**Dear Members of the Department of Public Health,**

I appreciate the opportunity to provide comments on the proposed changes permitting a limited scope of practice in radiography. As a registered radiologic technologist for 29 years, an educational program director, and an accreditation site visitor, I have significant concerns regarding these changes.

**Key Concerns:**

* **Cyclical Staffing Trends:**
  + For decades, the radiography field has experienced alternating cycles of staff shortages and surpluses approximately every ten years.
  + Introducing a lesser-trained workforce is not a long-term solution to staffing shortages.
* **Education Capacity Already Exceeds Demand:**
  + Universities and community colleges offering radiologic technology programs consistently turn away more students than they accept due to clinical capacity limits.
  + The solution lies in increasing clinical capacity in collaboration with schools, clinical partners, and the Joint Review Committee on Education in Radiologic Technology (JRCERT).
  + Expanding training opportunities would produce fully credentialed, licensed technologists without lowering standards.
* **Negative Impact on Radiologic Technology Students and Advanced Practice Pathways:**
  + Radiologic technology students are required to train under fully licensed technologists.
  + Any positions filled by limited-scope personnel would reduce available clinical training slots, negatively impacting student education and workforce development.
  + A diminished pipeline of fully credentialed technologists would also harm post-primary pathways, including CT and mammography, ultimately reducing the number of advanced-practice imaging professionals.
* **Industry Motivations and Wage Suppression:**
  + Despite the reported shortage, I personally applied to local urgent care centers last year for evening/weekend shifts and was offered wages lower than my 2006 earnings.
  + Is cost-cutting, rather than genuine workforce concerns, driving the push for a lesser-trained, lower-paid workforce?
* **Patient Safety and Quality of Care:**
  + Consider a loved one with a serious fracture or spinal injury—would you want a limited-scope technician performing these critical images, or a fully trained, ARRT-registered technologist?
  + Lowering educational and training standards will compromise patient safety and the quality of diagnostic imaging.

**Preserving Massachusetts’ High Standards:**

Massachusetts is recognized for its excellence in medical care and education. We must maintain these high standards by ensuring that only fully trained, licensed technologists perform radiographic imaging. The proposed changes would jeopardize patient care and reduce the quality of the radiologic technology workforce.

I urge you to revise these changes and instead focus on expanding clinical education opportunities to meet workforce demands without sacrificing quality.

Sincerely,

Michael Farah M.S. Ed, RT(R),(CT)

[mbfarah@gmail.com](mailto:mbfarah@gmail.com)

43 Clarissa Rd, Chelmsford, Ma 01824