

July Advocacy Update

by Lauren DePutter | July 28, 2026

OMB Federal Grants Rule

AAPM completed leadership and committee review of its organizational comments on [OMB's proposed revisions](#) to the government-wide federal financial assistance framework. The [letter](#) focuses on protecting scientific peer review and agency expertise, preserving the stability of active awards, avoiding restrictions that could impede publication and scientific exchange, reducing unnecessary administrative burden, and protecting collaboration, trainee support, and the translation of federally funded research into patient care.

The draft was reviewed through Science Council, the Research Committee, the Journal Oversight Committee, GRAC, and ExCom. AAPM also supported additional coalition advocacy, including an AIMBE letter addressing the proposed rule. Staff will continue monitoring the rulemaking and any legal or administrative developments affecting implementation.

NRC Radiation Protection Framework

The NRC formally published its [proposed rule](#) to reform and modernize the radiation protection framework on July 15. The proposal would replace the current ALARA terminology with a graded dose-management framework and make broader changes affecting occupational exposure, patient release, caregivers, documentation, dosimetry, and Agreement State implementation. Comments are due August 31.

AAPM also participated in a July 15 webinar jointly hosted by the HPS, NCRP, American Academy of Health Physics, AAPM, and CRCPD on the NRC radiation protection proposal. Ralph Lieto, as AAPM's speaker, provided the medical physics perspective, including the importance of preserving practical, risk-informed radiation protection requirements for medical institutions and ensuring that changes do not create unintended patient-care or implementation problems.

AAPM has convened subject-matter experts to review the proposed rule and accompanying draft guidance. Current areas of focus include the transition from ALARA to graded dose management, caregiver dose provisions, patient-specific release documentation, implementation by Agreement States, and whether the proposed framework provides sufficient clarity for medical institutions.

NRC Medical-Use Licensing

The NRC published its proposed rule, [Reducing Barriers to Medical Use Licensing](#), in the Federal Register on July 27. Comments are due September 10.

The proposal would amend 10 CFR Part 35 to reduce prescriptive requirements, increase licensing flexibility, and modernize radiation-safety practices for the medical use of byproduct material. Major provisions include streamlining the approval of authorized users for diagnostic procedures, revising training and experience requirements, creating clearer licensing pathways for emerging medical technologies, updating written-directive and medical-event reporting requirements, expanding decay-in-storage eligibility, and reducing certain licensing and administrative burdens associated with research and mobile medical services.

AAPM's NRC subject-matter experts are reviewing the proposed rule alongside the radiation protection framework proposal. Staff is also coordinating with the Nuclear Energy Institute and other stakeholders seeking AAPM's technical perspective. Comments are due September 10.

NRC Byproduct-Material Rule

AAPM [submitted comments](#) on the NRC's proposed modernization of regulations governing byproduct-material use.

AAPM supported development of a standardized, lower-burden licensing pathway for routine low-risk diagnostic nuclear medicine, while requesting clear eligibility standards, minimum safety and quality requirements, inspection and enforcement provisions, and appropriate limits on covered radionuclides and procedures. AAPM also urged the NRC to permit qualified in-house personnel to conduct leak-test sampling under written procedures rather than requiring outside vendors, and requested clarification regarding exclusions involving molybdenum-99/technetium-99m, diagnostic iodine-131, and PET materials.

NIST Funding and Radiation Physics Infrastructure

AAPM launched a [member action alert](#) emphasizing that NIST's Radiation Physics Division maintains the national radiation measurement standards underpinning safe and accurate radiation therapy, diagnostic imaging, nuclear medicine, and emerging treatments such as radiopharmaceutical therapies. The alert notes that the president's FY 2027 budget request would cut NIST overall by 54% and reduce the Scientific and Technical Research and Services account, which funds the Radiation Physics Division, by 42%.

The alert asks AAPM members to contact their senators and representative to:

- Oppose proposed cuts and support robust FY 2027 funding for NIST.
- Protect the Radiation Physics Division within the Scientific and Technical Research and Services account.
- Support congressional report language directing NIST to prioritize staffing and capacity for radiation dosimetry, radioactivity, and related medical-radiation measurement programs.
- Support the American Innovation Act ([H.R. 2628](#) in the House and [S. 1276](#) in the Senate) which would provide sustained, long-term investment in NIST and other core federal science agencies.

