PUBLIC COMMENT REPORT

Proposed Rules for Control of Sources of Ionizing Radiation, 20 CAR Pt. 3

PUBLIC COMMENTS:

Public comment period expired February 10, 2026

Alan B. Cohen M.S., DABR
Received February 4, 2026

In addition to the specific comments below, I also suggest that references be made to these IEC documents as the AR regulations do not directly address newer technology such as CBCT, on-line & real-time image guided radiotherapy, protons (Light Ions in IEC language) and treatment planning systems which determine how the radiation will be delivered.

> *IEC 60601-2-64: Medical electrical equipment: Particular requirements for the basic safety and essential performance of light ion beam me equipment*
>
> *Medical electrical equipment –*
>
> *Part 2-68: Particular requirements for the basic safety and essential performance of X-ray-based image-guided radiotherapy equipment for use with electron accelerators, light ion beam therapy equipment and radionuclide beam therapy equipment*
>
> *IEC 62083: Requirements for the safety of radiotherapy treatment planning systems*
>
> *TR 62926: Guidelines for safe integration and operation of adaptive external-beam radiotherapy systems for real-time adaptive radiotherapy*
>
> *63322: Security of ME equipment containing high-activity sealed radioactive sources*

In particular, there appears to be a disconnect in radiation therapy centers between treatment planning systems being an FDA controlled medical device which requires documentation and testing for any device changes vs being a windows computer system which should be kept up to date like the office computers.

Please let me know if you need any follow-up information.

Section	*Comment*
RH-10 Definitions	*An information note would be valuable given that radioactive sources have been moved out of this section. It would make the changes to some of the definitions make more sense.* ***Installation*** *– the new definition excludes sealed sources as they are not considered machines. For example, Ir prostate seed implants.* ***Mobile radiation machine*** *– 1) I'm not sure what the C is for right after machine. 2)This definition would not include a mobile Tomotherapy unit as some shielding is assembled after moving. Would it be handled elsewhere since its also not technically a "permanent" structure?* ***Possessing a radiation machine*** *– This new definition now excludes standalone radioactive sources such as Cs & Ir.* ***Radiation*** *– suggest changing "capable of producing ions" to "capable of producing ionization in matter".* ***Radiation machine*** *– technically, a linear accelerator is a particle accelerator as it accelerates electrons. If you wish to exclude Light Ion machines as defined by the IEC then this should be rewritten. If that is the case, then a reference to where those devices would be covered should be included.* ***Storage*** *– What constitutes an "extended period of time"?*
RH-20	*It is not clear if this applies to a person in Arkansas, a radiation machine in Arkansas, or only if both are in Arkansas.*
RH-21 b.	*Operation of the machine is done during acceptance testing and commissioning as well as the radiation survey. Maybe change "Operation" to "Clinical Operation"*
RH-24	*Change to: A separate registration form shall be submitted for each installation even if submitted by the same person.*
RH-35 2.	*Does this also apply to x-ray tubes used in linac CBCT devices? If so, I suggest removing "diagnostic" and just say "X-ray systems"*
RH-1100	***Radiation machine*** *– the wording seems awkward since "but excluding particle accelerators" is missing from this definition compared to the one in RH-10. Suggest: Any device emitting or capable of producing radiation, excluding devices which only produce radiation by the use of radioactive material as the only source of radiation, and devices exempted by these Rules.*
RH-1102 c-e.	*Why are these special units? I suggest removing the word "special".*
RH-1309 c.	*Where is this label supposed to go? It only clear if it is a radiation machine that uses a radioactive source. Unless I missed it, a "radiation machine" is defined here as also including linacs so does the label go on the door entrance to the vault, control console, head of machine the patient sees, etc.?*
RH-5403 f.	*Please define what systems on the linac must be tied into the scram button. Some of the newer accelerators only kill the power to the magnetron/klystron and motion motors. The computer systems still maintain power.*
RH-10100	***Direct supervision*** *– What is "immediately available" Is it via phone or in person? Is it in the department where treatment is being delivered or on the other side of the hospital campus?* ***Field size, Gantry, IMRT, Isocenter, Moving beam radiation therapy*** *– See definitions in IEC 60601-2-1 ed. 4*

