

**Task Force to Study Methods to Address
the Shortage of Radiologic Technologists,
Nuclear Medicine Technologists, and
Respiratory Care Practitioners in the State**

Established Pursuant to Public Act 23-97 (Section 44)

State of Connecticut

FINAL REPORT

December 20, 2024

Task Force to Study Methods to Address the Shortage of Radiologic Technologists, Nuclear Medicine Technologists and Respiratory Care Practitioners in the State

Members

NAME	APPOINTING AUTHORITY
Matthew Green, R.N., Co-Chair	Senate President Pro Tempore
Bernadette Mele, R.T.(R)(MR)(ARRT); MRSO MRSC™, Co-Chair	Speaker of the House of Representatives
Paul Kidwell	Senate Majority Leader
Sajjad Raza, RRT, RRT-ACCS	House Majority Leader
<i>Vacant</i>	Senate Minority Leader
Marvin Bristol, RRT	Senate Chairperson, Public Health Committee, or designee
Rep. Cristin McCarthy Vahey	House Chairperson, Public Health Committee, or designee
Karen Griffiths, RRT, CPFT	Senate Ranking Member, Public Health Committee, or designee
James Pope, MD	House Ranking Member, Public Health Committee, or designee

Table of Contents

Executive Summary	5
<i>Background</i>	5
Main Findings.....	6
Section I. Introduction	8
<i>Creation of Task Force and Its Charge</i>	8
Task Force Approach.....	8
Overarching Principles	9
Contents of the Final Report.....	9
<i>Background Information, Including Current Status and Profession-Specific Staffing Challenges</i>	10
<i>Current Status of the Professions</i>	10
National and State Vacancy Rates	10
<i>Profession-Specific Staffing Challenges</i>	11
Radiologic and Nuclear Medicine Technologist Professions	11
Respiratory Care Practitioner Profession	17
Section II. Scope of Problem	23
Section III. Connecticut’s Current System	25
<i>Shared Continuing Problems and Issues</i>	25
<i>Inequalities in Access</i>	25
Respiratory Care Programs.....	25
Radiologic and Nuclear Medicine Technology Programs.....	26
Section IV: Recommendations	28
Introduction to Recommendations.....	28
Task Force Recommendations.....	29
Recommendation 1: Student Loans and Tuition Assistance	29
Recommendation 2: Loan Forgiveness	29
Recommendation 3: Grant Funding.....	30
Recommendation 4: Recruitment and Marketing Support.....	30
Conclusion	31
References	32
Appendices	34
Appendix A: Meeting Summaries.....	35

June 13, 2024.....	36
July 16, 2024.....	37
September 16, 2024.....	38
October 31, 2024.....	39
November 13, 2024.....	40
November 20, 2024.....	41
December 12, 2024.....	42
December 18, 2024.....	43
December 20, 2024.....	44

Executive Summary

Background

The Task Force to Study Methods to Address the Shortage of Radiologic Technologists, Nuclear Medicine Technologists, and Respiratory Care Practitioners in the State was established Pursuant to Public Act 23-97 (Section 44), entitled *AN ACT CONCERNING HEALTH AND WELLNESS FOR CONNECTICUT RESIDENTS*. The mission of the task force is to study the statewide shortage of radiologic technologists, nuclear medicine technologists, and respiratory care practitioners, and to develop a comprehensive plan to address the issue.

Beginning in June 2024, the Task Force convened monthly to explore the scope of the problem and identify potential solution. In October, a subgroup was formed to draft a report of findings and recommendations. The full committee reconvened in November and December to review and finalize the draft, ensuring submission of the completed report by January 1, 2025.

In its discussions, the Task Force focused on three primary areas. First, it examined the availability of educational resources and pathways for individuals entering these fields. Next, it assessed the impact of workforce shortages on healthcare delivery across the state. Finally, it explored strategies to minimize these impacts and strengthen the workforce. The group recognized the importance of balancing practical solutions with financial realities while addressing the unique challenges of each profession.

The resulting recommendations reflect a shared, inclusive approach to resolving these shortages, while emphasizing the need for tailored strategies that consider the distinct characteristics of radiologic technology, nuclear medicine, and respiratory care. The Task Force's work underscores a commitment to both addressing the immediate crisis and ensuring the sustainability of these critical healthcare professions.

All of the recommendations made by the group were voted upon openly, and only those with a majority vote (all of which were unanimously accepted) were included in this report. There was general consensus for all of the recommendations that are included and discussed in this report.

The recommendations developed by the Task Force primarily focus on three key areas: increasing educational capacity, reducing financial barriers, and enhancing recruitment and retention strategies to effectively address workforce shortages.

Main Findings

Connecticut's healthcare system is experiencing a critical shortage of radiologic technologists, nuclear medicine technologists, and respiratory care practitioners. This shortage is driven by an aging workforce and population, high rates of burnout, and limited capacity within educational programs. These challenges are not unique to Connecticut; they reflect a broader, nationwide crisis.

At a national level, vacancy rates for radiologic and imaging disciplines have reached unprecedented levels. In 2023, radiographers experienced a vacancy rate of 18.1%, with other disciplines, including Magnetic Resonance Imaging (MRI) and nuclear medicine facing similar challenges (ASRT White Paper, 2024)¹. The respiratory care profession is enduring its worst workforce shortage in history. According to data cited by the American Hospital Association in 2021, job vacancies in respiratory care have increased by 31%. These staffing shortages have severe implications, including delayed diagnostics, increased workload pressures on remaining staff, and potential declines in the quality of patient care.

Connecticut mirrors these national trends, underscoring the urgency for immediate and comprehensive action to stabilize and expand the healthcare workforce. The proposed interventions aim to address these critical challenges, ensuring the long-term sustainability of these essential professions while safeguarding the quality of care for Connecticut residents.

The Task Force found that while Connecticut offers programs to train individuals pursuing careers in radiologic technology, nuclear medicine, and respiratory care, current enrollment capacity, clinical placement opportunities, and financial incentives are inadequate to meet the growing workforce demand. Key problematic factors include limited public awareness of these professions, inadequate funding to expand educational programs, challenges in recruiting and retaining professionals due to competitive market pressures, and high rates of burnout and turnover among current practitioners. Immediate action is needed to address these challenges and ensure a sustainable healthcare

Task Force Recommendations

After a comprehensive analysis, the Task Force discussed numerous factors that affect the current workforce shortage. The most common of which were identified, and include an aging population, limited educational capacity, and high professional attrition. In response, the Task Force unanimously proposed the following actions:

1. **Student Loans and Tuition Assistance:** Establish robust tuition assistance and student loan programs to encourage individuals to pursue careers in these critical healthcare fields.
2. **Loan Forgiveness Initiatives:** Institute loan repayment options to incentivize professionals to practice in underserved and high-need areas.
3. **Grant Funding for Training Purposes:** Provide targeted funding to expand educational program capacity and develop clinical placement partnerships to meet workforce demand.
4. **Support Recruitment and Outreach Efforts:** Partner with high schools through career fairs and organizations such as HOSA (Future Health Professionals, formerly known as Health Occupations Students of America), to create a seamless pathway from high school to healthcare employment, fostering greater awareness and interest in these professions.

These recommendations aim to build a sustainable pipeline of skilled professionals, mitigate existing shortages, and ensure the stability of Connecticut's healthcare workforce.

Section I. Introduction

Creation of Task Force and Its Charge

The Task Force to Study Methods to Address the Shortage of Radiologic Technologists, Nuclear Medicine Technologists, and Respiratory Care Practitioners in the State and Develop a Plan to Address Such Shortage was established by Section 44 of Public Act (P.A.) 23-97, entitled *AN ACT CONCERNING HEALTH AND WELLNESS FOR CONNECTICUT RESIDENTS*. The Task Force was charged with evaluating the scope of the problem, exploring the underlying causes, and identifying actionable strategies to address the shortages. Members included educators, healthcare professionals, policymakers, and representatives from professional organizations. The plan to address such shortage and report its recommendations to the Connecticut General Assembly was to be submitted by January 1, 2024; however, the task force was initiated later in 2024 which pushed the report submission out to January 1, 2025.

Task Force Approach

The Task Force convened on June 13, 2024, and held nine meetings through December 2024 to analyze workforce shortages in radiologic technology, nuclear medicine, and respiratory care. The initial full-group meetings in June, July, September, and October focused on identifying challenges and opportunities. In October, a sub-working group was formed to draft recommendations and met in early November. The full Task Force then reconvened in late November and December to review and finalize the recommendations.

Section V of this report details the four key recommendations developed through this process, along with supporting rationale. Throughout its work, the Task Force drew on relevant research and previous efforts addressing workforce shortages in imaging and respiratory care. Key resources are shared here, with a comprehensive list included on the reference page. These include:

- The *2024 ASRT White Paper* from the Consensus Committee on the Future of Medical Imaging and Radiation Therapy¹.
- The *2023 Radiologic Sciences Staffing Survey* by ASRT².
- The Bureau of Labor Statistics' *Occupational Outlook Handbook: Radiologic and MRI Technologists* (2024)³
- The Bureau of Labor Statistics' *Occupational Outlook Handbook: Nuclear Medicine Technologists* (2024)⁴
- The Bureau of Labor Statistics' *Occupational Outlook Handbook: Diagnostic Medical Sonographers and Cardiovascular Technologists and Technicians* (2024)⁵
- The Bureau of Labor Statistics' *Occupational Outlook Handbook: Respiratory Therapists* (2024).⁶
- The *State of Respiratory Therapy: A 2021-2022 Report* by the American Association for Respiratory Care (AARC) and Boston Scientific.⁷

By incorporating insights from these efforts, the Task Force sought to build upon existing initiatives and provide actionable solutions tailored to Connecticut’s specific needs.

Overarching Principles

The Task Force endorsed five overarching principles to provide guidance in addressing the shortage of radiologic technologists, nuclear medicine technologists, and respiratory care practitioners in Connecticut.

1. **Equity and Inclusion:** Ensure programs and initiatives are accessible to underrepresented groups, actively addressing diversity in the healthcare workforce.
2. **Sustainability:** Develop solutions that address both immediate needs and ensure long-term workforce stability by expanding program capacities and retention efforts.
3. **Collaboration:** Foster partnerships among educational institutions, healthcare providers, and government agencies to share resources and best practices.
4. **Quality and Standards:** Maintain high academic and clinical training standards to ensure that the workforce is competent, prepared, and capable of meeting patient needs.
5. **Innovation:** Leverage new technologies and methodologies to streamline educational pathways and clinical training opportunities.

Contents of the Final Report

Section I: Introduction

- Overview of the report, its purpose, and the five key principles that guided the development of the recommendations.

Section II: Scope of the Problem

- Examination of the workforce shortages and their impact on the healthcare fields both nationally and in Connecticut.

Section III: Current State of Educational Programs

- Review of Connecticut’s educational programs for these professions and ongoing challenges.

Section IV: Recommendations

- Detailed recommendations developed by the Task Force, with rationale and explanations.

Background Information, Including Current Status and Profession-Specific Staffing Challenges

The Task Force to Study Methods to Address the Shortage of Radiologic Technologists, Nuclear Medicine Technologists, and Respiratory Care Practitioners developed its recommendations with a clear understanding of the complexity and urgency of the issues impacting these professions. Despite the challenges of addressing such a broad and intricate task within a limited timeline, the Task Force reached a consensus on key actions to address workforce shortages in these critical fields.

