



Date: March 1, 2024

To: Chair Joseline A. Peña-Melnyk and Vice Chair Bonnie Cullison of the Health and Government Operations Committee & Committee Members

Reference: House Bill 934 - Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance - Limited Licensed Radiologic Technologist

Position: Support with sponsor amendments

Dear Chair Peña-Melnyk and Committee Members,

On behalf of LifeBridge Health, we appreciate the opportunity to provide information and support for House Bill 934. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore. In addition to our hospitals, *LifeBridge Partners has over 30 Urgent Care Centers across the state treating over 500,000 patients a year.* Express Care offers medical treatment for common illnesses and injuries, flu shots, work-related injury services and can provide primary care as needed. These centers are hubs for communities needing non-urgent care 24/7.

The committee has discussed issues of ongoing healthcare workforce shortages and hospital overcrowding over the last couple of legislative sessions. The Maryland Hospital Association brought members together to identify solutions to address hospital throughput and emergency department length of stay. Several solutions identified focused on the need to ensure we maintain and expand community access to healthcare services where individuals can obtain those services especially before a situation becomes an emergency.

Unfortunately, due to ongoing shortages in the allied health professional like radiological technicians, healthcare facilities like Urgent Care Centers are finding it harder to maintain staffing to provide the full complement of diagnostics tests onsite in particular x-rays. If a physician needs basic imaging and there is no rad tech, they must refer patients back to a hospital for a non-urgent test that results in hours of waiting, increased patient frustration, while adding to the existing crowding issue. This is a disservice to the patients we serve across the state that trust we can provide imaging and prescribe needed therapy there onsite. One solution to this problem is to allow a limited exemption for other competent staff to train to assist with basic imaging needs.

House Bill 934, as amended, would create a licensure exception to allow individuals who receive specified training, to perform limited X-rays of the chest, extremities, and spine under supervision in physician offices, urgent care centers, and freestanding medical facilities. This solution is beneficial on multiple fronts.

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This change would expand access to care. LifeBridge Health experienced over a 53% vacancy rate for radiologic technologists (RT). These specially trained health care workers are critical in hospital environments where they can perform specific radiologic procedures on high acuity patients. Currently, RTs are utilized in hospitals and outpatient settings.

House Bill 934 creates a career development pathway for some health care professionals, such as medical assistants, and provides leadership opportunities for RTs interested in teaching the limited scope training or supervising a limited scope X-ray machine operator. Unfortunately, RT school is not accessible for everyone who would like to pursue this career. The training takes two years of full-time school and can be expensive. Offering a limited scope licensure exception can allow interested individuals to earn an income while gaining experience. For those who want to pursue higher education, there is a career path via RT school. For those who are content to work in this field, they would be filling a critical health care workforce need.

Maryland would not be a trailblazer in taking this step. Currently, **thirty-four other states** offer this path whether through a licensure process, registration, permit or licensure exception. The limited scope path has not resulted in adverse outcomes or concerns from other states. Neighboring states like Virginia and Delaware are more attractive to medical assistants and threaten to pull parts of our workforce across the border. We need to maintain a competitive advantage and offer a similar pathway.

With the proposed amendments, the Board of Physicians would be able to monitor limited scope X-ray machine operators and hold health care facilities accountable for ensuring all training and supervisory requirements are met. The Board took a similar approach when creating a licensure exception for registered cardiovascular invasive specialists. The Maryland Health Care Commission report released last year showed no adverse outcomes. A similar process will help the Board better understand this workforce and whether it would be beneficial to offer a license for limited scope X-ray duties.

Lastly, this measure would not jeopardize patient safety, our medical providers come to work every day with the goal in supporting patients living the healthy life possible. If we are not nimble in finding solutions, we are doing more of a disservice by limiting access and identifying early interventions as appropriate.

For all the above stated reasons, we request a favorable report with the adoption of sponsor amendments.

For more information, please contact:

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