**From:** James Brennan

**To:** [DPH-Testimony, Reg (DPH)](mailto:RTestimony@MassMail.State.MA.US)

**Subject:** Limited scope Licensure for X-ray Technicians

**Date:** Wednesday, March 26, 2025 4:21:06 PM

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Request to submit

Department of Public Health Office of the General Counsel Attn: William Anderson

250 Washington Street, Boston, MA 02108

March 26, 2025

To: Massachusetts Department of Health

From: Urgent Care Association of Massachusetts (UCAM)

Subject: Advocacy for Implementing a Limited-Scope X-Ray Technician Licensure Program Dear Members of the Massachusetts Department of Health,

I write on behalf of the Urgent Care Association of Massachusetts (UCAM) to strongly advocate for the establishment of a Limited-Scope X-Ray Technician Licensure program in the Commonwealth. As President of the Urgent Care Association of Massachusetts (UCAM), I have witnessed firsthand the critical need for this program within our healthcare system. The following outlines our rationale, supported by data and research, for why limited-scope X-ray licensure is an urgent and necessary step for Massachusetts:

# Ongoing Staffing Shortages in Medical Imaging

Massachusetts, like the rest of the nation, faces a severe shortage of qualified radiologic technologists in the wake of the COVID-19 pandemic. Healthcare workforce surveys indicate that vacancy rates for Radiologic Technologists in Massachusetts hospitals are alarmingly high – 15.8% as of 2024, one of the highest among clinical roles mhalink.org. This represents a sharp increase from pre-pandemic levels and reflects a broader trend: nationally, the vacancy rate for radiology technologists has reached 18.1%, nearly tripling from just a few years prior (rsna.org). These shortages are not merely statistics; they translate into delayed care, reduced imaging capacity, and increased burnout among the remaining staff. The Massachusetts Department of Public Health (DPH) has recognized that our healthcare system continues to face severe capacity challenges, including high volumes of emergency department visits that could be managed elsewhere, member.msrt-ma.org. A key contributor to these challenges is the shortage of radiologic personnel needed to provide timely imaging services.

The COVID-19 pandemic exacerbated pre-existing workforce gaps, according

to urgentcareassociation.org. Many experienced technologists have retired or left the field, and training pipelines have been disrupted. Smaller healthcare providers, such as urgent care centers, have been especially hard-hit. While large hospital systems offer sign-on bonuses of up to $20,000 and highly competitive wages to attract scarce radiologic technologists, community-based clinics and urgent cares cannot match those inflated compensation levels.

As a result, urgent care centers are running out of solutions beyond curtailing or eliminating on-site radiology services and redirecting patients to higher-cost facilities, urgentcareassociation.org. This dynamic not only strains smaller providers but also shifts patients to settings like hospital EDs that are already overcrowded and more expensive for non-emergent care. In short, Massachusetts’ imaging workforce shortage is a crisis – one that demands creative solutions to expand capacity without compromising patient care.

# Role of Limited-Scope X-Ray Technicians in Urgent Care

Urgent care centers provide walk-in care for non-life-threatening illnesses and minor injuries in communities across Massachusetts, urgentcareassociation.org. These centers are typically staffed by physicians or advanced practice providers (NPs/PAs), along with medical assistants, nurses, paramedics, and, when regulations require, a fully licensed Radiologic Technologist (RT) on-site. However, the scope of imaging needed in a typical urgent care is targeted and limited, focusing on essential X-rays rather than complex imaging modalities. Common presentations at urgent care (sprains, minor fractures, respiratory infections, etc.) often require only a simple extremity X-ray or chest X-ray for diagnosis, urgentcareassociation.org. Any condition requiring more advanced imaging, such as CT scans or complex or high-acuity studies, falls outside the scope of urgent care and results in a referral to an emergency department (ED) for definitive care. urgentcareassociation.org. It is estimated that most urgent care centers perform fewer than 7–10 X-ray studies per day , urgentcareassociation.org, which is well below the volume that would occupy a full-time RT in a busier hospital setting.