These recommendations should be viewed within the broader context of Connecticut's healthcare system, where access to timely imaging and respiratory care is vital for diagnosis, treatment, and positive patient outcomes. The Task Force hopes this report will serve as a foundation for ongoing efforts to support these professions as integral members of the healthcare team, ensuring the sustainability and quality of care for Connecticut's residents.

Current Status of the Professions

National and State Vacancy Rates

The healthcare workforce of Connecticut is facing unprecedented challenges, particularly in diagnostic imaging, nuclear medicine, and respiratory care. These shortages are driven by a combination of factors, including an aging population, an increased demand in healthcare services, significant professional burnout, and reduced enrollment and/or capacity concerns in educational programs; a national perspective highlights these concerns. National vacancy rates in nuclear medicine and radiologic disciplines are at their highest levels since tracking began in 2003, with radiographer vacancy rates climbing from 6.2% in 2021 to 18.1% in 2023 (ASRT White Paper, 2024). The Connecticut Hospital Association (CHA) did a poll to document the shortage in the state for all of the professions and found that radiologic technologists had approximately a 36% vacancy rate (radiologic technologists reported at 23% and radiography reported at 49%). Other imaging disciplines queried in the poll included computed tomography with a vacancy rate of ~30%, magnetic resonance imaging with a vacancy rate of ~20%, and mammography with a vacancy rate of ~16% providing an average of all imaging disciplines except for nuclear medicine at a 27.6% vacancy rate in Connecticut. For disciplines including bone densitometry, interventional radiography (vascular), interventional radiography (cardiac), and radiologist assistant, little to no data was available to be reported by CHA. The CHA poll also found that nuclear medicine technologists had approximately a 21% vacancy rate.

The Radiological Society of Connecticut (RSC) conducted a similar, yet informal survey of five radiology private practices to determine vacancy rates and included entities within the state of small,

medium-sized and larger radiology practices that employ radiologic technologists. From their survey, radiologic technologists were defined broadly yet included technologists that practiced in general radiography (x-ray), mammography, nuclear medicine, MRI, CT, and ultrasound. Based on current employment at these five practices and across all modalities, the vacancy rate is approximately 10.96%. The RSC survey reported that the shortage was most pronounced in mammography, yet no shortage was noted in nuclear medicine.

Respiratory Care Practitioners were found to have had approximately a 14% vacancy rate from the information received by the Connecticut Hospital Association Poll. The poll conducted by CHA surveyed both human resources and human resource affinity groups; it is unclear if temporary staff were included. In addition, the responses received were inconclusive on if they originated from smaller community hospitals or the larger tertiary hospitals in the state. Of note, while the 14% vacancy rate is significant, it is drastically lower than the amount being reported by respiratory leadership in the larger tertiary hospitals in the state. It is estimated by hospital respiratory leadership that the vacancy rates in the State of Connecticut is closer to the national average of 31%.

Profession-Specific Staffing Challenges

Radiologic and Nuclear Medicine Technologist Professions

Radiologic Technologists make up the third-largest group of health care professionals- surpassed only by physicians and nurses. encompass a wide variety of disciplines that play a vital role in the care of a patient, their diagnosis, treatment plan and prognosis (ARRT, 2024). These disciplines include radiography, radiation therapy, magnetic resonance imaging, nuclear medicine, sonography, vascular sonography, bone densitometry, cardiac interventional radiography, computed tomography, mammography, vascular interventional radiography, and the advanced level technologist, physician extender role as a registered radiologist assistant. Most technologists will use imaging technology and equipment to create images of the body's internal structures, such as bones, organs, and tissues which will help doctors to diagnose and treat diseases and injuries. Professions such as nuclear medicine prepare and inject radiopharmaceutical agents into patients before creating the images. Other disciplines help physicians during procedures that are more invasive to treat conditions without surgery. Therapists administer therapeutic doses of radiation to treat diseases such as cancer. With additional training and education, registered radiologic technologists pursue a career as a radiologist assistant where they will learn to perform many procedures that a radiologist would otherwise do (ARRT, 2024).

The demand for qualified, credentialed, and licensed radiologic technologists is evident as the population continues to age leading them to require more health care, fewer students preparing to enter the profession, and increasing numbers of professionals leaving for a variety of reasons, including retirement, burnout, and seeking opportunities elsewhere. The shortage does not only

affect medical imaging technologists and radiation therapists but impacts medical physicists and others throughout the healthcare system.

The nationwide staffing shortage leads to vacancy rates in 2023 at an all-time high of 18.1%, which increased from 6.2% in 2021 (ASRT White Paper, 2024)¹. The ASRT 2023 Radiologic Sciences Staffing Survey² identified the following vacancy rate increases from 2021 (see Figure 1):

- Cardiovascular interventional technology increased from 7.1% to 18.6%.
- Computed tomography increased from 8.7% to 17.7%.
- Sonography increased from 6.9% to 16.7%.
- Magnetic resonance imaging increased from 8.7% to 16.2%.
- Nuclear medicine increased from 4.2% to 14.5%.
- Mammography increased from 4.3% to 13.6%.
- Bone densitometry increased from 3.8% to 6.9%.

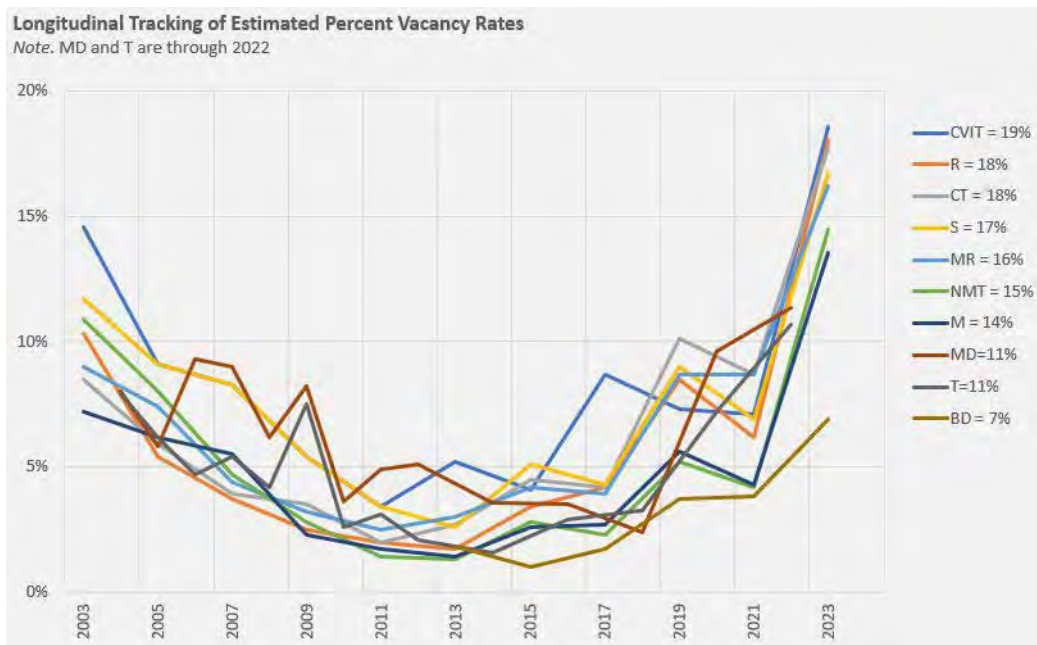


Figure 1. Changes in vacancy rates in medical imaging and radiation therapy disciplines during the period from 2003-2023. Reprinted from *Research Report for the Consensus Committee on the Future of Medical Imaging and Radiation Therapy*. Abbreviations: CVIT, cardiovascular-interventional technology; R, radiography; CT, computed tomography; S, sonography; MR, magnetic resonance imaging; NMT, nuclear medicine technology; M, mammography; MD, medical dosimetry; T, radiation therapy; BD, bone densitometry.

While the number of vacancies rise across the country and across the modalities, the number of individuals who challenge the national registry exam has declined from a peak of 17,487 in 2006 to 14,330 in 2022 (see Figure 2).

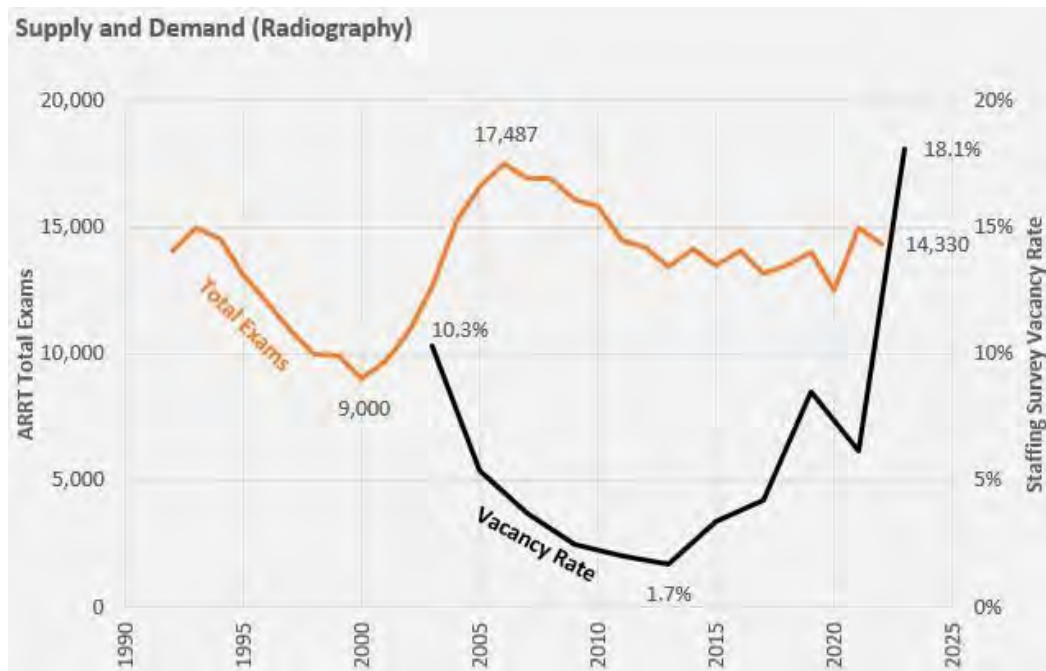


Figure 2. Total number of radiography certification exam takers compared with the job vacancy rate for radiographers over time. Reprinted from *Research Report for the Consensus Committee on the Future of Medical Imaging and Radiation Therapy*.

Data presented in the White Paper from the 2024 Consensus Committee on the Future of Medical Imaging and Radiation Therapy (2024)¹ provided additional information related to the workforce shortage and some of the possible contributing factors. The respondents (77.3%) were employed full time; 13.8% were employed part time, and the remaining 9.0% were not working in medical imaging or radiation therapy. The data received suggests that burnout, including emotional exhaustion, and feeling underappreciated at work, are pervasive problems in medical imaging and radiation therapy professionals.

