November 17, 2026

Traci Burton
Paralegal Assistant
Illinois Emergency Management Agency and Office of Homeland Security
2200 S. Dirksen Parkway
Springfield, Illinois

Re: Proposed Amendments to 32 Ill. Adm. Code 360 – Use of Enhanced Radiation Protection Systems (ERPS)

Dear Ms. Burton:

On behalf of the undersigned organizations, we strongly support the proposed amendments to 32 Ill. Adm. Code 360 authorizing Enhanced Radiation Protection Systems (ERPS) as an alternative to traditional lead aprons during fluoroscopically guided interventional procedures. Collectively, our organizations represent catheterization and fluoroscopy laboratory operators, physicians, imaging professionals, sonographers, and technologists. Through the ALARA+ (as low and as light as reasonably achievable) Coalition, we advocate for modern, evidence-based safeguards that protect healthcare workers and patients from radiation exposure while reducing the well-documented ergonomic burden associated with heavy lead apparel.

We would like to take this opportunity to respond to the objections from other respondents. The objections raised do not establish a sound basis for denying facilities access to proven protective technology. The proposed amendments preserve rigorous safety expectations while allowing qualified facilities to select the protection system best suited to their clinical environment.

Situational Discretion
Commenters suggest that the proposed amendments would introduce discretion that could weaken established radiation-safety practices. That concern is misplaced. The

amendments would not relax the applicable standard of protection; they would permit facilities to meet that standard through ERPS technology that has demonstrated safety and effectiveness when properly deployed. Multiple peer reviewed studies have demonstrated this in active catheterization laboratories. Manufacturers provide facility- and operator-level training to support appropriate installation, use, and monitoring. Moreover, the majority of states regulate the level of protection required rather than prescribing a single type of equipment. Illinois should take the same technology-neutral approach. Traditional lead aprons are one means of protection, not an immutable gold standard, and rules should not foreclose effective alternatives merely because they differ from legacy practice.

Increased Burden on RSOs

Commenters also contend that permitting ERPS would impose additional burdens on radiation safety officers (RSOs). It would not. An RSO's core oversight responsibilities remain the same regardless of whether a facility uses ERPS or lead apparel: confirming that the facility maintains an effective radiation-protection program, that equipment is kept in safe working order, and that personnel are appropriately trained. Facilities—not RSOs personally—are responsible for inspection, maintenance, and operational controls for protective equipment, including lead aprons. Allowing a different protective technology does not transfer those obligations or create a new category of RSO responsibility. It simply changes the equipment through which the facility satisfies the same safety requirements. The required monitoring workflows of exposures by safety officers will remain the same regardless of the protection tools used.

Delayed Nature of Exposure Awareness

The assertion that ERPS necessarily delays awareness of radiation exposure is likewise unsupported. Many ERPS manufacturers integrate or provide real-time dosimetry, enabling personnel to identify and respond to exposure conditions immediately. That capability can provide greater situational awareness than reliance on lead apparel alone. A clinician wearing a damaged or cracked lead apron may remain unaware of compromised protection until a periodic inspection or later dosimetry review reveals the problem. By contrast, real-time monitoring can alert staff promptly, support corrective action, and strengthen—not diminish—the facility's radiation-safety program.

Thank you for the opportunity to comment on this proposed rulemaking. The objections raised do not demonstrate that ERPS would reduce radiation protection, expand RSO obligations, or delay exposure awareness. Instead, the proposed amendments would preserve established safety standards while giving Illinois facilities access to effective,

modern technology that can improve radiation monitoring and reduce the ergonomic harms associated with heavy lead apparel.

The ALARA+ Coalition therefore urges the Agency to finalize and implement the amendments without weakening their technology-neutral approach. We welcome continued collaboration and are available to provide additional information. Please contact Monica Wright, SCAI Director, Regulatory Affairs, at mlwright@scai.org with any questions.

Sincerely,

Alliance of Cardiovascular Professionals
American College of Cardiology, Texas Chapter
American Society of Echocardiography
Heart Rhythm Society
Image Safely 360
Society for Cardiovascular Angiography and Interventions
Women as One