Given this practice profile, limited-scope X-ray technicians are ideally suited for urgent care environments. These professionals would be trained and licensed to perform essential radiographic exams (e.g., chest and limb X-rays) for patients with non-emergent conditions, precisely the kind of imaging urgent care facilities handle daily. By focusing on a restricted set of imaging procedures, limited-scope technicians can competently and safely meet urgent care needs without the extensive training required for full-scope hospital radiography, which includes procedures such as surgery and fluoroscopy that fall beyond the purview of an urgent care setting. Importantly, this is not a proposal to diminish training or quality – it is a proposal to align the level of licensure with the level of care setting. A limited-scope license acknowledges that urgent care centers do not require the full range of imaging services that a tertiary hospital does, according to urgentcareassociation.org. Instead, urgent care centers need reliable capability for the simplistic X-rays that facilitate swift diagnosis of minor fractures, pneumonias, and other routine conditions that, if left unaddressed, might otherwise overwhelm emergency departments or go unmanaged.

Limited-scope X-ray techs are already utilized effectively in most states to support urgent care and outpatient clinics. These individuals often have dual roles – for example, a medical assistant cross-trained in radiography – allowing the clinic to operate efficiently. They can

perform the X-ray, then seamlessly continue assisting with patient care. This model has proven beneficial in urgent care practice, helping centers maintain on-site imaging services even when hiring a full RT is infeasible jucm.com, jucm.com. By enabling such roles in Massachusetts through appropriate licensure, urgent care can remain the convenient “one-stop shop” for care that patients expect, rather than having to send them away for

imaging jucm.com. This directly supports the Commonwealth’s goal of maintaining accessible care in community settings.

# Increasing Healthcare Access and Reducing Unnecessary ER Visits

Implementing a limited X-ray tech license is not only a workforce solution – it’s a strategy to increase healthcare accessibility and reduce unnecessary emergency room utilization.

Massachusetts hospitals continue to report overcrowded emergency departments and long wait times, often due to patients seeking care for conditions that, while urgent, are not true emergencies member.msrt-ma.org. The state’s Executive Office of Health and Human Services has explicitly promoted redirecting patients with non-emergency needs to urgent care providers as a relief valve for EDs member.msrt-ma.org. However, for urgent care centers to effectively absorb this demand, they must be equipped to deliver timely diagnostics, including essential imaging. An urgent care facility without X-ray capability is often forced to triage patients and send them onward to the hospital, which defeats the purpose of diversion and adds an extra step (and delay) for the patient.

By expanding urgent care capacity for on-site X-rays, a limited-scope technician license would enable more patients to receive a comprehensive evaluation and treatment in urgent care clinics, thereby avoiding unnecessary ER visits for simple fractures, minor lung infections, and similar conditions. Research strongly supports this approach. A 2021 study in *Health Services Research* found that when an urgent care center is available in a community, total emergency department visits drop significantly – residents of a ZIP code with an urgent care had 17.2% fewer ED visits overall, mainly due to declines in low-acuity

cases being handled in the urgent care setting pmc.ncbi.nlm.nih.gov. The effect was especially pronounced among populations such as Medicaid beneficiaries and the uninsured, who saw ED visits decrease by over 20% with urgent care options available pmc.ncbi.nlm.nih.gov.

Another analysis in *Health Affairs* showed that urgent care visits cost a fraction of equivalent ER visits (averaging $171 vs. $1,646 per visit)ldi.upenn.edu, highlighting the potential for cost savings when patients are treated in the appropriate setting. Enabling urgent care to perform necessary X-rays means more patients can take advantage of these lower-cost, convenient centers instead of resorting to the ER.

Massachusetts’ own data and policy directions echo these findings. The DPH’s proposal to create a Limited Scope of Practice in Radiography license is explicitly designed to expand capacity in urgent care centers and reduce pressure on emergency departments, member.msrt- ma.org. In essence, this licensure is a targeted tool to empower urgent care to handle more on- site, allowing emergency rooms to focus on true emergencies. We fully support this rationale. When urgent care centers are appropriately staffed and equipped (with X-ray services being a key component), they serve as a critical safety net that absorbs overflow from primary care and emergency services. Patients benefit by receiving prompt care in their communities, and hospitals benefit from reduced overcrowding. Especially in the wake of COVID-19, when our

healthcare system has been stretched thin, leveraging urgent care as an accessible alternative to traditional care is a common-sense strategy to enhance system-wide efficiency and improve the patient experience.