	Radiation therapy system *– The definition is too narrow. Expand to include electrons, protons, light ions, neutrons.* ***Simulator*** *– "x-ray system" is too narrow a definition. Change to "imaging system" (examples: Unity, ViewRay Reflexion)* ***Therapeutic radiation machine*** *– include light ion (protons, neutrons, carbon, etc.)* ***Virtual simulator*** *– replace "A computed tomography (CT)" with "An imaging" to include MRI & PET* *Possibly need "Virtual Wedge" definition as well as there should be requirements on it.*
RH-10302 b. 4	*This clause indicates that the preceding 3 clauses do not need to be measured on-site. i.e. radiation leakage can be done as a type test and not a site test.*
RH-10302	*This clause should be updated with the reworded requirements in IEC 60601-2-1 ed. 4. The new wording takes into account non-isocentric machines, filter free machines, and machines that do not have a standard 10x10 field. In addition, it references new technology and interconnectivity with other equipment now found on these machines such as CBCT.*
RH-10307.l	*I didn't see similar requirements for teletherapy planning systems. In addition, there are no requirements for what testing needs to be done after equipment/operating system changes.*

AGENCY RESPONSE:

Suggested- to reference IEC documents

- This editorial suggestion is noted for review prior to future "Rule" amendments. State agencies may not have ready availability to many IEC documents. Accordingly, incorporation by reference of such documents raises legal concerns of proper notice to licensees under the ARAPA as well as unlawful delegation which will require an in-depth review and analysis.

RH-10 Definitions;

- Decommission was removed as it was already defined in RH-200 Licensing of Radioactive Materials Definitions.
- Other definition changes from are from current RH-200, RH-1800.c. definitions and CRCPD SSR Part F, RH-5100, RH-7002.

RH-20

- Applies to equipment registered in Arkansas.

RH-21.b

- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-24

- No change from previous "Rule" version. However, the editorial suggestion is noted for review prior to future "Rule" amendments.

RH-35.2

- This applies to all Radiation Machines.

RH-1100

- Editorial suggestion is noted for review prior to future “Rule” amendments.

RH-1102.c-e.

- No change from previous “Rule” version. However, the editorial suggestion is noted for review prior to future “Rule” amendments.

- Editorial suggestion is noted for review prior to future “Rule” amendments.

RH-1309.c

- All labels should go on the console if possible.

RH-5403.f

- No change from previous “Rule” version. However, the editorial suggestion is noted for review prior to future “Rule” amendments.

RH-10100

- Direct Supervision
    - **Direct supervision** - A qualified practitioner must exercise general supervision and be ***present in the facility and immediately available*** to furnish assistance and direction throughout the performance of the procedure or service. Direct supervision ***does not mean that the qualified practitioner must be present in the room*** when the procedure or service is being performed.
- Field size, Gantry, IMRT, Isocenter, Moving beam radiation therapy
    - No change from previous “Rule” version. However, the editorial suggestion is noted for review prior to future “Rule” amendments.
- Radiation therapy system
    - No change from previous “Rule” version. However, the editorial suggestion is noted for review prior to future “Rule” amendments.
- Simulator
    - No change from previous “Rule” version. However, the editorial suggestion is noted for review prior to future “Rule” amendments.
- Therapeutic radiation machine
    - No change from previous “Rule” version. However, the editorial suggestion is noted for review prior to future “Rule” amendments
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- Virtual simulator
    - No change from previous “Rule” version. However, the editorial suggestion is noted for review prior to future “Rule” amendments

RH-10302.b.4

- No change from previous “Rule” version. However, the editorial suggestion is noted for review prior to future “Rule” amendments.

