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Delegates Thomas Hutchinson, Joseline A. Pena-Melnyk, Bonnie Cullison, Tiffany T. Alston, Heather Bagnall, Harry Bhandari, Brian Chisholm, Pam Lanman Guzzone, Terri L. Hill, Steve Johnson, Anne R. Kaiser, Kenneth Kerr, Nicholas R. Kipke, Robbyn Lewis, Lesley J. Lopez, Ashanti Martinez, Matthew Morgan, Teresa E. Reilly, Samuel I. Rosenberg, Kathy Szeliga, Deni Taveras, Jennifer White Holland, and Jamila J. Woods

House Office Buildings
Annapolis, Maryland 21401

Re: Opposition to HB0934 - Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance - Limited Licensed Radiologic Technologist

Dear Maryland Delegates on the Health and Government Operations Committee,

I am writing to strongly oppose HB0934, currently under consideration in the Maryland General Assembly. As a concerned citizen and resident of Maryland, I believe that this proposed legislation presents significant risks and challenges that demand immediate attention.

The introduction of the Limited Licensed Radiologic Technologist profession in Maryland raises serious concerns about public safety and the integrity of our healthcare system. I would like to highlight several reasons why this bill should not be advanced:

1. Limited training and qualifications: Limited Licensed Radiologic Technologists undergo significantly shorter training periods compared to licensed Radiographers, raising concerns about their ability to safely administer ionizing radiation to patients. Given the increasing prevalence of radiation-based medical procedures, it is imperative that we prioritize the expertise and proficiency of healthcare professionals in delivering such treatments. The proposed bill does not require accreditation of training programs, nor does it require continuing education.
2. Addressing shortages through alternative means: Maryland already has robust educational programs and mechanisms in place to address shortages in radiologic technologists. Efforts such as expanding clinical rotation experiences

and increasing admission numbers to radiography programs demonstrate proactive steps towards alleviating workforce shortages without compromising patient safety. The introduction of Limited Licensed Radiologic Technologists does not alleviate the job shortage, but in fact, causes greater shortages in hospital radiographer positions, particularly in the advanced imaging departments of cat scan, MRI, mammography, and interventional and cardiology catheterization labs, which are in dire need of staff. Giving temporary licensure to second year Radiography program students makes more sense.

3. Patient safety concerns: The limited scope of practice outlined in HB0934 may expose patients to unnecessary risks by allowing individuals with inadequate training to perform radiographic procedures. Ensuring the highest standards of patient care and safety should be paramount in any legislative endeavor related to healthcare professions. The proposed bill states, "Practice limited license radiologic technology means to perform radiographic procedure employing equipment that emits ionizing radiation that is limited to specific areas of the human body." All x-ray machines are the same and can deliver harmful amounts of radiation to patients. With limited training on such machines, the harm to the community is real. 15 clock hours of radiation protection education is not sufficient to protect patients. Most Radiography program students receive over 75 hours of radiation protection education, for example. Some of the urgent care centers do not use automatic exposure controls for delivering ionizing radiation, making safe doses to patients very difficult in unskilled workers' hands. The repeat rate alone is not justification in increasing the background medical radiation to every Marylander. Moreover, digital equipment in itself does not ensure safer doses - the training of the operator does.
4. Potential long-term impacts: We have a robust mechanism for licensure for radiography in this state. If you open the door for the job category of Limited Licensed Radiologic Technologist, you can never close it. These less-trained workers will be able to perform about 50% of the studies that are currently designated to be performed by a licensed radiographer only. Outpatient and urgent care centers will never hire a full radiographer if they can hire a Limited Licensed Radiologic Technologist. Even hospitals will hire less radiographers forever more. Job opportunities for radiographers will decrease and will never recover after the shortage is over. Radiography programs will never be at full capacity as once was. This will decimate the radiography profession in Maryland, a profession that takes three years of comprehensive training and an associate degree.

In my career as a Radiography program director, my staff and I have been working on solutions to the radiographer shortage over the past few years, along with our

program's advisory board, which consists of all local employers, including LifeBridge, University of Maryland, Medstar, and others. Not once did these institutions suggest limited scope techs as a solution. What was suggested was to increase enrollment as much as possible, which we accomplished by establishing 25 new clinical placements for radiography students. Last fall, we increased our incoming cohort from the pandemic classes of 18 students to 41. Moreover, in 2021, we created an introductory radiography course (RADT 101) which serves at least 150 college students a year, to get them interested in the radiography profession. This online, asynchronous course is very popular and almost anyone can take it. Since its inception, 261 students have passed this course. Moreover, as of today, there are 90 people who have started an application in our system for admission into the Radiography program this fall.

Another initiative we have been working on with Advanced Radiology is to train Medical Assistants as advanced "tech aids," who can interview patients, help them with exams, and provide patient care. We currently have medical assistant students in clinical rotations for this cooperative enterprise as a pilot program. Radiology-specific tech aids and Radiography program students are extra pairs of hands in busy departments, and increasing the amount of each are tantamount to alleviating the shortage. While tech aids are to assist radiographers, they cannot replace them and were never meant to. Another safer approach would be to allow second year Radiography students to obtain temporary licensure, as they are better trained than what is in the proposed bill. Our program students undergo 302 didactic hours, up to 190 hours of simulation time, and 1,664 clinical hours, 560 of which are completed at the end of the first year of the program. If you increase the number of didactic and clinical hours more for your bill, you may as well hire a second year Radiography student.

I respectfully urge you to reconsider the implications of HB0934 and to withdraw support for this legislation. Instead, I encourage a collaborative approach that prioritizes the safety and well-being of Maryland residents while addressing workforce shortages through proven, sustainable methods.

Sincerely,

Erin Phelan

Erin Phelan, MA, RT(R), CNMT