

The Honorable Senator Klausmeier
Maryland Senate

Dear Senator Klausmeier:

The legislation addressing HB0934 / SB0830 (Limited License Radiology Tech) is of paramount interest to me because I am an ARRT registered Radiologic Technologist and Clinical Instructor for Johns Hopkins Hospital School of Radiology and this issue directly impacts my current position, my clinical students and the job/pay security of all of the licensed radiographers within the state of Maryland. I believe there are some important concerns that were not addressed in the first reading of this bill, and would appreciate you taking the time to not only read, but truly digest the following concerns.

I am primarily concerned about my job security because as we have seen in the current 29 states utilizing the limited scope radiography allowance in our country, radiographic technologists make significantly less per hour. I think it is a safe bet that many Urgent Care Centers and other outpatient facilities will implement this bill not only due to short staffing, but also for the opportunity to drastically cut finances, and as we know, cutting costs is something many businesses in both our fine state and our country are being faced with daily. This means that many of us currently working in outpatient centers will be forced to make a choice; return to the hospital setting or consider other career paths. Having worked in a hospital setting and having many friends/colleagues and classmates who are currently or have worked in the hospital setting, I can confidently say that hospital based rad techs are some of the most overutilized and underappreciated staff members within any hospital. We are the first people called to the room in an emergency (the case of a trauma, cardiac event, desaturation, etc) in a hospital but also the last considered for pay increases. In the two years I worked in a hospital, there were at least three occasions that we were told by our directors that they were unable to give pay increases in radiology as those funds were being allocated to increase the pay of nurses. This is not to discredit nurses by any means, as they are just as deserving of this recognition, however when it happens multiple times it creates a narrative that while these staff members are appreciated and deserving of more pay, we as technologists who work just as hard, are not. Personally, after working in a hospital setting where my physical health was pushed to its limits daily, I could not return to such a setting.

Other aspects of this same issue that affect current and future students in radiography programs all around the state. In our 'post' covid world, the amount of clinical sites available to students is currently extremely limited and programs are scrambling to find places where their students can gain their clinical experience. Mainly, many hospitals are no longer willing to host students. I was privileged enough to attend the Johns Hopkins radiography program for my education, and I watched my clinical director constantly struggle with finding sites for us, and the sites that we were approved for were mostly outpatient sites like Advanced Radiology, Johns Hopkins outpatient centers, etc. resorting to having multiple students in one area which is less than ideal as it limits the amount of attention the individual students are able to receive from their instructors as well as the opportunities to practice their exams required by the ARRT to receive their licensure. If the outpatient centers that are currently able to take students no longer can (which will be the case, as students must be under the direct supervision of registered technologists), programs will eventually have to

shut down or cut the number of students they can take per semester. This means while limited scope radiography may be a solution to a temporary shortage problem, it could create a long term consequence of a decrease in emerging technologists over all.

Last but not most importantly, I am genuinely concerned with what this bill could mean for the health of our fellow Maryland residents. While radiographs individually use limited amounts of radiation, ANY amount of radiation can cause harm, and this chance increases drastically when proper practice is not met. It is also a dangerous game to use the example of studies from states utilizing limited scope radiography showing no increase in incidence, as radiation overexposure can take decades to manifest in cancer or infertility, meaning patients would have to be closely tracked for their lifetime to be able to truly say that incidence has not increased. Being that radiation exposure is irreversible and cumulative, I'm not convinced that this is something we should gamble on for the sake of shorter wait times or patient convenience in outpatient centers. Personally, I would rather have to go to another facility to get foot x-rays taken by a competent and well trained technologist than have limited scope techs at my disposal. Furthermore, I would avoid businesses that utilize this practice all together as I believe ALL patients should receive the HIGHEST level of care available.

Thank you for your consideration of my viewpoint on this matter. I believe it is an important issue and would like to see the legislation fail or be drastically amended to ensure ethical services for the patients involved.

Sincerely,

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