RH-10302

- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-10307.1

- Editorial suggestion is noted for review prior to future "Rule" amendments

Adam C. Springer, DABR
February 10, 2026

Comments Regarding: ***Proposed revisions to the Arkansas State Board of Health Rules for Control of Sources of Ionizing Radiation, 20 CAR Pt. 3****-July 2025 package.*

- *RH-8801.* ***Reports and Notifications of a Dose to an Embryo/Fetus or a Nursing Child.*** *a. A licensee shall report any dose to an embryo/fetus that is greater than five (5) millisievert (500 mrem) dose equivalent that is a result of an administration of radioactive material or radiation from radioactive material to a pregnant individual unless the dose to the embryo/fetus was specifically approved, in advance, by the authorized user.*
    - *This limit is 10 times lower than the reportable limit in 10 CFR 35.3057.(b)(1) and the Council on Radiation Control Program Directors (CRCPD) Suggested State Rules (SSR) Section G.3047 – Report and Notification of a Dose to an Embryo/Fetus or Nursing Child. The proposed RH-8801.a. is identical to both of those rules with the exception of the limit, which is 50 mSv (5 rem) in the referenced rules.*
    - *RH-8801.d.1.G. further requires notifying the pregnant individual. Many administrations of radiopharmaceuticals will exceed 5 mSv to the fetus, thus requiring notification of the mother. Notifying a pregnant individual that the dose received by her fetus requires notification may cause her stress, which can significantly affect the developing fetus or embryo (Coussons-Read. Obstet Med. 2013 May 3;6(2):52-57.).*
    - *In contrast, birth defects are not a risk below a dose of 100 mSv (10 rem), according to The National Council on Radiation Protection and Measurements - Report 174 (2015). The NCRP report also states that the risk of cancer from this dose of radiation is far less than the natural risk of developing cancer in the absence of radiation exposures.*

- *The significant risks of causing maternal stress during pregnancy greatly outweigh the theoretical risk of cancer from fetal doses below 100 mSv.*
- *Please consider increasing the reportable limit for doses to an embryo or fetus to 50 mSv (5 rem) to align with 10 CFR 35.3057(b)(1) and the CRCPD's SSR Section G.3047 and to minimize unintentional harm to developing embryos and fetuses.*

- *RH-9200.c. The Qualified Expert, shall complete initial and routine compliance evaluations following nationally recognized procedures or those recognized by the Department. These evaluations shall include a review of the required quality control (QC) tests.*
- *RH-9201.d. Facilities using computed radiography (CR) or direct digital radiography (DRR) paragraphs 1. – 4.*
  - *These rules, while valuable, will be completely new to many facilities. While some technologists are more than capable of determining acceptable ranges for exposure values, most would rely on their Qualified Expert, who is required for compliance with paragraph 2. Most, if not all, facilities in Arkansas utilize consultants for their QE, who may only be present at each site once per year. Other facilities are not yet using a QE and would need to engage one. These steps will delay implementation of these rules by at least a year for facilities that already have a QE, and most likely much longer for those who do not.*
  - *Please indicate the Boards' expectation for compliance with RH-9201.d, i.e. whether citations will be issued for noncompliance during the next inspection, or only after a grace period (e.g. minimum of one year from the effective date or after the next inspection) to allow facilities to engage a QE and implement the required items.*
- *RH-9202.* ***Reports, Notifications, and Records.*** *a.2. Other than events that result from intervention by a patient or human research subject, a registrant shall report any event in which the administration of radiation from diagnostic or interventional radiography results in: A. Unintended skin dose to the same area in a single procedure greater than 200 rads (2 Gy); and 3. The registrant shall notify the Department by telephone no later than the next business day after the discovery of a*

misadministration.

- *Please clarify whether this reportable limit applies to fluoroscopically guided interventional procedures as it is not uncommon for such procedures to exceed 2 Gy air kerma.*

- *RH-9202.a.5. The registrant shall submit to the Department a written report, prepared by a Qualified Expert, within fifteen (15) calendar days after the discovery of a misadministration…*
  - *Much of the information in the report required by this rule is not within the scope of a Qualified Expert's expertise. The QE may provide a peak skin dose estimate and speak to technical factors that may have contributed to the dose (dose level, source-to-skin distance and source-to-image distance, etc.). However, stating why the event occurred (5.D.); The effect, if any, on the individual who received the administration (5.E.); what actions, if any, that have been taken, or are planned to prevent recurrence (5.F.); certification that the registrant notified the individual (5.H.) and what information was provided to the individual (5.H.) should be provided by a physician or administrator.*
  - *Please consider rewording this paragraph. We suggest moving the QE's skin dose estimate to the list of items required in the report.*