- Part time respondents were asked why they did not work full time in the field, there responses below included:
 - Semi-retired (37.4%)
 - No desire to work full time (30.6%)
 - Family obligations (24.7%)
- Those not working in medical imaging or radiation therapy responded the following:
 - Retired (60.4%)
 - Currently unemployed but not seeking work in the field (10.8%)
 - Working in another profession (9.7%)
- Reasons for Leaving most recent position responses:

- Changed to an equivalent position at another facility, received a promotion or accepted relocation (26.6%)
- Left due to burnout (24.8%)
- Left for better pay elsewhere (24.1%)
- Left due to problems with management (23.9%)
- Left for more desirable hours elsewhere (20.5%)
- Reasons for Staff Turnover responses:
 - Left to work at another facility (80.9%)
 - Left due to burnout (35%)
 - Retired (21.4%)
 - Left due to family issues, such as taking care of relative or raising children (16.3%)
 - Left because of COVID-19 or COVID-19 related policies (11.9%)

The workforce shortage for radiologic and nuclear medicine technologists will continue for the foreseeable future. The national Bureau of Labor Statistics indicates that there are currently 271,200 radiologic and MRI technologists, 143,400 diagnostic medical sonographers and cardiovascular technologists and technicians, 17,800 nuclear medicine technologists in the US (BLS, 2024). It projects that the profession of radiologic and MRI technologists will grow by 6% by 2033, diagnostic medical sonographers and cardiovascular technologists and technicians by 11% by 2033, and nuclear medicine technologists by -1% by 2033. Annual vacancy rates of 16,800 positions in radiologic and MRI technologists, 15,200 positions in diagnostic medical sonographers and cardiovascular technologists and technicians, -200 positions in nuclear medicine technologists will impact our collective fields leading to potential delays in diagnostics, diagnosis, treatment, and patient care that may adversely affect outcomes (BLS, 2024).

Connecticut has eight entry-level radiography programs. Of these eight offerings, five programs are within the Connecticut State Community Colleges system and three are offered at private universities. The degree offerings vary from the entry-level associate degree (6 programs) and two entry-level bachelor degree (one 3-year program and one 4-year certificate program). Additional program offerings allow for the registered radiologic technologist who has passed their entry-level registry in radiography to upskill to another modality through on-the job training, post-radiography certificate programs, online/self-directed education, or graduate degree combined with leadership program along with 16 hours of structured education and completion of clinical experience per modality as mandated by the certifying agency for the profession.

Radiography Programs: Length and Capacity

Educational Facility		Program Length	Capacity
Connecticut State Community College (CSCC)*			
	Capital	21 months	40 capacity
	Gateway	20 months	72 capacity
	Manchester	22 months	44 capacity
	Middlesex	22 months	48 capacity
	Naugatuck	22 months	47 capacity
Quinnipiac University		36 months	96 capacity
Sacred Heart University		24 months	80 capacity
University of Hartford			
	Bachelor of Science	50 months	
	Certificate	21 months	58 capacity

*Program capacity for the Connecticut State Community College is reported to be less than what is present in this chart; however, that information is not updated on each site.

Nuclear Medicine Program: Length and Capacity

Educational Facility		Program Length	Capacity
Connecticut State Community College (CSCC)			
	Gateway	22 months	20 capacity

Radiography Program: Completion Rate, Credentialing Exam Pass Rate and Job Placement Rates (2018-2022)

Educational Program	Completion Rate (2022)	Credentialing Exam Pass Rate (2018-2022)	Job Placement Rate (2018-2022)
CSCC- Capital	60%	92%	98%
CSCC- Gateway	100%	86%	100%
CSCC- Manchester	100%	91.2%	100%
CSCC- Middlesex	87.5%	95.86%	100%
CSCC- Naugatuck	66%	91%	98%
Quinnipiac University	95.65%	89%	100%
Sacred Heart University	45%	78%	97.5%
University of Hartford	76%	77.1%	100%

Nuclear Medicine Program: Completion Rate, Credentialing Exam Pass Rate and Job Placement Rates (2021-2023)

Educational Program	Completion Rate	Credentialing Exam Pass Rate (2021-2023)	Job Placement Rate (2021-2023)
CSCC- Gateway	52%	86%	100%

Radiography Results (2018-2022)

The following chart represents that out of the number of eligible students who complete programs in Connecticut, 87.26% pass their registry exam. From those that pass their registry exam, 99.4% gain employment. As we assess programs, we can deduct that from the time that students are accepted into a radiography program in Connecticut, successfully complete their educational program and training and pass their registry exam to getting a job, the placement rate is ~67.8%

Program	Capacity	# Completion	Pass Rate	Placement Rate
CSCC- Capital	20	12	11.04	10.8192
CSCC- Gateway	36	36	30.96	30.96
CSCC- Manchester	22	22	20.964	20.964
CSCC-Naugatuck	24	15.84	14.4144	14.126112
Quinnipiac University	32	30.608	27.24112	27.24112
Sacred Heart University	40	18	14.04	13.689
University of Hartford	29	22.04	16.99284	16.99284
	227	177.368	154.767928	153.90784

Nuclear Medicine Results (2021-2023)

Program	Enroll	# Completion	Pass Rate	Placement Rate
CSCC- Gateway	25	52%	No data	No data

Connecticut Statistics: State Licensure and ARRT Credentials

There are currently 4,358 licensed radiographers in the state of Connecticut. Of these licensed technologists, 4,191 hold credentials in one or more disciplines which is evidenced by the number of certifications that are held by radiographers in the state of 6,833. The following chart demonstrates the breakdown by discipline (Connecticut Department of Public Health, 2023).

Modality	Number of Licensed Radiographers in Connecticut
Radiography	3,820
Nuclear Medicine	135
Radiation Therapy	274
Magnetic Resonance Imaging (MRI)	594
Sonography	9
Mammography	824
Quality Management	22
Computed Tomography (CT)	933
Cardiac Interventional Radiography	12
Vascular Interventional Radiography	48
Cardiovascular Technologist	40
Vascular Sonography	2
Breast Sonography	30
Radiologist Assistant (RA)	19

Respiratory Care Practitioner Profession

Respiratory Care Practitioners (RCPs) play a critical role in patient care. Respiratory Care is a specialized health field where practitioners are trained in pulmonary medicine in order to work with patients suffering from pulmonary disease. The responsibilities range from diagnosing lung and breathing disorders to managing ventilators for patients who can't breathe normally on their own. Respiratory therapists work with patients of all ages from premature infants to the elderly.

The demand for qualified respiratory therapists is rapidly growing as the population in the United States ages and requires respiratory support for a number of chronic conditions. The need for RCPs has skyrocketed with both the COVID-19 pandemic and the advancement of life-saving technology such as mechanical ventilation and ECMO (Extracorporeal membrane oxygenation). But as the demand grows, the number of RCPs employed or available for employment is shrinking due to RCPs nearing retirement age, those leaving the profession because of high stress and long hours during the pandemic, and a sharp reduction in respiratory education program participation. The result has been a significant and dangerous RCP shortage that is projected to accelerate in the years ahead.

Data collected in “The State of Respiratory Therapy: A 2021-2022 Report” by the American Association in partnership with Boston Scientific showed the following alarming national statistics:

- More than 92,000 respiratory therapists will retire by 2030
- 93% of RTs say burnout is a major issue
- There has been a 27% decrease in RT education programs, with only 10% of programs at capacity

Respiratory therapists have experienced high rates of burnout from working without adequate staffing (Miller, 2023). Miller et al reported that 79% of RCPs reported having some level of burnout. The consequences of burnout are well documented: adverse patient outcomes, reduced staff well-being, and harm to the health care system (Strickland, 2022 and Burr, 2022). “Research done in nursing has demonstrated that burnout can lead to increase mortality and prolong length of stay. Although there is no research on outcomes specific to RCPs, negative outcomes to patients likely exist (Hinkson, 2023)”.

Combined with the high burnout, the respiratory care profession is enduring the worst workforce shortage in history. Between 2019 and 2020, national RCP job vacancies increased by 31% (American Hospital Association, 2021). Hospitals attempt to fill the shortage with an increased dependency on travel agency therapists at an increased cost. These sharp increases in labor costs result in a financial strain on respiratory departments and health care organizations. Hospitals are left with a difficult decision of paying high rates for agency staff or leave departments under resourced (Hinkson, 2023).

The workforce shortage for respiratory therapists is likely to continue for some time. The national Bureau of Labor Statistics indicates that there are currently 133,900 RCPs in the US. It projects that the profession will grow by 13% by 2033, with a vacancy rate of 9,400 positions annually (Bureau of Labor Statistics, 2024). “Our current educational system will need to increase its output to meet this projected demand. Otherwise, respiratory therapy, like other health-care professions will be locked in a vicious cycle: inadequate staffing levels contribute to high burn-out rates and high rates of burnout cause RTs to leave the profession, which furthers the staffing shortage (Hinkson, 2023)”.

Connecticut has five entry level respiratory programs and one-degree advancement program. As described in the chart below, the average enrollment in the entry level RCP programs from 2020-2022 is only 59% capacity.

Institution	Type of RCP Program	Max annual enrollment	Enrollment 2022	Enrollment 2021	Enrollment 2020	% capacity
Goodwin University	Two year private	40	14	16	15	38%
University of Hartford	Four year private	18	7	7	8	41%
CT State Community College - Naugatuck Valley	Community College public	20	19	15	17	85%
CT State Community College - Norwalk	Community College public	20	7	11	14	53%
CT State Community College - Manchester	Community College public	20	15	19	13	78%
Southern University (Degree completion not entry level)	Public state college	50	17	21	8	39%
Average % of enrollment compared to capacity across the five CT entry level programs (2020-2022)						59%

To obtain a better understanding of the shortage and issues with enrollment, surveys were sent to the program directors all of the six respiratory education programs in the state. The survey results indicated that all programs felt graduates were having no issues finding employment as there is a great demand for new graduates. The program directors indicated the following difficulties for filling the seats in the entry level programs:

State Respiratory Educators understanding of workforce shortage
Too few applicants to programs
Lack of awareness of the profession (especially at the high school level)
Lack of visibility of the respiratory programs
Cost/ financial aid barrier
Prospective students choosing other similar health professions due to higher starting salary

Program educators also expressed the following additional concerns about resources:

State Respiratory Educators Concerns about Resources
Difficulty obtaining clinical placement- Hospitals not accepting students with staff preceptors due to staff shortages. Programs are forced to hire paid clinical instructors, which is a financial burden on the educational institution.
Difficulty securing qualified faculty due to degree requirements and pay.
High cost of keeping up to date training equipment in teaching labs.

In addition to the survey that was sent to all education programs, the task force sent a survey to the managers and directors of hospital respiratory programs in the state (Hospital Respiratory Leadership). The results of a survey strongly confirmed the critical shortage of new graduates to fill current openings. The surveys indicated the following concerns:

Hospital Respiratory Leadership Concerns about the Shortage
The respiratory programs in the state are not producing enough graduates to keep up with the work force demand.
Pay is a concern. Not keeping up with similar professions such as nursing. Border states have a difficult time competing with higher pay from states such as MA and NY. RCPs leaving positions to take travel roles for higher pay.
Employees bounce around jobs or work multiple per diem jobs to find the highest pay.
Not enough staff to take students or compensate preceptors.
Unsuccessfully filling spots with travel therapists who are costly and frequently not experienced and vested.