AAPM formally endorsed [H.R. 2628](#) in a letter to Representative Bill Foster. Rep. Bill Foster is the lead sponsor in the House and the only physicist in Congress. The letter explains medical physicists' reliance on NIST's measurement standards and warns that persistent staffing and funding constraints threaten the agency's ability to maintain existing standards and develop new standards for advanced medical technologies. AAPM also separately communicated its support for S. 1276 to Senator Tammy Duckworth's office, thanking the senator for her leadership on the legislation and emphasizing NIST's importance to radiation dosimetry, calibration standards, imaging, radiation therapy, and patient safety.

GRAC and AAPM staff are coordinating with Science Council on broader NIST advocacy, including a potential stakeholder roundtable and additional engagement with scientific and medical organizations that rely on NIST's measurement infrastructure.

Department of Education Accreditation Rulemaking

AAPM is evaluating [negotiated regulatory text](#) developed by the Department of Education concerning [federal recognition of accrediting agencies](#). A formal proposed rule has not yet been published.

The negotiated text would impose stricter independence requirements on accreditors affiliated with professional associations, increase scrutiny of education and training standards that may restrict occupational entry, emphasize certification and employment outcomes, and increase antitrust review of coordination among accreditors, professional societies, certification boards, and other standard-setting organizations.

The proposal could have implications for CAMPEP's relationship with AAPM and for ABR's reliance on CAMPEP-accredited education and residency in its certification pathway. Staff is gathering information from CAMPEP and ABR to support AAPM's independent analysis of patient-safety, competency, workforce, governance, and operational issues before the formal proposed rule is released.

State MRI Safety Proposal

AAPM is reviewing draft California legislation that would bring MRI facilities under the state's Radiation Control Law.

The [proposal](#) would establish registration, inspection, quality-assurance, fee, and public-disclosure requirements and would use the ACR Manual on MR Safety as a benchmark. AAPM's preliminary review supports the objective of improved MRI safety but has identified potential concerns regarding professional roles, duplication with existing accreditation requirements, implementation timelines, enforcement standards, and the need for stakeholder-informed rulemaking.

Source Security and Medical Isotope Access

AAPM continues participating in the Source Security Working Group, led by the American Nuclear Society and including ASTRO, isotope producers, equipment manufacturers, and other industry stakeholders. The group is focused on federal policies affecting the security, availability, and transportation of radioactive materials used in medicine and industry.

In July, AAPM participated in meetings with the offices of Senators Lindsey Graham and Richard Blumenthal regarding Russia sanctions legislation and related House-passed legislation. Senator Graham died on July 11, shortly after securing White House agreement on revised sanctions language. On July 16, [Senator Blumenthal and Senator Darline Graham](#), who was appointed to fill the South Carolina Senate seat, introduced the [Lindsey O. Graham Sanctioning Russia Act of 2026](#) with more than 60 cosponsors.

The working group is reviewing the revised legislative language to determine whether its medical-isotope protections are sufficiently broad and administratively workable. AAPM's concern is that any exemption must protect the full supply chain, including finished isotopes, source materials, precursors, processing services, transportation, insurance, banking and payment transactions, and other activities necessary to deliver isotopes to U.S. medical facilities.

Immigration and Scientific Workforce

On July 17, the Department of Homeland Security finalized a rule ending the longstanding [“duration of status” framework](#) for F-1 students, J-1 exchange visitors, and I visa holders. Under the prior system, these individuals generally could remain in the United States for the duration of their approved academic or training program as long as they maintained lawful status. Under the new rule, admission will be tied to the length of the program but capped at four years. Individuals whose education or training extends beyond that period will need to apply to U.S. Citizenship and Immigration Services for an extension of status.

The rule includes a four-year transition period for F-1 and J-1 nonimmigrants who are already in duration-of-status classification when the rule takes effect. Those individuals generally may remain through the program end date listed on their Form I-20 or DS-2019, or for four years after the rule’s effective date, whichever comes first. Individuals who leave and reenter the country may receive a new Form I-94 with a fixed departure date. The final rule also allows individuals working under annual appointments, including many residents, faculty members, and researchers, to base their admission period on the length of the underlying program rather than the length of each annual contract.

The change could create additional filing costs, processing delays, uncertainty, and administrative burden for international graduate students, postdoctoral scholars, residents, researchers, and institutions. Programs that commonly exceed four years may be particularly affected. Higher education and health care organizations have also warned that the policy could make the United States less competitive in recruiting and retaining international scientific and clinical talent and could ultimately affect research capacity and patient access.