American College of Radiology™

October 13, 2025

Bureau of Industry and Security
Office of Strategic Industries and Economic Security
Department of Commerce
1401 Constitution Ave, NW
Washington, DC 20230

Submitted via Regulations.gov

RE: (Docket No. BIS-2025-0258; XRIN 0694-XC134) Notice of Request for Public Comments on Section 232 National Security Investigation of Imports of Personal Protective Equipment, Medical Consumables, and Medical Equipment, Including Devices; Comments from American College of Radiology

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. Department of Commerce's (DOC) Request for Public Comment: *Section 232 National Security Investigation of Imports of Personal Protective Equipment, Medical Consumables, and Medical Equipment, Including Devices,* published in the *Federal Register* on September 26, 2025 (Docket No. BIS-2025-0258; XRIN 0694-XC134). This Section 232 investigation is intended to determine the effects on national security from imports of personal protective equipment (PPE), medical consumables (for example, syringes), medical equipment, and other medical devices used in diagnostic and interventional radiology, radiation oncology, nuclear medicine, and medical physics.

The ACR is deeply concerned about the potential impact, particularly on patient access and the cost of care, from tariffs on devices utilized by the above noted physicians and physicists in their practices. These essential technologies enable hospitals, imaging centers, and other medical facilities to deliver high-quality, cost-effective diagnostic and therapeutic care. While the COVID-19 pandemic demonstrated the need for increased domestic production of PPE and medical consumables, this same need is less relevant to capital medical equipment. Therefore, the categories in the DOC notice present disparate economic and supply chain considerations that merit separate analyses. The ACR recommends the DOC differentiate advanced, high-cost technologies—such as radiology imaging, therapy, and radiation measurement devices—from PPE and medical consumables in its Section 232 investigation.

Domestic Manufacturing of Medical Technologies

Diagnostic and therapeutic imaging technologies, such as Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scanners and radiation oncology linear accelerators and proton beam generators, are developed by global companies that have invested heavily in the U.S. medical technology industry. Approximately 70 percent of the U.S. medical technology market is manufactured domestically at facilities operating in all 50 states. This investment in U.S. industry has increased the number of domestic medical technology manufacturing jobs, which are growing at a faster rate than overall U.S. manufacturing jobs. The

medical technology industry employs U.S. workers in engineering, research and development, quality assurance, and advanced assembly jobs. U.S. production of medical imaging equipment ensures the industry can supply hospitals, providers' offices, and other medical facilities with high-quality, cost-effective medical equipment and devices and enables rapid distribution, supply-chain control, and swift responsiveness to clinical needs. Further, the U.S. medical technology industry exports medical technology and devices to many other countries, guaranteeing the U.S. remains a global leader in the development in this field.

Potential Tariff Implications

While most medical equipment in the U.S. is manufactured domestically, there is still a need to import certain devices and technology. Medical imaging, therapy, and physics technologies are extremely complex. Domestic producers must often engage in multifaceted interactions with other countries for materials, parts, and developmental software. For example, Positron Emission Tomography (PET) detectors, MRI cooling technology, and minerals used in imaging procedures are often supplied by other countries. While great progress has been made in transitioning these supply chains to the U.S., such efforts can take many years. Significant financial investment is also necessary to certify new suppliers and build new domestic manufacturing facilities. As a result, tariffs would drive up the cost of developing new imaging and therapy technology and delay important medical breakthroughs in diagnosing and treating critical diseases.

Any tariffs or fees levied on imported medical devices or their components would add financial burden to an already strained U.S. healthcare system. In addition, imposing tariffs on imported medical devices, particularly imaging and therapy technology such as CT, MRI, or radiation oncology equipment, would increase the cost of essential diagnostic and therapeutic equipment and services. These increased costs would be felt initially by hospitals and other provider facilities, but the ultimate burden would fall on patients through increased out-of-pocket expenses from higher co-payments or deductibles, increased insurance premiums, and larger hospital bills. U.S. patients depend on medical technology and devices for lifesaving treatment and care. Any policy decisions that jeopardize the availability of this equipment should be made with patient care at the forefront.

The ACR appreciates the opportunity to provide comments on this investigation and welcomes continued communication on this topic. Please do not hesitate to contact Michael Peters, ACR Senior Director, Government Affairs, at mpeters@acr.org, or Lindsay Robbins, ACR Regulatory Policy Specialist, at lmrobbins@acr.org, with any questions.

Regards,

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