Both educators and hospital leadership felt that improved partnerships between hospitals and educational institutions could help with the workforce shortage. Some of the suggestions for partnerships were in the following areas:

Partnerships Between Hospitals and Educational Institutions	
Student Clinical Rotations	<ul style="list-style-type: none"> • Providing incentives such as increased wages to encourage staff to be student preceptors • Career ladders for staff respiratory therapists to incentivize precepting students
Degree Advancement	<ul style="list-style-type: none"> • Degree advancement is vital to professional growth, advancing the field, improving retention, and is necessary to fill leadership roles and positions in education • Financial incentives/ tuition assistance would help encourage currently working therapists to obtain degree advancement
Career Fairs	<ul style="list-style-type: none"> • Career fairs at hospitals help to create pathways for employees to advance careers • Partnering with educational programs, can help promote a path to a degree in respiratory therapy

Recommendations from both state educators and hospital leadership on ways to assist with the workforce shortage included:

Recommendations from State Educators and Hospital Leadership	
Increase number of applicants to Respiratory Programs	<ul style="list-style-type: none"> • Tuition assistance • Loan reimbursement • Marketing of Profession • Health Exploration Career Fairs
Limited licensure for Students	<ul style="list-style-type: none"> • Allowing respiratory students to work in the profession in a limited capacity while they are students in an accredited respiratory program
Incentives	<ul style="list-style-type: none"> • Incentives for respiratory therapists to work in rural areas • Incentives for respiratory therapists from bordering states to work in CT • Incentives for degree advancement for working therapists to advance degree
Respiratory Driven Protocols	<ul style="list-style-type: none"> • Evidence supports respiratory driven protocols improves patient outcomes, reduces unnecessary spending, and decreases ventilator days

Page intentionally left blank

Section II. Scope of Problem

Connecticut faces a severe shortage of radiologic technologists, nuclear medicine technologists, and respiratory care practitioners, which poses significant risks to the state's healthcare system. This workforce gap is driven by an aging population requiring advanced diagnostic and therapeutic care, insufficient training capacity, and high rates of professional burnout. Without immediate and targeted action, these shortages are expected to worsen, leading to profound consequences for healthcare delivery.

If the Task Force's recommendations are not implemented, the healthcare system will face growing delays in diagnostics and treatment, further straining already overburdened healthcare facilities. Patients may experience prolonged wait times for critical imaging and respiratory care services, increasing the risk of adverse outcomes and compromising public health. Overworked professionals will face escalating workloads, exacerbating burnout and turnover, which will perpetuate a cycle of workforce instability.

The lack of investment in educational capacity will limit the state's ability to produce a sufficient pipeline of skilled professionals, leaving Connecticut unable to compete with other states offering better incentives and opportunities. As a result, underserved areas will face even greater challenges in accessing these essential services, widening healthcare disparities and disproportionately affecting vulnerable populations.

Without a long-term, strategic approach, communities across the state will remain highly susceptible to future health crises. Strengthening the healthcare workforce is a cornerstone of public health resilience, ensuring better outcomes in emergencies both large and small. The COVID-19 pandemic provided a stark case study: when a novel pathogen appears, the capacity and preparedness of the healthcare workforce can dictate whether hospital and medical systems remain resilient or falter. Failure to act on the Task Force's recommendations will not only jeopardize the sustainability of these professions but also weaken the overall healthcare infrastructure, threatening Connecticut's ability to meet the needs of its residents. Proactive measures are essential to ensure a stable, well-supported workforce capable of delivering high-quality care now and in the future.

Page intentionally left blank

Section III. Connecticut's Current System

This section highlights common and shared problems across all three professions. Additional details include the educational and credentialing requirements for Respiratory Care Practitioners, Radiologic Technologists and Nuclear Medicine Technologists.

Shared Continuing Problems and Issues

- **Enrollment Gaps:** Many programs are operating below capacity, with significant disparities between institutional enrollment and completion rates.
- **Faculty Recruitment:** Challenges persist in hiring qualified faculty due to salary constraints and educational requirements.
- **Clinical Placement:** Clinical site availability continues to be limited due to low staffing which is exacerbated by workforce shortages across all healthcare facilities.

Inequalities in Access

- **Geographic Disparities:** Students from rural or underserved areas often face difficulties accessing educational programs or clinical training opportunities.
- **Financial Barriers:** Tuition costs and limited scholarship opportunities disproportionately affect students from low-income backgrounds.
- **Representation:** Underrepresented groups in healthcare remain a concern, with insufficient diversity among students entering radiologic and respiratory care programs.

Respiratory Care Programs

- **Credentialing Requirements:** The National Board for Respiratory Therapy (NBRC) serves as the credentialing body for Respiratory Care Practitioners. To be qualified to take the entry level credentialing exam(s), candidates need to graduate from a CoARC accredited respiratory program.
- **Licensing:** Connecticut licensure requires students graduate from an accredited respiratory program and pass the NBRC entry level board exam(s). Once licensed, therapists need to complete continuing education credits to maintain licensure.
- **Educational Pathways:** Connecticut offers five Entry-Level Respiratory Care Programs and one AS-BS program through community colleges, state and private universities.
 - **Community Colleges:** Three associate degree entry level programs for respiratory care practitioners.
 - **State University:** One associate to bachelor completion degree program
 - **Private Universities:** One associate degree entry level program and one bachelor degree entry level program

- **Program Enrollment:** Average percentage of enrollment compared to capacity across the five entry level programs at 59% on average from 2020-2022.
- **Job Placement Rates:** Respiratory Practitioner Graduates across the state achieve a job placement rate of over 96%.

Radiologic and Nuclear Medicine Technology Programs

- **Credentialing Requirements:**
 - The American Registry of Radiologic Technologists (ARRT) serves as the credentialing body for 15 disciplines within radiologic sciences. Primary certification in radiologic technology requires candidates to complete an ARRT-approved program and earn at least an associate's degree, while post-primary certifications for radiologic technologists require clinical experience and structured education.
 - The Nuclear Medicine Technology Certification Board (NMTCB) and the ARRT serve to credential technologists as Certified Nuclear Medical Technologists (CNMT) through the NMTCB or a Credentialed Nuclear Medicine Technologist, R.T.(N)(ARRT) through the ARRT primary pathway or through the ARRT post primary pathway, R.T.(R)(N)(ARRT). Additional certifications may be earned through the NMTCB for nuclear medicine technologists who advance in the profession by obtaining certification in Computed Tomography (NMTCB(CT)), Radiation Safety (NMTCB(RS)), Nuclear Cardiology (NCT), Positron Emission Technology (PET), or Advanced Associate Certification (NMAA).
- **Educational Pathways:** Connecticut offers eight radiography programs and one nuclear medicine program through community colleges and private universities:
 - **Community Colleges:** Five associate's degree programs for radiography with capacities ranging from 40 to 72 students. One associate's degree/certificate program for nuclear medicine with a capacity of 20 students.
 - **Private Universities:** Two bachelor's degree programs for radiography, including one offering a certificate in radiography at the end of year three. One private university offering associate's degree program at the end of year two.
- **Program Completion Rates:**
 - Community college programs for radiography have completion rates between 60% and 100%, while private universities range from 45% to 95.65%. The community college program for nuclear medicine has a completion rate of 52%.
- **Job Placement Rates:** Radiography graduates across the state achieve a job placement rate of 99.44%, while nuclear medicine graduates achieve a job placement rate of 100%, demonstrating strong demand for these professionals.
- **Vacancy Rates:** The national vacancy rate for radiographers reached 18.1% in 2023, with other imaging disciplines, such as MRI (16.2%) and nuclear medicine (14.5%), facing similar shortages

Page intentionally left blank

Section IV: Recommendations

Introduction to Recommendations

At its initial meeting in June 2024, the Task Force recognized that addressing shared challenges across professions would be more effective than treating them in isolation.

Discussions began with an assessment of each profession's current status, identifying key gaps and challenges. These conversations were informed by data and input from educational institutions, industry leaders, and professional organizations at both state and national levels. Task Force members also reviewed supplemental materials provided by these entities to ensure an evidence-based approach.

After thorough discussions and a review of all relevant materials, the Task Force evaluated the recommendations proposed by its sub-working group. These recommendations were compiled into a draft report, which was circulated for input from all members. During the final meeting, the Task Force conducted a democratic vote on each recommendation, including only those receiving majority approval in the final report. These recommendations were further prioritized for immediate legislative action.

Thus, the Task Force presents only those specific recommendations which, in its collective judgment as subject matter experts, are necessary to effectively address workforce shortages in the three fields and to move toward a proactive, sustainable healthcare system in Connecticut. Each recommendation is aligned with the issues outlined in Public Act 23-97, and the Task Force has identified the highest-priority actions for immediate implementation.

Following a final review, discussion, and vote by the entire Task Force, the full report was finalized with consensus by members on December 20, 2024 to move forward for submission to the legislature.

Task Force Recommendations

Recommendation 1: Student Loans and Tuition Assistance

Addresses: Issues related to financial barriers

The Task Force recommends that by reducing financial barriers, this aims to:

- Increase enrollment in high-demand fields.
- Diversify the workforce by targeting underrepresented groups.
- Expand access to training through part-time and fast-track program options for working adults.

Explanation and Rationale:

- Addressing affordability ensures more students can pursue these careers, creating a pipeline for workforce sustainability.
-

Recommendation 2: Loan Forgiveness

Addresses: Incentivizes professionals to remain in Connecticut

The Task Force recommends that by providing incentives, professionals who go to school for training in these professions will remain in Connecticut by:

- Offering competitive loan repayment benefits.
- Prioritizing underserved areas and long-term retention.

Explanation and Rationale:

- Loan forgiveness reduces financial burdens and encourages professionals to commit to underserved communities

Recommendation 3: Grant Funding

Addresses: Expanding grant funding

The Task Force recommends that by expanding grant funding, this will:

- Increase enrollment capacity in educational programs.
- Provide resources for faculty hiring, training equipment, and clinical site partnerships.

Explanation and Rationale:

- Grants address capacity limitations and resource challenges, directly impacting program growth and quality.
-

Recommendation 4: Recruitment and Marketing Support

Addresses: Garnering interest in the professions of radiologic technology, nuclear medicine technology, and respiratory care

The Task Force recommends building partnerships with high schools through career fairs, and HOSA, this initiative will:

- Build early interest in healthcare careers.
- Establish clear pathways from high school to college programs.

Explanation and Rationale:

- Early exposure and structured pathways are key to addressing long-term workforce shortages.

Conclusion

Connecticut's healthcare system is experiencing a critical shortage of radiologic technologists, nuclear medicine technologists, and respiratory care practitioners. The field of medical imaging face a workforce shortage that exceeds levels documented in more than 20 years (ASRT White Paper, 2024). The respiratory care profession is enduring its worst workforce shortage in history. According to data cited by the American Hospital Association in 2021, job vacancies in respiratory care have increased by 31%. In all professions and without intervention, the situation could worsen as the aging workers approach retirement and remaining professionals consider leaving their jobs because of frustrations associated with understaffing and burnout. To help protect the quality of patient care, attract more students to the field, and ensure the professional satisfaction and longevity of current and future practitioners and technologists, leaders and those advocating for their professions need to demonstrate their commitment to addressing the concerns that affect the people of Connecticut.