# Ensuring Safety through Training, Oversight, and Protocols

Patient safety is of paramount importance, and we acknowledge that any new licensure track must maintain high standards of training and quality assurance. We advocate a program with rigorous safeguards built in. Fortunately, models from other states and national standards provide a blueprint for doing this right. The proposed Massachusetts limited-scope license regulation includes strict prerequisites: candidates must be adults (18+), hold at least a high school diploma (or equivalent), complete a Department-approved course of study in limited radiography, and pass a specialized ARRT (American Registry of Radiologic Technologists) exam in the limited scope of practice member.msrt-ma.org. This ARRT Limited Scope Radiography Examination ensures that even though the operator’s scope is narrower, their knowledge and skills within that scope meet a verified national standard. In fact, the ARRT’s position is that individuals licensed in limited radiography possess the same knowledge and cognitive skills in their specific area of radiography as full-scope radiographers – focused on a subset of procedures (ARRT Limited Scope exam content is appropriately comprehensive for the allowed areas) urgentcareassociation.org, member.msrt-ma.org.s We want to be very clear: this is not a “light” license with minimal education, but rather a *targeted* license with focused education on the types of X-rays needed in urgent care and similar settings.

In urgent care practice, additional safety measures and protocols will further ensure that quality of care is never compromised. All urgent care centers implementing limited-scope X- ray use should have:

 Proper Training and Certification: Only individuals who have completed the approved coursework and passed the ARRT limited-scope exam will be allowed to serve as limited X-ray operators. Ongoing continuing education requirements (as outlined by the DPH’s proposal of 24 CEUs every two years for limited licensees member.msrt- ma.org, member.msrt-ma.org) would keep their knowledge current with best practices in radiation safety, positioning, and technique.

 Mandatory Radiologist Overreads: In urgent care, it is standard practice for some radiographs to be reviewed by a board-certified radiologist off-site, after the initial image is taken and provisionally read by the urgent care provider. We expect this to continue and, if anything, be strengthened with limited-scope techs. Radiologist interpretation of all or a defined subset of images provides a critical quality backstop. As an example, urgent care policies often require over-read of all high-risk or complex X-rays by a licensed radiologist to ensure nothing is missed jucm.com.

Teleradiology services, available 24/7, make it feasible for every X-ray taken in an urgent care setting to receive a specialist review within hours. This dual-reading system (initial read by on-site clinician, secondary read by radiologist) has been shown to yield extremely high accuracy – one urgent care teleradiology provider reports overread agreement rates of 99.9%, drastically reducing liability and

error experityhealth.com, jucm.com. In states already using limited-scope operators, experience indicates that no loss in image quality or diagnostic accuracy when robust quality assurance mechanisms (like radiologist overreads) are in

placeurgentcareassociation.org.

 Established Escalation Protocols: Urgent care centers operate under clear protocols for triage and transfer if a patient’s condition is more serious than initially apparent. This would not change with the limited-scope use of X-rays. On the contrary, having on-site X-ray helps identify those cases that do need escalation. All urgent care facilities in Massachusetts are expected to have emergency transfer agreements with local hospitals and 911 services for any cases beyond their scope. In practice, if an X- ray performed in an urgent care setting reveals an unexpected critical finding (for example, a spine fracture or an acute surgical abdomen), providers follow established emergency transfer procedures to transport that patient to a higher level of care immediately. These safety nets ensure that patients receive appropriate care without delay, whether their condition can be fully managed at urgent care or requires hospital intervention.

In sum, patient safety will remain the top priority. The limited-scope X-ray tech program we envision is tightly regulated and monitored. It would create a workforce of technicians who are specifically educated, tested, and continually overseen in the limited imaging services they provide. Combined with the built-in safety culture of urgent care, where radiologists and any emergent findings are routinely reviewed, this licensure can be implemented without compromising diagnostic quality or patient outcomes. In fact, by enabling urgent care centers to function optimally, the program can *enhance* patient safety – patients will be less likely to be diverted or delayed in getting an X-ray, and radiology departments at hospitals can focus on more complex imaging needs.

