

December 7, 2017

Honorable Lamar Alexander, Chairman  
Subcommittee on Energy and Water Development  
Senate Committee on Appropriations  
United States Senate  
SD-142 Dirksen Senate Office Building  
Washington, DC 20510

Honorable Dianne Feinstein, Ranking Member  
Subcommittee on Energy and Water Development  
Senate Committee on Appropriations  
United States Senate  
SD-142 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Feinstein:

We are writing concerning the upcoming negotiations on a final appropriations package. Specifically, we are voicing support for \$67.4 million to secure a sufficient domestic supply of the medical isotope molybdenum-99 (Mo-99) for medical imaging and diagnosis.

As Chairman and Ranking Member of the Energy and Water Subcommittee, you are in a unique position to take urgent and tangible action for the establishment of domestic Mo-99 production – with hundreds of associated American high-technology jobs. In 2012, Congress understood the crucial role of nuclear medicine in patient care, and by passing the American Medical Isotope Production Act (AMIPA) recognized the urgent need for domestic production of Mo-99. Five years since the passage of the Act, we remain troubled about the time it is taking for domestic production to materialize.

As active members of the healthcare industry, we regularly witness the immeasurable benefits Mo-99 provides patients as a critical nuclear medicine product, relied on for over thirty distinct diagnostic procedures. These procedures include myocardial perfusion tests for heart disease (stress tests) and bone scans to determine whether a cancer is metastatic. In total, more than 40 million scans are performed each year, of which approximately half benefit patients here in the United States.

Most importantly, nuclear medicine allows physicians to better characterize the extent of disease in the body, informing more accurate treatments and better outcomes. Through the use of Mo-99 we can detect heart disease and cancer earlier, **saving millions of lives and billions of dollars** each year. However, given **there are no global suppliers in the Western Hemisphere**, supply shortages could occur at any moment due to Mo-99's short half-life. Therefore, the urgent need for a domestic solution as originally highlighted under AMIPA in 2012 remains unsolved.

As you know, there are four cooperative agreements currently operating within the National Nuclear Security Administration (NNSA) at the Department of Energy (DOE) with the goal of achieving a domestic supply. Yet the program has failed to meet its self-declared goal of establishing domestic lower-enriched uranium (LEU) production by the end of 2014 (originally the end of 2013). We believe a strong commitment from your Committee will provide a launching pad for projects to finally reach the market.

Both the House and Senate Energy and Water bills continue support for the medical isotope program at NNSA. In fact, the Senate raises the cap on each cooperative agreement from \$25 million to \$35 million so that each project can receive an additional \$10 million in Fiscal Year 2018. *The additional \$10 million will be made*

available retroactively to each one of the cooperative agreements as long as they had contributed \$35 million of their own funds to the project. We respectfully request that the final agreement include \$67.4 million which will provide the \$10 million increase, as well as the remaining \$27.4 million needed to finish the program's existing obligations.

If you have any questions regarding the Mo-99 program at NNSA or how the Committee can help the program achieve its much needed goal, please do not hesitate to contact us.

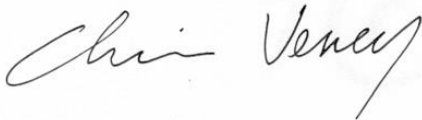
Sincerely,



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Greg Piefer  
Chief Executive Officer  
Shine Medical Technologies



Chris Vessell  
U.S. Nuclear Medicine Supply Chain Leader  
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Dr. Raymond Russell, MD  
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Tiffany Olsen  
President, Nuclear Pharmacy Services  
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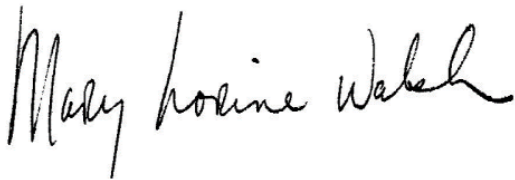
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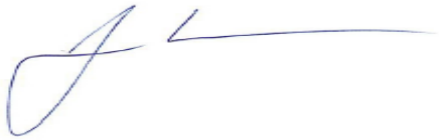
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