During the COVID-19 pandemic, the role of Respiratory Care Practitioners (RCPs) was spotlighted as they took on critical responsibilities in treating patients with severe respiratory complications. Their expertise in managing ventilators, administering therapeutic gases, and providing acute bedside care became essential when healthcare systems were stretched to their limits. As hospitals overflowed and health systems scrambled for staffing, it became clear that without sufficient numbers of well-trained RCPs, patient care quality and overall health outcomes could rapidly decline.

Key problematic factors include limited public awareness of these professions, inadequate funding to expand educational programs, challenges in recruiting and retaining professionals due to competitive market pressures, and high rates of burnout and turnover among current practitioners. The proposed interventions address these critical challenges, ensuring the long-term sustainability of these essential professions while safeguarding the quality of and access to care for Connecticut residents.

References

1. ASRT White Paper From the 2024 Consensus Committee on the Future of Medical Imaging and Radiation Therapy, American Society of Radiologic Technologists (ASRT), 2024. Available at: <https://www.asrt.org/main/news-publications/research/white-papers>. Accessed November 10, 2024.
2. 2023 Radiologic Sciences Workplace and Staffing Survey ASRT, 2023. Available at: <https://www.asrt.org/main/news-publications/research/white-papers> chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.asrt.org/docs/default-source/research/staffing-surveys/radiologic-sciences-workplace-and-staffing-survey-2023.pdf?sfvrsn=7f99bdo_4. Accessed November 0, 2024.
3. Bureau of Labor Statistics, U.S. Department of Labor. Occupational Outlook Handbook: Radiologic and MRI Technologists. U.S. Department of Labor, 2024. Available at: <https://www.bls.gov/ooh/healthcare/radiologic-technologists.htm>. Accessed December 17, 2024.
4. Bureau of Labor Statistics, U.S. Department of Labor. Occupational Outlook Handbook: Nuclear Medicine Technologists. U.S. Department of Labor, 2024. Available at: <https://www.bls.gov/ooh/healthcare/nuclear-medicine-technologists.htm#:~:text=in%20May%202023,-,Job%20Outlook,percent%20from%202023%20to%202033>. Accessed December 17, 2024.
5. Bureau of Labor Statistics, U.S. Department of Labor. Occupational Outlook Handbook: Diagnostic Medical Sonographers and Cardiovascular Technologists and Technicians. U.S. Department of Labor, 2024. Available at: <https://www.bls.gov/ooh/healthcare/diagnostic-medical-sonographers.htm>
6. Bureau of Labor Statistics, U.S. Department of Labor. Occupational outlook handbook: respiratory therapists. U.S. Department of Labor; 2024. Available at: <https://www.bls.gov/ooh/healthcare/respiratory-therapists.htm>. Accessed November 19, 2024.
7. American Association for Respiratory Care (AARC), Boston Scientific. *The State of Respiratory Therapy: A 2021-2022 Report*. American Association for Respiratory Care; 2022.
8. American Registry of Radiologic Technologists (ARRT), *What do Radiologic Technologists Do?* ARRT, 2024. Available at: <https://www.arrt.org/pages/about-the-profession/learn-about-the-profession/what-do-radiologic-technologists-do>. Accessed December 17, 2024.
9. Hinkson CR. With great clinical practice guidelines comes great (or at least better) resource allocation. *Respir Care*. 2023;68(11):1234-1239.
10. Miller AG, Burr KL, Juby J, Hinkson CR, Hoerr CA, Roberts KJ, et al. Enhancing respiratory therapists' well-being: battling burnout in respiratory care. *Respir Care*. 2023;68(5):692-705.

11. Miller AG, Roberts KJ, Smith BJ, Burr KL, Hinkson CR, Hoerr CA, et al. Prevalence of burnout among respiratory therapists amidst the COVID-19 pandemic. *Respir Care*. 2021;66(11):1639-1648.
12. Strickland SL, Roberts KJ, Smith BJ, Hoerr CA, Burr KL, Hinkson CR, et al. Burnout among respiratory therapists amid the COVID-19 pandemic. *Respir Care*. 2022;67(12):1578-1587.
13. Burr KL, Hinkson CR, Smith BJ, Roberts KJ, Strickland SL, Hoerr CA, et al. Factors associated with a positive view of respiratory care leadership. *Respir Care*. 2022;67(10):1236-1245.
14. American Hospital Association. *Data Brief: Health Care Workforce Challenges Threaten Hospitals' Ability to Care for Patients*. American Hospital Association; 2021.
15. Kidwell, P. & Hall, K. Connecticut Hospital Association Survey Results <https://new.express.adobe.com/publishedV2/urn:aaid:sc:VA6C2:e021ed6e-d3ff-4448-839d-de1d6e6c184b?promoid=Y69SGM5H&mv=other>. Accessed December 17, 2024
16. American Registry of Radiologic Technologists (ARRT), *What do Radiologic Technologists Do?* ARRT, 2024. Available at: <https://www.arrt.org/pages/about-the-profession/learn-about-the-profession/what-do-radiologic-technologists-do>. Accessed December 17, 2024.
17. Nuclear Medicine Technology Certification Board. Nuclear Medicine Advanced Associate (NMAA) exam. Accessed December 17, 2024. <https://www.nmtcb.org/exams/nmaa>
18. American Registry of Radiologic Technologists. Registered radiologist assistant. Accessed December 17, 2024. <https://www.arrt.org/pages/earn-arrt-credentials/credential-options/registered-radiologist-assistant>
19. American Board of Magnetic Resonance Safety. Certification types. Accessed December 17, 2024. <https://abmrs.org/choosing-the-right-certification-type-for-you/>
20. ARRT <https://www.arrt.org/pages/about-the-profession/learn-about-the-profession/recognized-educational-programs>
21. ARRT <https://www.arrt.org/pages/credential-statistics-census>
22. Connecticut Department of Public Health, Licensing Statistics 2023 <https://portal.ct.gov/dph/practitioner-licensing--investigations/plis/licensing-statistics>
23. JRCERT <https://www.jrcert.org/find-a-program/>

Appendices

Appendix A: Meeting Summaries

June 13, 2024

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

Task Force to Study Methods to Address the Shortage of Radiologic Technologists,
Nuclear Medicine Technologists and Respiratory Care Practitioners in the State

Meeting Summary

Thursday, June 13, 2024

10:00 AM on Zoom and YouTube Live

Attendance: Bernadette Mele, Matthew Green, Paul Kidwell, Raza Sajjad, Adam Kaye,
Rep. Cristin McCarthy-Vahey, Karen Griffiths and James Pope.

I. Convene Meeting

- Bernadette Mele convened the meeting at 10:00 AM and introduced herself and stated that she along with Matthew Green are the Co-Chairs of the Task Force. She announced that she would send out a poll to see the best times to schedule meetings.

II. Welcome and Introductions

- Task Force members introduced themselves.

III. Planning Meeting

- Matthew Green asked members to;
- Create a slide for the modality that they are representing with some background information about the profession
- To utilize the resources they have to mine the data that the Task Force needs

- To bring other information that they acquire in the field as they have knowledge that other members do not have in the specific field
- Bernadette Mele suggested Rep. McCarthy-Vahey and Paul Kidwell to acquire vacancy rates
- Paul Kidwell commented that he can get vacancy rates from acute care hospitals and suggested getting vacancy rates from last year and the year prior
- Bernadette Mele asked Adam Kaye if he can provide information from his role in private practice
- Adam Kaye commented that he can talk to his CEO and commented that the vacancy rate is high for his hospital. He offered to reach out to the Radiologic Society to acquire more information
- Rep. McCarthy-Vahey announced that she can submit a request to the Office of Legislative Research (OLR) and asked members to help frame what the question
- Bernadette Mele commented that she has connections due to her profession and announced that she can reach out
- Adam Kaye suggested that getting data from the time you would like an exam scheduled to when the next appointment is available to show a trendline prior to the pandemic to emphasize the shortage. He added that this data is more protected, and that he might not be able to get access but he will try
- Rep. McCarthy-Vahey stated that Adam Kaye's point is well poignant, and that different members individual experiences is helpful to the conversation
- Paul Kidwell agreed with Adam Kaye that the data will be harder to get and will be happy to get anecdotes
- Bernadette Mele suggested it is a great idea to get the data and thinks that the story around the shortage is good to tell
- Paul Kidwell asked about getting data on the current capacity for actually teaching individuals on an annual basis
- Bernadette Mele agreed and stated that there is a capacity problem at her university
- Adam Kaye suggested that getting data about graduates staying in the state

is helpful as well

- Paul Kidwell asked if the universities conduct alumni surveys as it will be a helpful data point
- Bernadette Mele stated that her university and other schools send out alumni surveys for their accreditation requirement
- Matthew Green agreed it's a great discussion and that this will be what they dig into in their first meeting. The charge now is to go back to their profession and get data that they think is pertinent to the discussion.
- Members discussed logistics for future meetings
- Rep. McCarthy-Vahey suggested it would be helpful to know what data is being collected and who is collecting it to make sure that efforts are not being duplicated.
- Bernadette Mele and Adam Kaye listed their specific data for collection
- Bernadette Mele asked if they should cover all modalities in rad tech or only x-rays
- Adam Kaye suggested covering all modalities and asked Bernadette Mele if she can get ultrasound data
- Bernadette Mele answered that she can get that data and suggested that the different modalities are kept in mind when Rep. McCarthy-Vahey submits the request to OLR for the data
- Karen Griffiths informed the group that she has been collecting data and that the issues for Respiratory are different than Radiological
- Bernadette Mele suggested that Raza can help Karen Griffiths with the collection of data
- Karen Griffiths stated that she has been working with Raza and stated that the July meeting may be too late for tuition reimbursement for Respiratory Care Therapists
- Bernadette Mele stated that her society spoke with Senators and Representatives and suggested that Karen Griffiths society do the same
- Karen Griffiths stated that she was told to ask in the meeting and believes that the issue is more urgent and will be a big help for Respiratory Care Therapists

- Bernadette Mele does not think that it can be addressed right now
- Rep. McCarthy-Vahey suggested having an offline discussion with, Karen and Raza about the tuition reimbursement
- Bernadette Mele commented that it might be difficult getting all of the data for the first meeting and mentioned that they could do an update on some of the data
- Members agreed that they will be able to get some of that data
- Paul Kidwell asked when the July meeting will be held and added that a later date will be better for him to get the data
- Bernadette Mele stated that the meeting will be planned for mid to late July and that meetings will be spaced out monthly. She reminded members that a poll will be sent out to see what times are best for members.

IV. Adjournment

- The meeting adjourned at 10:39 AM.

July 16, 2024

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

Task Force to Study Methods to Address the Shortage of Radiologic Technologists,
Nuclear Medicine Technologists and Respiratory Care Practitioners in the State

Meeting Summary

Tuesday, July 16, 2024

1:00 PM on Zoom and YouTube Live

Attendance: Bernadette Mele, Matthew Green, Paul Kidwell, Sajjad Raza, Rep. Cristin McCarthy-Vahey, and Karen Griffiths.

I. Convene Meeting and Review of the Charge

- Bernadette Mele convened the meeting at 1:00 PM and read the charge of the task force. She then turned it over to Matthew Green for his report.