# A Targeted Licensure for Specific Use-Cases (Not “Full” RT Licensure)

It is essential to note that our recommendation for limited-scope licensure is specifically tailored to specific use cases and settings. We are not proposing to create a shortcut that produces fully licensed radiologic technologists with only a fraction of the training. Instead, we advocate for a new category of licensure that explicitly delineates a narrower scope of practice, suitable for urgent care and other outpatient contexts. Under the anticipated regulations, a Limited Scope X-Ray Technician in Massachusetts would be licensed only to perform specific types of radiographic procedures – for example, radiography of the chest and extremities, and perhaps one or two other defined categories, as determined by their exam qualifications member.msrt-ma.org. They would not be authorized to conduct the full range of imaging studies that a Registered RT can do, such as fluoroscopic procedures, CT/MRI, or complex anatomical studies outside their limited categories. This distinction is critical for maintaining standards: the training curriculum and examination for limited-scope licensure cover the core knowledge needed for the safe operation of X-ray equipment in limited domains, but do not replace the comprehensive 2-year education that full RTs undergo for broad proficiency urgentcareassociation.org, urgentcareassociation.org.

By carving out this limited scope, Massachusetts can quickly augment the workforce available for essential imaging without compromising the depth of expertise required for advanced imaging. In effect, this program acknowledges that various clinical settings have distinct imaging requirements. A busy trauma center or orthopedic hospital requires technologists who can perform a wide array of complex imaging studies at a moment’s notice – and those environments will continue to rely on fully licensed RTs. An urgent care clinic, in contrast,

requires a reliable method for obtaining a simple X-ray for a sprained ankle or a lingering cough. A limited-scope tech license fills that niche. It creates a pipeline of professionals who are trained more quickly and at a lower cost than the full RT path (making the career more accessible to new entrants), yet remain competent in the specific X-ray techniques required by urgent care and similar sites. Many other states have recognized this and successfully implemented limited licenses for radiographers. Massachusetts, in developing its program, has even looked to models established in states like New Hampshire and Texas for guidance , member.msrt-ma.org, ensuring that we learn from proven frameworks.

Crucially, introducing limited-scope techs will *not* replace or devalue full RTs – rather, it frees full-scope RTs to practice at the top of their license where their extensive training is most needed urgentcareassociation.org, urgentcareassociation.org. In settings that demand the full skill set of a radiologic technologist, such as hospitals or the performance of complex imaging in any setting, RTs will continue to be indispensable. In fact, by alleviating staffing pressures in lower-acuity settings, this initiative may reduce the overall burnout and attrition of RTs, and even create new supervisory and training roles for them, such as overseeing quality assurance for limited-scope tech programs or serving as educators. Our goal is a complementary workforce solution: limited-scope X-ray technicians handling straightforward imaging tasks under the guidance and oversight of radiology professionals. At the same time, radiographers focus on advanced imaging and departmental leadership. This synergy can elevate the radiology services across the continuum of care.

# Inclusion of Urgent Care Representation in Program Development

As Massachusetts moves forward in considering and hopefully implementing the Limited Scope of Practice in Radiography licensure, we urge the Board of Health and the Department of Public Health to actively include urgent care representation in any advisory committees or boards that will design and oversee this program. Urgent care centers are on the front lines of the patient populations that this licensure is intended to serve, and our experience and data can be invaluable in shaping effective regulations. The success of this program will depend on striking the right balance in training requirements, exam scope, and operational protocols in urgent care settings. Involving stakeholders from the urgent care industry – including clinical providers, urgent care administrators, and our state association (UCAM) – will bring practical insights to ensure the licensure framework works as intended on the ground.

