

April 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 write to **strongly support** the proposed amendments to 32 Ill. Adm. Code 360 that would authorize the use of Enhanced Radiation Protection Systems (ERPS) as an alternative to traditional lead aprons during fluoroscopically guided interventional procedures. Collectively, our organizations represent catheterization and fluoroscopy lab operators, physicians, imaging professionals, sonographers, and technologists, and we have joined together as the **ALARA+** (as low and as light as reasonably achievable) **Coalition** to advance modern, evidence-based radiation and ergonomic protections for healthcare workers and patients.

Occupational radiation exposure presents well-documented long-term health risks, and those risks are compounded by the high rates of musculoskeletal injury associated with prolonged use of heavy lead-based garments. 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.¹ Recently, coalition members and other endorsing societies published on the urgent need to achieve ALARA+ standards in fluoroscopic laboratories.² We commend Illinois for taking a forward-looking approach by recognizing ERPS as a viable alternative to lead aprons and by helping set a model for modernizing protections for this essential workforce.

¹ Bolon, Paul, John Mendeloff, Anusha Rizvi, Michael Seymour, and Christine Welniak. Economic Impacts of Radiation Exposures Associated with Interventional Fluoroscopy, December 2018.

² Salavitarbar A, Vora AN, Altschul D, Angle JF, Ballinger C, Bojanowski A, Bortnick AE, Bugg K, Carpenter E, Foster RE, Ghobrial J, Glogoza M, Gupta A, Hermiller JB, Jones AK, Kaplan SL, Kraus SJ, Khalique O, Klein A, Morse N, Ramchand P, Rizik DG, Safi LM, Schultz CC, Tamirisa KP, Widmer RJ, Wilson K, Fang JX, Seto A, Riley RF. ALARA+: Summit on Radiation and Orthopedic Risks in Fluoroscopic Laboratories: Endorsed by ACC, ACVP, ASE, HRS, SCAI, SIR, SNIS, SVIN, and SVS. *J Vasc Interv Radiol*. 2026 Mar 24:108689. doi: 10.1016/j.jvir.2026.108689. Epub ahead of print. PMID: 41874495

We understand the proposed rule appropriately requires robust documentation to ensure ERPS are used safely and effectively. While these requirements are substantial, we believe they are warranted given the occupational risks at stake. We also appreciate that the Agency has structured ERPS adoption as a **voluntary option**, preserving flexibility for facilities while creating a clear pathway for those ready to transition away from traditional lead-based protection.

Thank you for the opportunity to comment on this proposed rulemaking. For the reasons above, the ALARA+ Coalition urges the Agency to finalize and implement the proposed amendments. 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,

American College of Cardiology, Illinois Chapter
American Society of Echocardiography
Occupational Radiation Safety in Interventional Fluoroscopy
Society for Cardiovascular Angiography and Interventions
Society of Interventional Radiology
Women As One