II. Reports and Discussion

- Matthew Green went over the background of Nuclear Medicine Technologists. He provided an overview of the state's Nuclear Medicine Technologists.
- Paul Kidwell asked Matthew Green if Gateway has information about how many people are associates vs certificates for the slots, and if the time it takes is the same for different routes.
- Matthew Green explained that there is a primary path where an individual gets an associate's degree by starting it and then finishing it. The secondary path is more convoluted where you already have an associate's degree and then get a certificate on top of that.

- Paul Kidwell believes that the certificate program can be offered not only at community colleges but at workforce investment programs. He added there are multiple individuals who already have an associate.
- Bernadette Mele gave a background on Radiologic Technologists as well as the programs that are offered for Radiologic Technologists.
- Paul Kidwell asked if the programs offered are fully subscribed.
- Bernadette Mele responded that she is not aware of that statistic but is aware that there are a high number of applicants for radiography programs.
- Karen Griffiths stated that the University of Hartford is way over capacity and has too many people applying for the program and can't accept them all.
- Bernadette Mele agreed with Karen and suggested that it is across the board.
- Karen Griffiths and Sajjad Raza presented the Respiratory Therapist report. Sajjad Raza went over the background of Respiratory Therapists and Karen Griffiths went over how bad the workforce shortage is. Sajjad Raza discussed the real cost of the respiratory work force shortage. Karen Griffiths went over the programs that are offered to Respiratory Therapists. Karen and Raza went over ideas that could help with the shortage.
- Paul Kidwell stated that they have surveyed all of their hospital members for the vacancy rates and total FTE's for Respiratory Therapists, Nuclear Medicine Technologists and Radiologic Technologists. The data is incomplete, but the initial numbers reflect the experiences that the members are facing.
- Thomas Farquhar stated that they have sent out a survey to the radiology group outpatient practices but are still in the data gathering phase. He underscored Paul's point that areas can lose a service for days or weeks if a subspeciality for Radiologic Technologists is not available.
- Bernadette Mele agreed with Thomas Farquhar and expressed how the shortages are causing burnout for professionals and delays of care for patients.
- Rep. McCarthy-Vahey thanked Bernadette Mele and stated that she does not have information to share today. She enquired about the rate of change for vacancy rates among the data discussed earlier.

- Karen Griffith agreed with the question and stated that it is a complicated question that has various inputs about what caused the increase for the need for technologists.
- Rep. McCarthy-Vahey asked who is able to operate an ecmo machine in Connecticut.
- Sajjad Raza explained the requirements to run the machine.
- Thomas Farquhar asked about attrition rates for Radiologic Technologists and Nuclear Medicine Technologists.
- Bernadette Mele explained that some students get into the programs without knowing what they are getting themselves into. While other students have issues with training.
- Matthew Green agreed that the rates are concerning and added that there are no other programs in the state.
- Rep. McCarthy-Vahey had the same question as Thomas Farquhar, if it would be useful to have some conversations with institutions on what they know.
- Bernadette Mele stated that it is a combination of all of the above and added that that the task force should be looking for financial as an incentive to find us a solution
- Thomas Farquhar agreed that finance is one thing, but internships have become harder to do since COVID. He believes that the State can find ways to get people to do these internships.
- Bernadette Mele pointed out that Radiologic Technologists have a lot of competition for clinical spots which becomes a bottleneck.
- Paul Kidwell pointed out that the hospital rates aperture has widened since COVID. He added that Nursing are using different strategies to use all hours of the day to alleviate the shortage.
- Bernadette Mele added that the task force has a good foundation and hopes for more information regarding vacancy rate numbers for outpatient and hospital locations, retention.
- Paul Kidwell stated that post-COVID, healthcare is competing with

employers that they have not been used to competing with regarding talent. He asked what are students choosing instead of going to these programs. He pointed out that pre- and post- COVID, the employment situation dynamic changed and that he believes that the higher education institutions might have a special insight.

- Bernadette Mele suggested that question will be asked at the next meeting where program directors will be invited to come forward and report on their experiences.
- Sajjad Raza stated that the trend for Respiratory Therapy is decreasing where new hires come into hospital positions for on-board training and then transitioned to a traveling agency.
- Bernadette Mele responded to Paul's statement by saying that students are different to pre-COVID, and they have to train a very different person. She added that the students' experiences before college to then going into college should be considered.
- Karen Griffiths suggested that getting involved more with high school students can help alleviate the shortage by preparing students.
- Rep. McCarthy-Vahey asked what Bernadette Mele meant when she says that they are training a different student today compared to pre- COVID.
- Bernadette Mele responded that students were not held to the same standards as the students that were in online courses instead of in-person.
- Karen Griffith agreed with Bernadette Mele and added that students are dealing with increased mental health issues.
- Rep. McCarthy-Vahey thanked them both for their answers and expressed hope that new cohorts of students have these issues decreased.
- Matthew Green stated that he sees a different entry level workforce as they have difficulty filling out full-time positions.
- Rep. McCarthy-Vahey referenced Paul Kidwell's low unemployment point competition.
- Bernadette Mele stated for the next meeting that the task is to come up with more ideas to help alleviate the shortage. She asked Matthew Green, Karen Griffiths and Sajjad Raza if they can procure program directors for the September meeting to provide an update on vacancy rates, and discuss

state actions that can hold promise in attracting people.

- Rep. McCarthy-Vahey suggested the Office of Workforce Strategy as they have asked some of these questions in regard to different professions and they might be able to share some of their insight.
- Karen Griffiths stated that she can reach out to the program directors, to ask for the logistics behind it.
- Paul Kidwell stated that it will be interesting to hear the variation on the practices across the state and that they are reaching out to hospital associations across the country.

III. Adjournment

- The meeting adjourned at 2:00 PM.

September 16, 2024

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

Task Force to Study Methods to Address the Shortage of Radiologic Technologists,
Nuclear Medicine Technologists and Respiratory Care Practitioners in the State

Meeting Summary

Monday, September 16, 2024

12:00 PM on Zoom and YouTube Live

I. Convene Meeting and Review of the Charge

- Bernadette Mele convened the meeting at 12:00 PM.
- Attendance: Bernadette Mele, Matthew Green, Paul Kidwell, Sajjad Raza, Adam Kaye, and Karen Griffiths

II. Reports and Discussion

- Paul Kidwell reported that the Connecticut Hospital Association (CHA) surveyed a general list of job descriptions and that Rep. McCarthy-Vahey asked the Office of Legislative Research (OLR) to see if they can provide additional information. He asked the group about expanding the survey instrument to provide more detailed information with an additional request for information. He believes that the OLR might not be able to provide the group with the level of detail that the group is hoping for.
- Bernadette Mele asked Paul Kidwell if he will bring the survey information to the group.
- Paul Kidwell clarified that he would bring back the survey data to the group with the additional questions to the survey.

- Matthew Green presented his report on the Nuclear Medicine modality. The report included responses from education program directors of the modality, state actions to attract new people to the modality and infrastructure assistance.
- Bernadette Mele presented her report on the Radiologic Technologist modality. The report included responses from 50% of education program directors in the state as well as the Connecticut Society of Radiologic Technologists, understanding the shortage, program capacity and resources, support from the state, future planning, and recommendations to attract new people and/or retain current technologists.
- Karen Griffiths and Sajjad Raza presented their report on the Respiratory Care Practitioners (RCP). The report included responses from education program directors as well as managers of Respiratory Departments of hospitals. They highlighted the shortage, enrollment in entry level RCP programs in CT, program capacity and resources, creating partnerships between healthcare providers and respiratory programs, ideas for managing shortage and requested legislative support.
- Bernadette Mele asked members of other modalities if their national societies are running campaigns to promote awareness. She stated that Nuclear Medicine is included in the Society of Radiologic Technologists
- Karen Griffiths informed the group of a national campaign between the three respiratory organizations that is called "Be an RT". She stated that the campaign is not enough and that Respiratory Care therapists are unique because a lot of the work is in critical care. She added that the profession needs more assistance in marketing and advertising the profession.
- Adam Kaye asked if there could be collaboration between Nuclear Medicine Technologists and Radiologic Technologists. It seems that on one end there is an excess of people wanting to go into the profession and it's still leading to a shortage. He suggested that prospective students are not aware of Nuclear Medicine Technologists which is a similar but different job that is available to them. He asked the group if they felt that the shortage came from a lot of people wanting to come into the profession, but there are not enough spots to generate the number of techs needed in the state to perform Radiology services.
- Bernadette Mele agreed with that assessment about the shortage of Radiologic Technologists.
- Adam Kaye asked if they have exhausted all available options.
- Bernadette Mele answered that radiology groups are maxed out and

suggested that possible retention bonuses could help technologists stay in the profession.

- Adam Kaye asked if it would incentivize new faculty.
- Bernadette Mele clarified that it won't incentivize faculty, but it will incentivize technologists.
- Adam Kaye asked if when talking about the one-to-one hands-on experience, are they only talking about X-ray or does it also include CT and MRI.
- Bernadette Mele answered that CT and MRI are different as those technologists are already technologists. Unless they are an entry level technologist and there is no entry level MRI in the state. She added that individuals must become radiographers first, and then expand into the advanced modalities which results in a decrease in the number x-ray technologists doing plain radiography as they have gone into CT, and MRI, etc.
- Adam Kaye emphasized that there is still a shortage in those advanced modalities as the problem is compounded.
- Bernadette Mele pointed out that the vacancy rates from Paul Kidwell will be useful as it will give members a better picture of what is happening in the state.
- Paul Kidwell reported that the survey will be resent to his members and that the it will be more specific.
- Adam Kaye stated that they received responses from private groups and that he will reach out to get that information. He also stated that there aren't that many smaller independent practices in the state and that getting data from hospitals will be more representative of the problem.
- Karen Griffiths asked the group for guidance on what to prepare to present at the next meeting.
- Bernadette Mele answered that she would like for them to come up with 5 recommendations worthy to present to the State on how they might be able to support the shortage in their respective area. As well as giving out those 5 recommendations to stakeholders to find out what is most important.
- Karen Griffiths asked how the recommendations will be presented as there is overlap between the professions.

- Bernadette Mele answered that she feels that each modality should be presented separately and then have a discussion during that meeting to determine what is best for all the professions and then to present that as a whole.
- Karen Griffiths asked if the January meeting will be an in-person meeting where they will be presenting or if they will write the recommendations and submit them.
- Bernadette Mele responded that the October meeting will be where the recommendations are brought forth and discussed, and the November meeting will be where the draft is written.
- Karen Griffiths asked if a decision then to combine or separate the three modalities. She asked if the group felt that combining the recommendations would help more than the other as it could be more powerful.
- Bernadette Mele answered that every prospective student wanting to become a radiologic technologist might not become a radiologic technologist and it might be nice to make them aware of other tracks or modalities. She asked if the University of Hartford has collective fairs with radiologic technologist.
- Karen Griffiths answered that they hold an open house with all health professions.
- Bernadette Mele suggested that high school counselors or guidance counselors can get invited to an open house where RCP's can talk about respiratory therapists.
- Karen Griffiths agreed with that idea and added that it was close to her HOSA idea. She expressed hope in getting state support for HOSAs and believes this is low hanging fruit that can attract 3 times more people. She explained how getting assistance with marketing tools would be helpful as how other states have a video that promotes the profession. Currently the video that the state has is too old and each hospital stated that they cannot afford or have the resources for a new video. She suggested that hospitals combine their resources, get state help or get someone come up with a great video to promote the profession.
- Bernadette Mele agreed that's what each profession needs and that including inter pathways could help attract prospective applicants in those professions to the different modalities. Bernadette emphasized finances and that it is hard for someone to advance if they don't have the means or support and believes that is a major issue in CT.

