

**From:** [Jim Sliney](#)  
**To:** [RulemakingComments Resource](#)  
**Subject:** [External\_Sender] Docket ID NRC-2022-0218  
**Date:** Thursday, July 06, 2023 12:36:13 PM  
**Attachments:** [Letter to NRC, IDNRC-2022-0218 .pdf](#)

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Attached please find my comment on Docket ID NRC-2022-0218.

Thank you

Jim

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Jim Sliney Jr. RMA  
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[www.patientsrising.org](http://www.patientsrising.org)

Need some time with me?

<https://meetings.hubspot.com/jsliney>

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7/6/23

Re: Docket ID NRC–2022–0218

The Commissioner’s decision which led to this rulemaking is based on SECY-22-0043, a flawed document with inaccurate, incomplete, and biased information. I am deeply concerned about how this decision places an inappropriately large burden on patients to not only self-diagnose but also seek an appointment with a physician to “independently” verify that an extravasation has occurred. Essentially this decision requires the patient to first be harmed, and then do all the work to prove they suffered an injury, before any official action is taken.

As an advocate for patients, I urge the NRC to reconsider. Please take a more proactive approach to protecting the public from the potential harm caused by extravasations. It is unacceptable to place the burden of reporting extravasations on patients, who may have no idea that they have experienced an extravasation. Are patients being told about potential symptoms and next steps to take if they suffer from any symptoms? Presumably, the answer is no. Therefore, how would patients possibly be prepared to know what to watch for?

The NRC has a responsibility to ensure that regulations are in place to protect the public from the potential harm caused by extravasations. The current approach places the burden on patients, and this is simply not acceptable. The NRC must protect patients, instead of protecting the industry it is supposed to regulate.

Sincerely,  
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