area and how should these factors be prioritized? (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),

What measures would be appropriate to provide notice and protection to members of the public in controlled areas or near facilities including any special subgroups such as transient workers, minors, pregnant or
breast feeding women, etc.?

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

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.