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Dear Members of the Massachusetts Department of Public Health,

My name is Patrica Willett, and I am a Radiologic Technologist, certified in Radiography (R) and Computed Tomography (CT) by the American Registry of Radiologic Technologists.

I am submitting this written testimony in relation to the public hearing on proposed amendments to 105 CMR 125.000 Licensing of Radiologic Technologists scheduled for March 26, 2025. Thank you for allowing me to share my thoughts on this important matter.

The advancements in X-ray equipment today are remarkable. Medical imaging has evolved tremendously since I began my career as a certified radiologic technologist. Modern technology allows us to produce high-quality radiographs at a fraction of the radiation dose once required. Automated features enhance efficiency, making the equipment easier to use while ensuring high-quality images for accurate diagnosis and treatment. It may look simple, but it requires skill and expertise to ensure accurate diagnosis and patient safety.

Throughout my career, much of which I spent teaching in a radiologic technology program in Massachusetts, I have trained students in the fundamentals of X-ray production, radiation safety, equipment operation, anatomy, and positioning. In a shorter timeframe than a full radiologic technology program, I can teach individuals to perform basic chest and extremity X-rays on many patients. However, what concerns me is the ability to impart critical skills within that limited scope—such as handling a frightened three-year-old who cannot follow instructions, correcting imaging errors, and troubleshooting equipment malfunctions. These are the proficiencies expected of a fully trained radiologic technologist and are essential to ensuring high-quality imaging and patient safety.

Many states allow limited-scope X-ray (LXMO) practice, primarily to address workforce shortages and reduce staffing costs. I acknowledge the potential financial advantages, as employing LXMOs may ease budget constraints for healthcare facilities, particularly in outpatient settings and urgent care centers. However, when it comes to patient care and safety, I find it difficult to identify any true benefits.

Radiologic Technologists undergo extensive education and clinical training, ensuring proficiency in imaging techniques, radiation safety, and patient positioning. In contrast, LXMOs receive significantly less training, which raises concerns about image quality, diagnostic accuracy, and radiation exposure risks. Poorly positioned or low-quality images can lead to misdiagnosis, repeated exposures, and ultimately, delays in patient care. Additionally, LXMOs may lack the comprehensive knowledge necessary to recognize pathology or adjust techniques based on patient condition, further compromising the standard of care.

While cost reduction is a practical consideration for healthcare administrators, it should not come at the expense of patient well-being. High-quality diagnostic imaging is a cornerstone of effective medical treatment and ensuring that only well-trained professionals perform these exams is crucial for both safety and accuracy. Without sufficient training, LXMOs may inadvertently contribute to increased healthcare costs due to repeat imaging, misdiagnoses, and potential liability issues.

For these reasons, I struggle to see how limited-scope X-ray practice can be considered a true benefit when weighed against the risks it poses to patient care and safety.

Massachusetts is widely recognized for its commitment to delivering exceptional, high-quality patient care. This achievement is driven by the rigorous standards we uphold for our healthcare professionals. Through stringent licensing requirements, comprehensive education and training programs, and ongoing professional development, we ensure that medical personnel possess the knowledge, skills, and expertise necessary to provide the highest level of care. Our dedication to excellence not only enhances patient outcomes but also reinforces public trust in our healthcare system, positioning Massachusetts as a leader in medical innovation and patient-centered care.

Should the Department of Public Health implement a limited scope of practice license in radiologic technology, it is imperative that the regulations clearly define the educational and training standards in alignment with those established by the radiology profession. Additionally, the specific limitations of limited-scope licensees must be explicitly outlined.

I fully support the comments submitted by the Massachusetts Society of Radiologic Technologists (MSRT) for this hearing on limited-scope radiography. I encourage the Radiation Control Program to collaborate with interested stakeholders to incorporate the MSRT's proposed revisions to 105 CMR 125.

Thank you for your time and the opportunity to address this critical issue.

Sincerely

Patricia Willett, BS, RT(R))CT)(ARRT)