



# American Society of Echocardiography

April 8, 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 American Society of Echocardiography (ASE), we are writing to express our strong support for the proposed amendments to 32 Ill. Adm. Code 360 authorizing the use of Enhanced Radiation Protection Systems (ERPS) as an alternative to traditional lead aprons during fluoroscopically guided interventional procedures. ASE is the largest global organization for cardiovascular ultrasound imaging serving more than 20,000 physicians, sonographers, nurses, veterinarians, and scientists and as such is the leader and advocate, setting practice standards and guidelines for the field. Since 1975, the Society has been committed to advancing cardiovascular ultrasound to improve lives. We thank the Illinois Emergency Management Agency and Office of Homeland Security for advancing this important rulemaking.

We particularly applaud the Agency's recognition that reducing the ergonomic burden of heavy lead aprons on clinical staff is a meaningful safety and workforce health concern. Occupational radiation exposure poses significant long-term health risks to echocardiographers, compounded by musculoskeletal injuries from current protective equipment. Last month, the ASE along with nine other endorsing societies published on the urgent need for safer, more ergonomic solutions to achieve ALARA+ (as low and as light as reasonably achievable) radiation standards to protect the workforce.<sup>1</sup>

The musculoskeletal toll of prolonged lead apron use is well documented. A multisite cross-sectional study by Orme et al. found that cardiac sonographers experience significantly more work-related musculoskeletal pain than peer employees, with 55% seeking medical care for their pain and 35% missing work as a result.<sup>2</sup> This proposed rule is a welcome step toward modernizing radiation protection practices and addressing these occupational hazards.

---

<sup>1</sup> Salavitarab 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

<sup>2</sup> Orme NM, Geske JB, Pislaru SV, et al. Occupational musculoskeletal pain in cardiac sonographers compared to peer employees: a multisite cross-sectional study. *Echocardiography.* 2016;33(11):1642–1647. doi:10.1111/echo.13344

Our membership includes interventional echocardiographers and sonographers who are routinely present in the room during interventional procedures. They will directly benefit from the availability of ERPS as a permissible alternative. In fact, a recent study published in JAMA Network Open by McNamara et al. specifically examined the use of suspended lead suits as an alternative to traditional lead aprons for interventional echocardiographers, underscoring the clinical community's active interest in finding better protective solutions for this population.<sup>3</sup> Allowing facilities to adopt non-wearable shielding systems has the potential to improve comfort, reduce injury, and support longer, healthier careers for the clinical staff who support these critical procedures.

We recognize that the proposed rule requires substantial documentation, including manufacturer attenuation data, independent third-party verification, peer-reviewed clinical studies, facility-specific protocols, staff training programs, and an ongoing quality assurance program. While these requirements are not insignificant, we appreciate that the Agency has structured ERPS adoption as a voluntary alternative rather than a mandate. This approach gives facilities the flexibility to evaluate whether ERPS is appropriate for their clinics without imposing new obligations on those that choose to continue using traditional protective garments. We are hopeful that, over time, more labs will take advantage of this option.

Thank you for the opportunity to comment on this proposed rulemaking and look forward to continued collaboration. We support its adoption and look forward to its implementation. If you have any questions on the Society's comments or if we may provide any additional information, please contact Katherine Stark, ASE Director of Advocacy, at [kstark@asecho.org](mailto:kstark@asecho.org).

Sincerely,

A handwritten signature in black ink that reads "D Wiener MD". The signature is written in a cursive, slightly slanted style.

David Wiener, MD, FASE  
President, American Society of Echocardiography

---

<sup>3</sup> McNamara DA, Decker JM, McNamara MW, et al. Suspended lead suits and radiation exposure in interventional echocardiographers. *JAMA Netw Open*. 2026;9(3):e2558134. doi:10.1001/jamanetworkopen.2025.58134