

**HB 934 - Radiation Therapy, Radiography, Nuclear Medicine Technology, and
Radiology Assistance - Limited Licensed Radiologic Technologist**

March 5, 2024

The Honorable Joseline Peña-Melnyk
Chair, Health & Government
Operations Committee
241 House Office Building
6 Bladen Street
Annapolis MD 21401

Position: *Support*

Dear Chair Peña-Melnyk:

My name is Dr. Scott Burger. I am the Chief Medical Officer for University of Maryland Urgent Care. I am an emergency medicine physician and have been operating urgent care clinics since 2006. I am writing you to express my strong support for SB 830.

My motivation for leaving the emergency department and starting urgent care clinics was to find a better way to care for the patients that were presenting to my emergency departments with non-emergency issues. These patients invariably waited the longest and were still left with large bills for their care.

Urgent care has grown exponentially in the time I have been involved in the industry. Urgent care clinics have always offered x-ray. Our patients have come to rely on us to care for them when they are worried they may have broken a bone, pneumonia, or other condition requiring an x-ray. Up until the pandemic, urgent care could consistently deliver on that promise.

The pandemic ushered in a wave of retirements and people leaving frontline positions or the field of healthcare altogether. This wave included our staff of Radiologic Technologists (RT). The shortage of RTs is so significant that urgent care centers across the State are often forced to staff without a single RT on any given shift. It is not uncommon for only half of the 10 urgent care centers I oversee, to be staffed with an RT.

X-ray imaging is one of the most basic functions performed by an RT and the absence of these providers compromises our patients' access to care. Instead of being able to immediately confirm or diagnose an injury or illness, urgent care centers must refer patients to already over-crowded emergency departments or attempt to coordinate patient care with outpatient imaging facilities that have limited hours of operation – resulting in significant delay in diagnoses/treatment, ongoing discomfort, and additional expense for patients.



I am confident that Medical Assistants (MAs), with appropriate training and oversight, can safely perform the x-rays needed in urgent care settings. Not only will this improve access to care for my patients, it will also help free up RTs to work in hospitals and other facilities where their training and expertise can be used at full scope.

SB 830 represents a necessary evolution of healthcare. It builds upon what is already being done in 34 states and the District of Columbia. It is not a new or novel concept, just the recognition of the changing landscape of healthcare and how with advancing technology, others can be trained for jobs that they would not have been able to perform in the past.

For all of these reasons, I urge a favorable report. Thank you for your time and consideration of my testimony in support of SB 830.

Respectfully,

Scott T Burger, DO

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Chief Medical Officer

University of Maryland Urgent Care