



# THE CASE FOR LIMITED SCOPE X-RAY LICENSING

For Qualified Individuals Practicing in  
Urgent Care Centers

## Abstract

There is a nationwide shortage of Radiologic Technologists which impacts patient access to care.  
There is also a simple, proven solution.

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# The Case for Limited X-Ray Licensing in All States for Qualified Individuals Practicing in Urgent Care Centers

## Introduction

Radiologic Technologists (RTs) are highly trained professionals with a broad scope of imaging skills who are in high demand across the US healthcare spectrum. Unfortunately, the supply of these professionals is significantly below the demand for their sophisticated array of skills - a situation that was further exacerbated by the COVID-19 pandemic.

Prior to the pandemic a 2019 survey by the American Society of Radiologic Technologists (ASRT) revealed that radiology departments were 8.5% understaffed with radiographers. The Bureau of Labor and Statistics has recently outlined at least a 6% growth in demand - approximately 17,000 positions annually - that will merely compound the existing shortage.<sup>i</sup>

This shortage is severely affecting smaller and more independent practices. Whereas large hospital or specialty organizations are able to offer inflated levels of compensation to ensure their imaging departments remain staffed, smaller healthcare providers cannot compete with these wages and are running out of solutions beyond that of curtailing or eliminating their radiology services and redirecting patients to additional sites (often with higher costs of care), and adding financial burden onto the entire healthcare system - and potentially forcing a compromise of patient care.

There is a solution to this problem that preserves patient safety and care quality, improves patient compliance and outcomes, keeps overall healthcare costs low, and ensures Radiologic Technologists can utilize their full scope of expertise in the areas where that expertise is most needed. That solution is Limited Scope X-ray Licensure.

Many states have already implemented Limited Scope licensure. Others allow for it, but make it nearly unachievable, and many states have no solution at all. This paper advocates for Limited Scope x-ray licensure in those states where regulations do not allow for it or the requirements make Limited Scope licensure effectively unobtainable.

## **Radiologic Technologist Training, Scope, and Demand**

To become a Radiologic Technologist, individuals must complete two years of training in an approved school and obtain RT certification through the American Registry of Radiologic Technologists (ARRT). In approximately 75% of states an additional license is also required following ARRT certification and registration. <sup>ii</sup>

Hospitals and specialty facilities both require the full scope of the RTs training and skills on a daily basis to care for their expansive and often acute patient needs. Often these diagnostic techniques are a matter of life and death for patients, or the question of unnecessary exploratory surgery that could be eliminated by the use of sophisticated imaging techniques. If the facility is experiencing an RT shortage, patient care is compromised, and costs go up.

Unfortunately, in many states, lower-acuity sites of care are also required to use RTs for their radiography needs – no matter how limited or basic – pulling these advanced professionals out of the sites where they are needed the most.

Urgent Care centers are particularly impacted by these regulations, and therefore create a significant strain on the availability of RTs in the US, making them difficult to source for those entities where their full battery of skills is essential.

### **About Urgent Care Centers**

Urgent Care Centers provide care for non-life or -limb threatening illness and injury on a walk-in basis. Since their inception in the early 1980's there have grown to be over 11,000 centers in the US<sup>iii</sup> and they can be found in almost every community across the nation. They are staffed by Physicians, Physician Assistants and/or Nurse Practitioners who are clinically supported by Medical Assistants and, in many states, a Radiologic Technologist.

The scope of care provided in a typical Urgent Care Center does not include the full scope of imaging – or even just the full scope of radiography – that an RT can and should provide. Usual patient presentations to an Urgent Care might warrant a chest x-ray or x-ray of upper/lower extremities, but the standard of care requiring anything more advanced would likely require referral to an emergency department (ED). The volume of imaging at an Urgent Care center is not sufficient for a full-time RT – most Urgent Care centers perform fewer than 7-10 x-rays per day.

The importance of the role of Urgent Care centers came to the forefront of national attention during the COVID-19 pandemic. When almost all other non-acute facilities shut down, Urgent Care centers remained open, providing the

only access to care outside an ED in most communities. Throughout the pandemic Urgent Care centers provided the majority of testing and outpatient treatment options in our country. This voluntary response from the industry illustrated the importance of this site of care in emergency response situations, and the need for the US healthcare system to support the long-term availability of Urgent Care.