- *RH-9300.l.2. All persons operating, or supervising the operation of, fluoroscopy systems during fluoroscopically-guided interventional (FGI) procedures shall have completed a minimum of eight (8) hours of training approved by the Department. The topics shall include:*
  - *Many operators of fluoroscopy systems during FGI procedures receive the required training during residencies and fellowships. Please indicate whether such training will satisfy the requirement.*
  - *Certain board certifications require many more hours of such training. Please consider naming approved boards (e.g. American Board of Radiology) whose diplomates are allowed to use their certification as evidence that they meet the requirements of this new rule.*

- *This rule, as well as subsequent rules, appears to require annual testing of all X-ray systems.*

- *RH-9302.n.* ***Equipment performance evaluations****. 1. Fluoroscopic equipment performance evaluations shall be performed by a Qualified Expert within thirty (30) calendar days of installation and of any maintenance of the system that may affect the exposure rate. An evaluation by, or under the personal supervision of, a Qualified Expert shall also be performed at intervals not to exceed twelve (12) months from the date of the prior evaluation.*
  - *In the current rules Effective September 14, 2024, RH-1603.ij.1.A. requires evaluations by a qualified expert to be performed annually. As "annual" is not defined in the rules, we have asked for guidance from the Department. It is our understanding that the Department allows up to 14 months between required annual surveys. That timeline is consistent with the ACR's Digital Mammography Quality Control Manual, which explicitly allows an occasional period of up to 14 months between annual surveys. This manual was approved by the FDA. The 14-month timeline is also consistent with the ACR's QC manuals for all other imaging modalities.*
  - *Most, if not all, facilities in Arkansas utilize consulting QE's, most of whom travel from out of state, to perform the required surveys. Coordinating surveys on or before the anniversary date of the previous annual survey can prove difficult under normal circumstances. Unforeseen circumstances, such as the recent Winter storm, can prevent completion of planned trips, causing significant delays for numerous facilities when their busy consultant cannot return to remote facilities easily, leaving facilities out of compliance.*
  - *We request allowing up to 14 months between annual surveys.*
- *RH-9310.* ***Radiographic Equipment.*** *a. Digital radiographic systems shall be evaluated by a Qualified Expert within thirty (30) calendar days of clinical use and by or under the direct supervision of a Qualified Expert at intervals not to exceed twelve (12) months unless otherwise determined by the Department.*
  - *This requirement does not appear in the current rules and will significantly increase the number of facilities requiring a QE. The consulting QE's in all of the surrounding states are already working at near-maximum capacity and*

are finding it difficult to recruit additional physicists. Facilities will have trouble finding QE's to perform the additional required surveys annually.

- *Please consider whether this rule is necessary. When properly installed and maintained, as required by RH-9201.a.6., these systems do not present a significant hazard to patients or staff unless misused. If the Board feels that QE involvement is essential for radiographic equipment, then an acceptance test would allow assurance of proper installation, and the Department of Health can to verify performance via testing and review of maintenance records during inspections.*

AGENCY RESPONSE:

RH-8801

- No change from previous "Rule" version. However, the editorial suggestion is noted for review prior to future "Rule" amendments as it relates to pregnant and nursing women.

RH-9200.c

- Yes, all diagnostic x-ray.
- Editorial suggestion is noted for review prior to future "Rule" amendments.
- The Department expectation is that all annual QA/QC be performed per manufactures guidelines or annually if not indicated.

RH-9201.d

- In this case the vendor installing the equipment is considered the qualified expert.
- The equipment QA/QC program should be provided by a qualified expert, i.e. system manufacturer, system installer, or other nationally recognized organization.
- The Department currently uses a 14-month window for these reports which strikes a good balance between compliance and reasonable administrative expectations.

RH-9202

- Revised from RH-8800 previous "Rule"
- This Rule does apply to fluoroscopically guided interventional procedures.
- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-9202.a.5

- From RH-8800.d previous "Rule" However, the editorial suggestion is noted for review prior to future "Rule" amendments.

RH-9305.l.2

- Editorial suggestion noted for review prior to future "Rule" amendments.

