American College of Radiology™

May 1, 2026

U.S. Nuclear Regulatory Commission
One White Flint North
11555 Rockville Pike
Rockville, MD 20852-2738

RE: (Docket ID: NRC-2025-1238) Modernizing Requirements Relating to Physical Protection of Category 1 and Category 2 Quantities of Radioactive Material

The American College of Radiology (ACR)—a professional association representing more than 40,000 physicians practicing diagnostic radiology, interventional radiology, radiation oncology, and nuclear medicine, as well as medical physicists—appreciates the opportunity to comment on the U.S. Nuclear Regulatory Commission's (NRC) proposed rule, *Modernizing Requirements Relating to Physical Protection of Category 1 and Category 2 Quantities of Radioactive Material (NRC-2025-1238)*, published in the April 4, 2026, *Federal Register.* ACR membership includes radiation safety officers (RSOs), Authorized Users (AUs), and Authorized Medical Physicists (AMPs) who are deeply committed to patient/public safety and have extensive training and experience with medical uses of radioactive material.

Most medically used radioactive materials are short-lived, unsealed, and do not meet the NRC's definition of Category 1 and 2 quantities in 10 CFR 37.5. However, Category 1 and 2 quantities of radioactive material in licensed healthcare facilities are typically sealed sources that are housed within secure medical devices such as brachytherapy, teletherapy, or radiosurgery units and blood irradiators. Medical settings where those devices are used have physical protection/security for various reasons, such as protecting patients and staff, securing controlled substances/medicines, preventing access to sensitive/protected health information, securing hazardous materials not limited to radioactive material, and ensuring the continuity of critical operations. In addition to NRC regulatory oversight, these settings are subject to layered, overlapping requirements from the U.S. Department of Health and Human Services, Drug Enforcement Agency, Occupational Safety and Health Administration, state health departments/agencies, and hospital accreditors, among others.

Therefore, the ACR provides the following comments specific to 10 CFR Part 35 medical licensees to address where NRC physical protection/security requirements for Category 1 and 2 quantities of radioactive material are redundant when considering device use and

layered onsite security compared to other NRC-regulated industries with vastly different risk profiles due to setting, source mobility, and/or other considerations.

NRC Proposals and ACR Comments on 10 CFR Part 37:

Proposal – Reduce the required frequency of security refresher training in § 37.43(c)(3)
The NRC is proposing to revise the refresher training requirement in § 37.43(c)(3), extending the frequency interval from not to exceed 12 months to at least every 3 years, and when significant changes are made to the security program.

ACR Comments
The ACR recommends maintaining the current requirement that licensed healthcare facilities with category 1 and 2 quantities of radioactive material must provide annual refresher training to security personnel. Healthcare facilities experience periodic personnel turnover. To ensure all staff are sufficiently informed, we believe annual security refresher training is appropriate and is not overly burdensome for licensees.

Proposal – Revise the requirement in § 37.45(d) for licensees to coordinate with local law enforcement agencies (LLEAs)
The NRC is proposing to change the frequency requirement for licensees to coordinate with LLEAs from at least every 12 months to at least every 3 years or when changes are made to the facility design or operation that adversely affect the potential vulnerability of the licensee's material to theft, sabotage or diversion.

ACR Comments
ACR supports the proposed extension of the frequency requirement in § 37.45(d) from at least every 12 months to at least every 3 years. Annual coordination between licensed healthcare facilities and LLEAs is burdensome for both parties, costly for healthcare providers, and does not yield public safety benefits. Healthcare facilities typically have stringent security in place to monitor activity and protect patients and staff. Further, in medical settings, devices that contain Category 1 and 2 quantities of radioactive material, including sources within blood irradiators and certain radiation oncology devices, are used only in pre-approved medical suites that meet certain license requirements, such as appropriate shielding. In addition, these devices are large and cumbersome, and radiation sources are maintained in sealed compartments, making theft an unrealistic and

impractical risk. As a result, coordination with LLEAs every 3 years would be sufficient for licensed healthcare facilities.

Proposal – Remove weekly verification requirements in § 37.49(a)(3)(ii)
The NRC is proposing to remove the requirement in § 37.49(a)(3)(ii) that requires licensees that possess category 1 and category 2 quantities of radioactive material to verify the presence of the material through physical checks, tamper indicating devices, use, or other means on a weekly basis.

ACR Comments
ACR supports removing or changing the frequency of currently weekly verification requirements for licensed healthcare facilities that use Category 1 and 2 quantities of radioactive materials. Due to the onsite security at healthcare facilities, and the frequent use of medical devices containing these materials in most clinical settings, weekly presence verifications are redundant and impose an unnecessary administrative burden on licensed healthcare facilities that do not add to public safety. If NRC chooses to maintain verification requirements, ACR recommends quarterly verification requirements for periods in which the devices are not in use.

Proposal – Remove maintenance and testing requirements in §§ 37.43(c)(3)(iv) and 37.51
The NRC is proposing to remove the maintenance and testing requirements in §§ 37.43(c)(3)(iv) and 37.51. The NRC states that under § 37.49, licensees are already required to monitor, detect, assess, and respond to unauthorized removal of radioactive material, and that a separate maintenance and testing requirement imposes an unnecessary regulatory burden on licensees.

ACR Comments
ACR does not support the removal of maintenance and testing requirements for security systems in §37.51. Instead, we recommend revising the maintenance and testing requirements to be narrower in scope and better meet the needs of licensees. The NRC states that licensees are already required to monitor, detect, assess, and respond to unauthorized removal of radioactive material under § 37.49. However, security systems need to be tested and maintained in collaboration with device/system vendors to ensure optimal functionality. Rather than removing the maintenance and testing requirement, ACR recommends requiring that facilities follow the system manufacturer's recommendation

for testing, or that NRC implement a nationally recognized standard for system maintenance.

ACR appreciates the NRC's consideration of these recommendations. We welcome further discussion on these matters. For questions, please contact Mike Peters, ACR Senior Director, Government Affairs at mpeters@acr.org, or Lindsay Robbins, Regulatory Policy Specialist, at lmrobbins@acr.org.

Sincerely,

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