- Karen Griffith explained the vicious cycle where educational programs can't take students even though they need students and how help is needed to get these positions filled. She added that people are leaving the profession due to the workload which is contributing to the negative impact.
- Paul Kidwell suggested that when thinking about the report and recommendations that would require legislative action, that the group should find areas where all the recommendation will be supported. He added that if the group can find opportunities that have universal agreement it would be best as the Legislature has limited time to dedicate to any one thing.
- Bernadette Mele stated that Respiratory Care Practitioners and Radiologic Technologists need their licensure fees addressed because they are too high.
- Matthew Green acknowledged he knows about the licensure issue regarding nurses but is not sure about licensure regarding Radiology. He does not know if that is an option out there as licensure is a barrier to getting people into the State or staying as it is cost prohibitive.
- Karen Griffiths expressed her belief that the fee amount is not outrageous, and that student loan forgiveness or tuition assistance will go a lot further getting people into these programs.
- Bernadette Mele asked the group if they thought about affordable housing or state support in providing housing.
- Karen Griffiths stated that some hospital managers addressed that issue in areas where they are having trouble attracting RCP's and believes that it can help attract people from out of state.
- Paul Kidwell views this with two lenses and he wonders if the group will want to include affordable housing as the number of recommendations being presented will be limited.
- Karen Griffiths agrees with Paul Kidwell.
- Bernadette Mele asked the group if there is any further discussion.
- Paul Kidwell informed the group that last legislative session the Legislature considered two bills regarding licensure and offered to provide information to the group. He added that licensure is an ongoing discussion and not just in healthcare.
- Sajjad Raza suggested that in anticipation of the next meeting each member could individually think about what is going to overlap as well as the

distinction between what can come from the Legislature versus what can come from a grass roots perspective. He added that suggestions that were presented earlier could be done by the state societies instead of the state which could help prevent overlap of ideas.

- Karen Griffiths asked Paul Kidwell when they should expect the survey results.
- Paul Kidwell stated that it will be sent out early next week.
- Karen Griffiths asked if there will be a meeting a month from now.
- Bernadette Mele stated that a poll was already sent but that it will be resent.
- Bernadette Mele stated that they are looking at October for the next meeting.

III. Adjournment

- Bernadette Mele asked for a motion to adjourn. Paul Kidwell offered the motion to adjourn and it is seconded by Karen Griffiths.
- The meeting adjourned at 1:05 PM.

October 31, 2024

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

Task Force to Study Methods to Address the Shortage of Radiologic Technologists,
Nuclear Medicine Technologists and Respiratory Care Practitioners in the State

Meeting Summary

Thursday, October 31, 2024

1:30 PM on Zoom and YouTube Live

- I. Convene Meeting and Review of the Charge
 - Bernadette Mele convened the meeting at 1:31 PM.
 - Attendance: Bernadette Mele, Matthew Green, Rep. Cristin McCarthy-Vahey, Paul Kidwell, Adam Kaye, and Karen Griffiths
 - Guests: Kat Hall
- II. Reports and Discussion
 - Bernadette Mele went over an overview of the agenda as well as the status of the Task Force.
 - Paul Kidwell stated that they polled the 27 acute care hospitals in the state for vacancy rates.
 - Kat Hall presented the survey results to the Task Force.
 - Paul Kidwell stated that they can share the survey results to members and categories that didn't have information was the result of getting too few responses.

- Karen Griffiths asked who was polled and who responded.
- Paul Kidwell stated that their HR executives receives the survey as the main request, and they have various affinity groups for each of those categories and it was a mixed bag on who responded.
- Karen Griffiths asked if they had a pretty good response rate as they were getting a higher vacancy rate.
- Paul Kidwell responded that they didn't ask about temporary workers and that generally the state relies on travel professionals more than other states nationally. He stated that they had a good response rate and that they have a pretty high critical vacancy rate in all of these disciplines. The pool of people to draw from is lower than other disciplines so having a modest vacancy rate indicates need and that it is harder to fill these positions.
- Karen Griffiths stated when they polled larger health care organizations that there was a thirty to forty percent vacancy rate not including travel therapists.
- Paul Kidwell stated that their takeaway was that there was a significant need in the state in these areas.
- Adam Kaye asked about the different categories of Radiologic Technologists and Radiography and if they were delineated.
- Kat Hall responded that they were not delineated.
- Adam Kaye commented that temporary workers are prevalent in Radiology and that the position is not considered a full filled position by most health care organizations. He stated that temporary workers are expensive and not a sustainable solution to this problem as they want workers attracted to this full time.
- Paul Kidwell stated that when hospital members calculate vacancy rates, they do not include temporary labor. He stated that he hears members say that temporary labor usage is widespread.
- Karen Griffith asked if Traveling Respiratory Therapists are considered as temporary workers.
- Paul Kidwell responded that when calculating vacancy rates that they do not include travelers as they are temporary labor, but he will clarify and come back to the group.
- Adam Kaye presented the Radiological Society of Connecticut survey results of Radiology practices regarding workforce shortages.

- Paul Kidwell stated that asking about delay in services is an important question.
- Adam Kaye stated that he was surprised when they got a response about delay in services.
- Matthew Green stated that his recommendation for the Nuclear Medicine modality is keeping the one program for Nuclear Medicine Technologists in Connecticut open.
- Karen Griffiths stated that her recommendations for the Respiratory Therapist modality is assistance with student loans as well as tuition and grant funds. She commented that members of the Task Force to keep in mind the growth of each modality as the shortage is expected to increase and that awareness is one issue that the modality faces.
- Paul Kidwell commented that the University of Connecticut's (UConn) Area of Health Center (AHEC) handles the universities loan forgiveness program for health care providers and wondered if they have flexibility to add providers to the program or if it must be legislatively changed. He stated that he can reach out and ask. He added that a recommendation could be how to engage high school students in better understanding health care careers.
- Karen Griffiths commented on Career Technical School Organizations (CTSO) which falls under the State Department of Education (DOE) that is funded by the Perkin's Federal Grant and the issue of setting these organizations up regarding health sciences.
- Bernadette Mele presented the impact of the shortage, the estimated present vacancy rates, survey results of vacancy rates, supply and demand of radiography exams and vacancy rates, factors that play into the shortage, the Task Forces areas of focus, and key recommendations.
- Paul Kidwell asked a clarifying question regarding the recommendation of recognizing and giving reimbursement for Radiological Assistants and other advanced practitioners so that the professional can bill on their own rather than being part of the bundled payment more like a Physician.
- Bernadette Mele answered that they would be closer to a Physician Assistant and would still work under the Radiologist. She believes it would encourage more recognition for this profession as a complement to this field.
- Paul Kidwell stated that they would be billed as under supervision under a separate billing for this service. He also asked a clarifying question about learning professional designation recommendation if that was something intended bring additional prestige to the work.

- Bernadette Mele agrees with that characterization as the profession isn't recognized that way as others in the field are recognized and they should be designated the same way.
- Adam Kaye added that when they are talking about outreach than they should emphasize the management piece as there is a lot of growth potential.
- Bernadette Mele added that in all of there professions that they aren't only thinking about an aging patient population but also aging educators that have to be replaced. She believes that incentives will be helpful in enticing more individuals in the field.
- Paul Kidwell stated that in the hospital space that they are competing with different employers in the non-clinical space and are thinking about showing individuals the opportunity to move up.
- Bernadette Mele added that when she talks with people in hospital settings or outpatient settings they talk about aid. She also asked members if there was any additional discussion on recommendations. She went over the next steps of the Task Force and an overview of the report.
- Paul Kidwell stated that he likes the format, and it tells the story.
- Karen Griffiths asked for guidance regarding recommendations and the goal for the next meeting.
- Bernadette Mele asked Rep. Cristin McCarthy-Vahey for any insight on how to propose these recommendations.
- Rep. Cristin McCarthy-Vahey answered that there isn't necessarily a specific format and that they should think about the intended audience.
- Bernadette Mele doesn't know if fifty plus recommendations is something that they should approach and that honing down the recommendations is best and asked Rep. Cristin McCarthy-Vahey her thoughts.
- Rep. Cristin McCarthy-Vahey agrees with Bernadette Mele and suggests to clearly prioritize as legislators will be ramping up for the legislative session mid-December.
- Bernadette Mele states that they will go with what they have and refine the recommendations. She asked members if there is any additional recommendation or changes.
- Karen Griffiths asked that when the report is written that it will be on the

behalf of all the three different professions.

- Paul Kidwell states that if they can identify priorities that are important to all three professions then that would be a good strategy.
- Karen Griffiths asked if they should have a short summary for each profession.
- Bernadette Mele responded affirmatively.
- Karen Griffiths asked if it is possible to do a subgroup to prepare for the next meeting with individuals from each profession to come up with a presentation.
- Rep. Cristin McCarthy-Vahey responded that there can be working meetings and conversations to get ready. She again asked for members to keep in mind the audience of the report.
- Bernadette Mele stated that the report will be comprehensive, and she will coordinate with administrative staff on a subgroup to work on the report.
- Paul Kidwell stated that he agrees with that.
- Bernadette Mele asked if there is any additional discussion.
- Karen Griffiths asked if she could send an outline of what they need to complete to the group.
- Bernadette Mele stated that she will send an outline.

III. Adjournment

- Bernadette Mele asked for a motion to adjourn. Paul Kidwell motioned to adjourn, and it is seconded by Bernadette Mele.
- The meeting adjourned at 2:31 PM.

November 13, 2024

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

Subgroup of the Task Force to Study Methods to Address the Shortage of Radiologic Technologists, Nuclear Medicine Technologists and Respiratory Care Practitioners in the State

Meeting Summary

Wednesday, November 13,

2024

2:30 PM on Zoom and YouTube Live

I. Convene Meeting and Review of the Charge

- Bernadette Mele convened the meeting at 2:31 PM.
- Attendance: Bernadette Mele, Matthew Green, and Karen Griffiths

II. Discussion on Recommendations

- Bernadette Mele introduced herself and stated why addressing the shortage is critical. She went over the legislative recommendations that the Task Force can recommend. These include legislative actions to support the workforce.
- Karen Griffiths agrees with most of the recommendations but has reservations about the recommendation about grant funds. She commented on partnering with hospitals to be able to send students and stated that is an issue across the board. The grant money may be used to create pathways and it could also be used for hospitals to do career fairs for hospital staff and high school students.