- Yes, training from fellowships, and programs required by American Board of Radiology for certification will be recognized. The training documentation should be kept by the facility in a file designated for each user and available upon request by the Department.

RH-9305.n

- The Department currently uses a 14-month window for these reports which strikes a good balance between compliance and reasonable administrative expectations
- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-9310

- Editorial suggestion is noted for review prior to future "Rule" amendments.

Bobby Mathews, MS, DABR

February 10, 2026

Thank you for the opportunity to review the proposed Radiation Control rules and the Radiologic Technology Licensure updates. The incorporation of CRCPD State Suggested Regulation (SSR) language aligns well with established national model regulations, and I did not identify concerns related to clinical authorization within the Radiation Control rules, where "Authorized Medical Physicist" terminology remains clear.

One area that may benefit from clarification is the combined "radiation health physicist or medical physicist" language in the RTL rules, which could introduce unintended ambiguity regarding professional roles. While I understand the intent of this wording, additional clarification may help avoid potential misinterpretation.

Thank you for the time and effort invested in maintaining and updating these regulations.

AGENCY RESPONSE:

• This Editorial suggestion was sent to the Radiologic Technology Licensure Program for comments on its Rules where it was answered. To the extent this comment references the Rules for Control of Sources of Ionizing Radiation, 20 CAR Pt. 3, the commentor does not indicate any concerns with the same.

Kayla Avery, BS, CNMT
February 10, 2026

Rule #	***Rule***	***Comment***
RH-35.a.1.B	*Vendor shall notify the Department of customer's registration #*	*I understand the reasoning behind this, but the vendor is not going to know the registration #, nor is there a field for this on the FDA 2579 form.*

RH-35.a.1.C	*Notify Department of manufacturer, model number, and control panel serial number*	*Change to say control manufacturer, model number and serial number because the control manufacturer and model number might also be different from that of the tube head.*
RH-59.a.3	*Submit shielding plans for all fluoro and CT for approval*	*What about for c-arms used in multiple rooms? Calculations are usually not performed for c-arms used in multiple rooms.*
RH-1302.a.4	*Requires dosimeters for individuals entering high/very high radiation areas*	*No changes to this reg but a comment - Should this still be required for areas that have interlock controls? For example, we provide dosimeters to radiation therapists, whose reports always show minimal. There are interlocks that prevent them from entering the high radiation area when beam is on, so there is really no point in badging them. If there happens to be an equipment malfunction where the beam is still on (highly unlikely), there are also area monitors to warn the therapist. If the therapist must enter the vault in the event of an emergency and the beam is still on, dose calculations could be performed.*
RH-5407.a	*Area monitors set to activate at 100 mrem/hr*	*No changes to this reg but a question – I have interpreted this as setting the alarm at 100 mrem/hr, which will constantly go off in radiation therapy. Many facilities that I inspected in the past would silence the alarms because they would go off during each treatment because the radiation level always exceeded 100 mrem/hr in the treatment room. The radiation level will depend on where the detector is mounted in the treatment room, so I recommend not specifying the action level, but rather leave this up to each licensee.*
RH-5407.d.1	*Operational check for portable meters*	*Most facilities are not going to have a check source if they do not have RAM.*
RH-5407.f	*Annual vault surveys*	*Understand the requirement for surveys after changes but not annually if there are no changes. The concrete walls are not going to change and physicists are going to know if equipment malfunctions because there are so many safety checks performed on accelerators. Lynn Davis had requested that this not be put in as a regulation several years ago, but it was put in anyway.*
RH-8315.b.1.B	*Requiring RSO to have 1 year of full-time experience under a RSO*	*Some NUREGs do not say the 1 year experience is required. Tracy and I ran into this with the Radiopharmacy licensing guidance (Vol. 13).*

