

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 Delegates on the Health and Government Operations Committee,

I 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 the field of radiography in this state already. 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, and patients will be at harm. Do not cheapen our profession, especially when it is not needed.
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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.

Thank you for considering my concerns regarding HB0934. I trust that you will act in the best interests of our community and uphold the standards of excellence in healthcare delivery that Maryland residents deserve.

Sincerely,

Megan Cordray