Urgent Care's critical importance to our healthcare system requires regulations that ensure its ability to provide continuous care, because emergencies can strike at any time. Readiness must be maintained so Urgent Care centers can fulfill their ongoing and emergency response roles. Regulations that require staffing Urgent Care centers with RTs limit the centers' ability to provide x-rays at any time, creating unnecessary risk for all communities.

### **State Requirements and Evolution**

Regardless of this limit of Urgent Care Center scope (defined nationally by the Urgent Care Association under their Certified Urgent Care designation<sup>iv</sup>, many states still require Urgent Care centers to employ Radiologic Technologists for imaging. This requirement places undue burden on the Urgent Care center, the RT labor pool, and the availability of RTs to work in higher-acuity sites of care.

Some states have already addressed this issue through the provision of a Limited License X-Ray Technician program. These programs allow individuals (generally with some clinical training) to perform a limited set of x-rays after meeting certain criteria. In addition to educational thresholds, many of these states require passing of the Limited Scope of Practice in Radiography exam prior to granting state licensure. Since 1986, this exam has been administered by the ARRT on behalf of the state licensing agencies that have this provision.<sup>v</sup>

The ARRT's philosophy is that "Individuals licensed in Limited Scope radiography possess the same knowledge and cognitive skill, in their specific area of radiography, as radiographers". The Limited Scope exam is extensive and comprehensive of the areas approved for Limited Scope by the ARRT. The full content of the exam can be accessed [here](#) for review.

In complete disregard of the ARRT's position and the longstanding practice of Limited Scope radiography in many states, some states still have full prohibition on any non-RT individuals taking any kind of x-rays in any setting. They have not created any provisions for any level of training or examination that would qualify a non-RT to take even the simplest x-ray. These strict

positions continue to exacerbate the RT shortage and patient care access issues highlighted above.

Currently, 14 states as well as the District of Columbia either prohibit any kind of Limited Scope x-rays, prescribe requirements that are so laborious that achieving them is almost impossible, or require one to attend a state-approved brick and mortar school located in the state. For example, in New Jersey the training and experiential requirements for obtaining a Limited Scope License to take chest and orthopedic x-rays is beyond what is required for a Radiologic Technologist program. Notably, New Jersey dictates that candidates for limited licensure undergo 1400 hours of education to obtain a limited licensure just for orthopedics and another 300 hours for licensure in the chest. In addition, New Jersey requires candidates to attend a board-approved school, but there are currently no schools that have received board approval.

### **What This Means for Radiologic Technologists and Urgent Care**

For Radiologic Technologists this creates worksites – such as Urgent Care centers – where their skills are grossly underutilized and likely deteriorate quickly over time from underuse. To maintain their skills the RT must moonlight in a higher-acuity facility or one that at least has a higher volume and variety of imaging needs. Consequently, RT turnover is high in Urgent Care, which leads to an inability of the Urgent Care Center to provide consistent patient care and access to the full scope of care unless the physician – in most cases, the only individual in the Center whose license allows for it – happens to be trained in and available to perform imaging in addition to their typical workload.

These problems are unnecessary and can be easily solved with the implementation of a Limited License X-Ray Technician program.

### **Medical Assistant Appropriateness for Limited Scope Licensing**

The vast majority of Urgent Care Centers employ Medical Assistants to support their Physician, Physician Assistant and/or Nurse Practitioner providers. Medical Assistants are trained in anatomy, physiology and pathology, medical terminology, laboratory techniques, clinical and diagnostic procedures, pharmacology and medication administration, medical law and ethics and a variety of administrative skills.<sup>vi</sup> These individuals are ideally suited to participate in Limited Scope x-ray training and licensing programs.

In states where Limited Scope Licensing does not exist, the workflows and patient engagement of the Medical Assistant and the provider they are supporting are interrupted when an x-ray must be performed, creating a

“handoff” to the RT. This is an unnecessary interruption, and the addition of another handoff creates the possibility of clinical errors or information loss (also unnecessary). Adding the occasional limited x-ray to the workflow of Medical Assistants simply engages the talents of a well-trained employee at a new level.

In states where Limited Scope Licensing does exist, anecdotal evidence has found that training and licensing Medical Assistants in Limited Scope x-ray leads to higher employee satisfaction and higher retention rates, with no loss in imaging quality when the program includes quality assurance mechanisms.

