



Maryland
Hospital Association

**Senate Bill 830- Radiation Therapy, Radiography, Nuclear Medicine Technology, and
Radiology Assistance - Limited Licensed Radiologic Technologist**

Position: *Support with the Sponsor's Amendments*

February 27, 2024

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 830 with the Sponsor's amendments.

During the 2023 interim, Maryland hospitals worked together to discuss and recommend solutions to address hospital throughput and emergency department length of stay. Many of the solutions involve engagement with external stakeholders to ensure there is capacity in the community to meet lower acuity health needs.

SB 830, 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.

This change would expand access to care. In Q4 2023, Maryland hospitals reported a 12.6% 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. Given the shortage, this means there are outpatient settings, like urgent care centers, where there is no access to X-ray services. Medical assistants, however, are already employed in many of these outpatient settings. If they could receive additional training to perform X-rays on low acuity patients, this would preserve access in the community and reduce emergency department referrals.

SB 830 also would also create a career steppingstone for some health care professionals, such as medical assistants, and provide 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.

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.

Maryland hospitals need relief and support to ensure access to care for their communities. SB 830 offers an immediate solution that has been shown to be effective in other states.

For all these reasons, we ask for a *favorable* report on SB 830, with the Sponsor's amendments.

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