		Might want to look into this more since you all are mainly using the NUREGs.
RH-8801.a	*Reporting of dose to embryo/fetus or nursing child*	*Does not match NRC. ADH reg says 500 mrem (5mSv) but NRC says 5,000 mrem (50 mSv) in 35.3047. David was going to change this in the next reg revision.*
RH-9302.b	*Reporting of dose to embryo/fetus or nursing child*	*See above – does not match NRC*
RH-9305.l	*Fluoro operator training*	*Does a physician's residency count towards this training?*
RH-9305.l.3	*Fluoro operator training provided by QE or physician*	*If training 4/8 hour is not conducted by a QE, does the training material need to be submitted to ADH for approval? We have an online fluoroscopy training.* *Hands on training for our residents is performed by a rad tech or RA.*
RH-9305.m.7	*Written policy regarding patient dose management in fluoro*	*Does this replace the current RH-1603.h.1. regarding the 300 rad to allow registrants to develop their own SRDL? If so, this could be easily confused with the new RH-9202.a.2.A. which references 200 rads.*
RH-9305.o	*FGI Committee*	*Does membership have to include a physician from each group (one from IR, one from Cath lab, one from vascular, etc.)?*
RH-9305.o.2.E	*Annual report to RPC*	*Annual report of what… all the cases that exceeded the set SRDL?*
RH-9312.a.3	*DEXA manufacturer's specifications for periodic surveys*	*Says follow manufacturer's specifications for periodic surveys. What is considered a survey? PMs? Sometimes this is not specified in the owners manual and we found many people not doing any surveys/PMs. They never got checked but was not enforceable.*
RH-9320	*Dental cone beam*	*Could not find RH-9315.f.3 that is referenced in first paragraph.*
RH-9320.f.2	*Training for hand-held dental units*	*Says to complete training as specified by the manufacturer or approved by the Department… do registrants have to submit training to ADH for approval?*
RH-10200.h	*Visiting AU*	*Can we please add visiting QMPs? We have a lot of locum QMPs and it takes longer to add them to the licenses than they are here.*
RH-12200.l	*Testing of safety devices*	*Some manufacturers recommend semi-annually while others say annually. Please consider changing this to annually so they can be*

		performed at the same time as the annual radiation survey.
	Rad Techs operating fluoro	*The Health Facility Services rules, Section 20 A.6. states that radiologic technologists shall not independently perform fluoroscopic procedures. It would be helpful to have this in the Radiation Control rules as well because rad techs should not operate a fluoro unit without a physician.*

AGENCY RESPONSE:

RH-35.a.1.B

- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-35.a.1.C

- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-59.a.3

- This rule applies to stationary equipment; portable equipment only used in one room is considered stationary and would need to submit a shielding plan for review. For example a C-Arm located at a pain clinic.

RH-1302.a.4

- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-5407.a

- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-5407.d.1

- Facilities will need to be able to ensure portable monitoring equipment is operational.

RH-5407.f

- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-8315.b.1.B

- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-8801.a

- No change from previous "Rule" version. However, the editorial suggestion is noted for review prior to future "Rule" amendments.

RH-9202.b

- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-9305.l

- Yes, residency will count towards training.

RH-9305.l.3

- The training documentation should be kept by the facility in a file designated for each user and available upon request by the Department.RH-9305.m.7.
- Editorial suggestion is noted for review prior to future "Rule" amendments.

RH-9305.m.7

- Editorial suggestion is noted for review prior to future “Rule” amendments.

RH-9305.o

- It is up to the registrant to set policy/ procedures they believe applicable to their facility.

RH-9305.o.2.E

- Yes, in cases that exceed the substantial radiation dose level (SRDL).

RH-9312.a.3

- Editorial suggestion is noted for review prior to future “Rule” amendments.

RH-9320

- Reference should be 9320.f.3 instead of 9315, the Department will change this reference before publishing.

RH-9320.f.2

- The training documentation should be kept by the facility in a file designated for each user and available upon request by the Department.RH-9305.m.7.

RH-10200.h

- Editorial suggestion is noted for review prior to future “Rule” amendments.

RH-12200.l

- Editorial suggestion is noted for review prior to future “Rule” amendments.

No Rule Reference

- Rad Techs operating fluoro, Not applicable to Rules for Control of Sources of Ionizing Radiation, 20 CAR Pt. 3. There is no statutory authority to make such a change. Radiological Technology Licensure matters which are exclusively governed under another Arkansas Code Section.

AGENCY RECOMMENDATION:
Proceed to adoption.