### **The Future of Radiologic Technologists in Urgent Care**

The expansion of Limited Scope Licensing to all 50 states does not eliminate the need or opportunity for RT employment in Urgent Care centers. On the contrary, it creates opportunities for RTs to work in training, supervisory, and quality assurance roles which creates new professional growth trajectories for those RTs interested in practicing in the Urgent Care setting.

### **Urgent Care Industry Engagement**

Urgent Care Centers are very willing to participate in Limited Scope Licensing programs because they ensure quality of care while also ensuring access. The Urgent Care industry was founded on the concept of improving access to a broad scope of care – including the availability of x-ray – and is committed to ensuring that Urgent Care continues to fulfill its role in healthcare. With 11,000 locations interested in Limited Scope x-ray availability, participation in Limited Scope Licensing programs is virtually assured for all states who implement it.

### **Training Program Availability**

Robust, long-standing training programs in Limited Scope Radiography do exist, but they are also limited. Very few provide online opportunities, which do exist and have been approved in many of the states that currently allow for Limited Scope. The expansion of Limited Scope Licensing would likely create the opportunity for more of these programs to develop and improve both the availability and quality of the training programs for Medical Assistants and others interested in this licensure.

### **The National Perspective – Urgent Care Association**

The Urgent Care Association (UCA) is the national association for Urgent Care centers. As the national voice of the industry and the connecting point for the majority of training programs and best practice initiatives, UCA serves as the industry leader in the advancement and long-term success of Urgent Care. As

such, it is active - along with the College of Urgent Care Medicine - in advocating for appropriate access to and quality of care in Urgent Care centers across the nation. UCA supports Limited Scope Licensing in radiography for Medical Assistants and others with appropriate training and quality assurance in place.

Ideally, UCA prefers a nationwide standard for Limited Scope Licensing that is consistent from state-to-state to allow for improved mobility for licensed individuals, consistency in regulations affecting multi-state organizations, and consistency in training requirements for national-level program development. For now, however, this initiative must be implemented at the state level.

UCA provides a nationwide table of existing state regulations on Limited Scope Licensing which illustrates the wide variety of regulations, requirements and prohibitions in place today. The full table can be accessed through the Urgent Care Association.

UCA also leads the industry to ensure access to high-quality patient care through setting standards for Urgent Care center scope (Certified Urgent Care designation) and quality (Urgent Care Accreditation). This commitment also includes quality in radiography and the training and qualifications of staff. UCA therefore supports programs in Limited Scope Licensing that include adequate training and testing that leads to improved patient safety and employee engagement. UCA will support all states that choose to adapt their current regulations to allow for appropriate Limited Scope Licensing and will work to ensure limited scope x-ray training programs are robust, accessible and aligned with ARRT requirements.

## **Conclusion**

Radiologic Technologists possess a broad, unique skillset. Demand for Radiologic Technologists is expected to increase, while supply continues to dwindle. The lack of Limited Scope Licensing in many states exacerbates this problem further, creating risks for patients. Adding Limited Scope Licensing would eliminate the unnecessary competition for Radiologic Technologists from growing sites of care such as Urgent Care centers, while maintaining the accessibility to the full scope of care in such locations. The broad skillset associated with the Radiologic Technologist is not necessary in the urgent care setting, while the vast array of their skills is very much necessary in the hospital and specialty setting.

The solution of Limited Scope Licensing is a simple, proven, safe approach. For over 30 years, medical professionals have been successful in becoming certified as Limited Radiographers, possessing the knowledge and skillset necessary to obtain quality radiographs safely and effectively. There are

longstanding, comprehensive educational programs in Limited Radiography which prepare students to take the ARRT Limited Scope of Practice in Radiography Exam. In order to best provide care to patients and access to appropriate services for communities, the Urgent Care Association is supportive of, and advocates for, the adoption of regulations that allow for Limited Scope Licensing and make it achievable.

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<sup>i</sup> <https://www.bls.gov/ooh/healthcare/radiologic-technologists.htm>

<sup>ii</sup> <https://www.rrt.org/pages/about-the-profession/state-licensing>

<sup>iii</sup> <https://www.ucaoa.org>

<sup>iv</sup> <https://urgentcareassociation.org/quality/certification/>

<sup>v</sup> Confirmed via phone December 6, 2022 with ARRT <https://www.rrt.org>

<sup>vi</sup> <https://www.aama-ntl.org/medical-assisting/caahep-abhes-programs>

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