

Catheterization and fluoroscopy lab operators, physicians, imaging professionals, sonographers, and technologists are being driven out of the cath lab by a preventable crisis: cumulative radiation exposure and physical injuries.

Over a career, a clinician absorbs the equivalent of 25,000 to 50,000 chest X-rays and carries 15-20 lb. lead aprons for hours daily - contributing to increased rates of cancer, cataracts, skin disease, and musculoskeletal injury (SCAI 2023).

Residents and trainees are also noticing the occupational hazards and choosing other specialties, deepening an already limited workforce and threatening long-term patient access to care especially in rural areas.

How Congress Can Help Reduce Occupational Harm

Policymakers can support a more modern approach to radiation safety by:

- Updating federal guidance and oversight to reflect current clinical practice and technology
- Protecting federal “As Low As Reasonably Achievable” (ALARA) standards for health care and updating where necessary
- Supporting pathways that enable adoption of next-generation radiation protection tools such as Enhanced Radiation Protection Devices (ERPDs)
- Encouraging greater alignment across federal and state safety standards
- Ensuring workplace safety standards protect both patients and the clinicians who care for them
- Stay up to date on the latest medical society research on ALARA: <https://www.scai.org/media-center/news-and-articles/medical-societies-call-alara-safety-standard-reduce-radiation-and>

The Problem: Outdated Rules

Many safety regulations in cath labs date back to the 1960s and 1970s and do not reflect advances in the field, creating a patchwork system that ignores modern solutions and locks clinicians into using outdated lead protection that can cause physical strain and increase serious medical conditions.

The Organization for Occupational Radiation Safety in Interventional Fluoroscopy (ORSIF) estimates the annual economic costs of cancer and orthopedic injuries from chronic radiation exposure is at least \$49 million in the United States (ORSIF 2018). Legislative and regulatory guidance is needed to ensure hospital-level changes are made to modernize fluoroscopic labs for safer conditions for both healthcare professionals and their patients.