Other key stakeholders such as radiology professionals (e.g., the Massachusetts Society of Radiologic Technologists), hospitals, and educational institutions should of course be at the table as well – and indeed DPH has rightly begun consulting with many of these

parties member.msrt-ma.org. We ask that urgent care providers be given a voice alongside them. Our perspective can help address concerns and logistics specific to freestanding urgent care clinics, such as recommendations on which categories of X-ray should be allowed, the appropriate number of training hours for urgent care use cases, and feasible quality control measures in a clinic environment. Collaboration in this planning process will build consensus and trust. It will also help in developing guidelines for implementation (e.g., how urgent cares will document compliance, how overreads are reported, how referrals and escalation are handled under the new model). We are confident that, with our input, Massachusetts can craft a model limited-scope radiography program that will be looked to by other states as a gold standard for balancing accessibility, safety, and quality.

In closing, the Urgent Care Association of Massachusetts strongly supports the establishment of a limited-scope X-ray technician licensure program. This initiative addresses a critical workforce shortage and will enhance patient access to timely care, all while maintaining high standards of safety. By empowering urgent care centers to perform essential imaging with qualified, limited-scope technologists, Massachusetts can alleviate the strain on overburdened emergency departments, reduce healthcare costs for patients, and improve outcomes through more immediate diagnosis and treatment of minor injuries and illnesses. We applaud the forward-thinking approach the Commonwealth is taking on this issue and respectfully urge swift action to implement the program. UCAM and the urgent care community stand ready to assist in any way possible – from sharing data to participating in advisory councils – to ensure this effort succeeds. Thank you for your attention to this urgent matter and for your continued commitment to improving healthcare access in Massachusetts.

Sincerely, Jim Brennan

President, Urgent Care Association of Massachusetts

# References (Supporting Data and Sources)

1. American Society of Radiologic Technologists (ASRT) Survey – Radiology technologist vacancy rate reached 18.1% in 2023, up from 6.2% a few years prior

rsna.org

.

1. Massachusetts Center for Health Information and Analysis (CHIA) Workforce Survey 2023 – Radiologic Technologist vacancy rate of 15.8% in MA acute care hospitals

mhalink.org

.

1. Massachusetts DPH Public Health Council Briefing (Feb 2025) – Proposal for Limited Scope of Practice in Radiography license to expand urgent care capacity and reduce ED pressure

member.msrt-ma.org member.msrt-ma.org

. Includes BLS projection of 6% growth (15,700 openings) for rad tech jobs 2022– 2032

member.msrt-ma.org

.

1. Urgent Care Association (UCA) White Paper (2023) – *The Case for Limited X-Ray Licensing in All States*. Documents radiologic technologist shortages and the impact on urgent care; notes that urgent cares typically perform only chest and extremity X-

rays (7–10 per day) urgentcareassociation.org

, and finds no quality loss with limited-scope operators when proper training and QA (overreads) are in place

urgentcareassociation.org

.

1. Journal of Urgent Care Medicine (JUCM) Article (Nov 2022) – *Benefits of Utilizing Limited-Scope X-Ray Techs in Urgent Care*. Highlights staffing difficulties post- COVID and how cross-training MAs as limited X-ray techs can fill urgent care needs

jucm.com jucm.com

.

1. Lindsay Allen et al., *Health Services Research* (2021) – Study showing urgent care availability reduced non-emergent ED visits by ~17%

pmc.ncbi.nlm.nih.gov

, especially among Medicaid/uninsured populations pmc.ncbi.nlm.nih.gov

.

1. Bill Wang et al., *Health Affairs* (2021) – Analysis indicating average urgent care visit costs $171 vs. $1,646 for an ED visit

ldi.upenn.edu

, underscoring cost-effectiveness of care in urgent settings for appropriate conditions.

1. JUCM Roundtable (2016) – *Expert Perspectives on X-Ray Over-read Strategies in Urgent Care*. Recommends radiologist interpretation (overreads) for urgent care X- rays to ensure quality

jucm.com

and outlines policies for mandatory overreads on certain studies jucm.com

.

1. Experity Health Data (2023) – Teleradiology services report 99.9% accuracy in radiologist over-read agreements for urgent care X-rays

experityhealth.com

, demonstrating the effectiveness of double-reading in error prevention.

1. Massachusetts DPH Consultation (2024) – Coordination with ARRT, ASRT, MSRT, and review of New Hampshire & Texas limited licensure models

member.msrt-ma.org

to inform Massachusetts’ program, ensuring consistency with national standards and best practices in other states.