- Bernadette Mele introduced the next group of recommendations which would support educational institutions to expand pathways to enter the field. She also went over recommendations to support current technologists and practitioners as well as supporting new students and new graduates. Another group of recommendations is supporting healthcare facilities by incentivizing facility participation in training and employment.
- Karen Griffiths thinks that the recommendations regarding supporting healthcare facilities looks great and asked how streamlined the list of recommendations have to be.
- Matthew Green asked if the format of the report has to follow past reports.
- Bernadette Mele responded that their report won't be as extensive and that their report will be shorter. She commented that their report will be more manageable.
- Matthew Green commented on the format of the report and asked what the Subgroup will bring to the broader Task Force to consider.
- Bernadette Mele responded that she was looking at a short list of recommendations to bring to the Task Force as bringing too many recommendations will be too much for the Task Force to address in a timely manner.
- Karen Griffiths raised the point of Rep. McCarthy-Vahey of keeping it simple and writing the report for the intended audience.
- Bernadette Mele agreed with that and mentioned of speaking of the specifics in the Subgroup and they can make it more understandable later as well as commenting that the report won't be as long as past reports.
- Matthew Green asked if the format would look like the reverse of past reports where this report will have a recommendation then in the body have a layout of what that looks like.
- Bernadette Mele agrees and thinks the format should be recommendation, rationale, and then the benefit. She stated that when the Subgroup decides on what they would like to move forward with then they should prioritize what the Subgroup wants to put forward and in what order.
- Karen Griffiths asked Bernadette Mele to repeat the format she laid out.
- Bernadette Mele responded that the format should be recommendation, rationale, and then the benefit. She went over the recommendation of creating recognition programs.

- Karen Griffiths agrees with the recommendation of creating recognitions programs but asked how they would put this recommendation in the report in regard to who would be administering the program.
- Bernadette Mele stated that there are state level programs and asked Matthew Green if he is familiar Magnet Recognition.
- Matthew Green responded that he is aware of one hospital with this program and the hospital being Middlesex.
- Bernadette Mele commented that other hospitals have it as well like Yale.
- Karen Griffiths asked if the recognition was state or national.
- Bernadette Mele responded that she is not sure and that they should research the recommendation. She commented that they could do an incentive program that goes along with being recognized.
- Karen Griffiths asked how it would work logistically and if they would need state funding. She also asked how they would define that and who would decide who gets it.
- Bernadette Mele responded that facilities will have to come up with benchmarks on what determines them to be excellent. She stated that this recommendation is an idea that she isn't married too and brought up the nursing recognition program as an inspiration for this recommendation.
- Karen Griffiths agrees with the idea and likes it. She stated that she was asking her questions for logistics as she was wondering if they should put something in for grant funds. She asked Matthew Green to expand on the nurse recognition program.
- Matthew Green answered that the program is overseen by the American Nurse Credentialing Center (ANCC) and he stated the criteria to be seen as excellent. He added that the ANCC is an independent body that you would try to take magnet status through.
- Karen Griffiths asked if it is a national award that hospitals in Connecticut apply for.
- Matthew Green responded that is correct and added that hospital have to keep their metrics good on an ongoing basis. He answered that the ANCC is a national accredited body.
- Karen Griffiths stated that if they are looking for something at the state level if they would have to go through state organizations or through individual

hospitals.

- Bernadette Mele responded that it would have to go through on the national level as it could assist in the ask for funding.
- Karen Griffiths asked if they possibly would ask for state support for hospitals to meet these benchmarks and stated that they would have to look if these benchmarks already exist.
- Bernadette Mele commented that they would have to look at what state grants or state funding is available and add these disciplines to those. She went over another group of recommendation which focused on leveraging HOSA for future health professionals.
- Karen Griffiths agrees with this recommendation as her national organization has been promoting HOSA for workforce shortage. She believes that a deeper issue is the lack of health science certified teachers and asked if that is something the State can help coordinate long term. She stated that she had a conversation with someone from state education they mentioned that there is opportunity at many of these high schools to have this position but there are not enough people with this certification. She doesn't know if it can be put in their report and doesn't know if they should be recommending it. But she believes that it is something long term that has to be looked at.
- Bernadette Mele agrees with Karen Griffiths and believes that it should be looked at as a pipeline to the healthcare professions and funding can be used to help to develop health science certified teachers to get more HOSA clubs.
- Karen Griffiths agrees with the rest of the recommendations as it would help create more pathways to learn about different healthcare programs.
- Bernadette Mele went over a group of recommendation regarding leveraging the Connecticut Health Foundation (CHF) by partnering with CHF for a stronger workforce.
- Karen Griffiths stated most hospitals charge for respiratory therapy clinical instruction and it is a barrier as the fee is expensive.
- Bernadette Mele in addition went over recommendations leveraging the Connecticut Health Horizons Grant by expanding the grant. She also went over leveraging the Connecticut Student Loan Repayment Program which would strengthen loan repayment options for students. She added that its about the cost of education and the cost to live in Connecticut. Another group of recommendations is leveraging national programs and professional association support as well as leveraging institutional and private foundation

support.

- Karen Griffiths asked if the scholarships would make a big impact on the shortage or will it have a smaller impact.
- Bernadette Mele answered that it would be creating a tax incentive to healthcare facilities to make trainings for these smaller fields and that it would depend.
- Karen Griffiths asked if it would be up to the student to find those scholarships.
- Bernadette Mele responded that if they were to work at a facility that facility could have a benefit incentive to attract them.
- Karen Griffiths stated that it could possibly be used at career fairs to attract potential staff.
- Bernadette Mele stated that it is like a sign on bonus but in a different way. She went over the public health impact and the final call to action.
- Karen Griffiths believes that the final report should include the impact that the shortage will have on the people of Connecticut who are seeking care. She commented that she liked the format that was discussed previously.
- Matthew Green agrees and believes that the report should try to tell a story.
- Karen Griffiths agrees about trying to tell a story and reiterated Rep. McCarthy-Vahey's point of knowing the audience of who the report is being written for. She suggested that each of them should write a piece for their own profession that would include information about the profession, why it is so important, what the impact of the shortage is, and maybe current numbers.
- Bernadette Mele agrees and believes that it would be helpful as well as mentioning that the Task Force will meet on November 20th. She added that they should work on the narrative for each profession as well as having a vote on the recommendations so they know what will be in the final report.
- Karen Griffiths suggested having a conversation on what they feel like should be in the report.
- Bernadette Mele stated that she put forward the recommendations regarding loan repayment, tax incentives for technologists or facilities, funding for education program expansion.

- Karen Griffiths and Matthew Green agree with the loan repayment recommendation.
- Bernadette Mele stated that they will add a little bit more information under loan repayment recommendation that would give them the ability to talk about the rationale.
- Karen Griffiths stated that they could include the Horizons Grant and providing tuition assistance for students who can't afford it. She added that loan forgiveness was passed this summer for a number of professions not including allied health.
- Bernadette Mele stated that it is a loan repayment program to include allied health professionals.
- Karen Griffiths stated that including all allied health professionals might be too broad and they could definitely include the modalities on the Task Force.
- Bernadette Mele asked if those recommendations are ok to bring to the full Task Force.
- Karen Griffiths and Matthew Green agreed.
- Bernadette Mele asked if the recommendation of tax incentives is ok to bring to the full Task Force.
- Karen Griffiths expressed that she doesn't understand what they are looking for with this recommendation.
- Bernadette Mele explained that they are looking to ask clinical sites to accept more students but there are factors that inhibit that and providing facilities subsidies or tax breaks can allow them to take on more students. She doesn't know the logistics of the ask and stated that they can use the recognition programs to leverage the funding.
- Karen Griffiths commented that she was saying something similar with the grant money as they can use grant money to incentivize facilities to be able to assist with various programs that can take more students. She stated that tax incentives could be helpful but doesn't know the logistics behind that. She added that for the Horizons Grant there was a component under there that had grant money for clinical partnerships. She emphasized that each profession has different needs so different funding will have to be. She isn't against tax incentives; she just doesn't understand it enough to know how to write the ask in the report. She asked if they should delineate the different funding streams for each recommendation.

- Bernadette Mele responded that they can separate grants and tax incentives.
- Matthew Green stated that he is in agreement with Karen Griffiths as he doesn't have enough knowledge about tax incentives to know how to write the ask.
- Bernadette Mele stated that the tax incentives could be for the practitioners, not the facilities.
- Matthew Green asked if programs would be included.
- Bernadette Mele agreed.
- Matthew Green added that it is about supporting programs to get students in.
- Bernadette Mele added that there is a growing field of PET CT and PET MR Nuclear Medicine Technologists, and she heard that there is not enough of those technologists.
- Karen Griffiths asked why Nuclear Radiology wouldn't be with some of the Radiologic Technologist program.
- Bernadette Mele stated that Nuclear Medicine is its own entity so you can be a Nuclear Medicine Technologist without being a Radiologic Technologist.
- Matthew Green stated that the typical pathway is becoming an X-Ray technologist then branching out into the imaging world into the specific pocket of Nuclear Medicine. He stated that there are multiple pathways to becoming a Nuclear Medicine Technologist.
- Karen Griffiths asked if there is a pathway for a Radiologic Technologist to become a Nuclear Medicine Technologist.
- Bernadette Mele answered that is a pathway.
- Karen Griffiths asked if it could also be a standalone degree.
- Bernadette Mele and Matthew Green answered that is correct.
- Bernadette Mele stated that looking at the list of funding to help educational program expansions that is something else they can discuss and asked them if that is ok.
- Matthew Green and Karen Griffiths agreed.

- Bernadette Mele asked them about their thoughts about the recommendation regarding streamlined licensing for out of state professionals.
- Karen Griffiths responded that when she talked to the Respiratory Therapy Board, they felt that they were addressing that in other ways. They are pushing for an interstate compact but don't know if it is something that they need legislative support for at this point. They feel that a compact would be helpful for the border regions.
- Matthew Green agrees that it would be good for the border regions but doesn't see much out of states as a hiring manager and doesn't know the usefulness of a compact. He stated that he sees compacts for nursing and other professions is mainly for travelers. He would like to see the State focus more on education and infrastructure. He is not against streamlined licensing but believes that the State should focus more long term.
- Karen Griffiths added that when she sent out a poll that program directors and hospital directors who mainly asked for a compact licensure agreement are the border regions. She believes that it could be helpful and that the Task Force is addressing the issue through a different lens. If the Task Force can make a limited amount of recommendations, a compact would not be one, and she stated that they are addressing it through different avenues. She would not be against it if there was a member who strongly was advocating for it.
- Matthew Green agrees.
- Bernadette Mele asked about recruitment campaigns for imaging and respiratory fields.
- Matthew Green and Karen Griffiths agree.
- Bernadette Mele asked that they are only leaning away from streamlined licensing.
- Karen Griffiths emphasized that it is important just not a priority to help in alleviating the shortage.
- Bernadette Mele stated that it will be at the bottom of the recommendations for the Task Force to consider.
- Karen Griffiths added that she is not sure if they would need grant money as she is not sure if it should be a legislative support ask or just about having a discussion.
- Bernadette Mele asked if they are in agreement with the recommendation of

Loan Repayment and Scholarship Program where they will discuss the CT Horizon's Grant and the Connecticut Student Loan Repayment Program. She asked if there are other programs or fundings streams they should include.

- Matthew Green stated that they should include existing entities that they can leverage to expand to include the Task Force's modalities.
- Karen Griffiths added that she heard that nursing is in the process of moving forward with the next phase of the Horizon's Grant. She asked if Connecticut Health Foundation would help in loan repayment.
- Bernadette Mele stated that they can help with funding, advocacy or any support for programs.
- Karen Griffiths asked if in nursing if the Horizon's Grant is going that to get funding.
- Matthew Green stated that his understanding is that it is through the institutions that hook you up with this and for the grant there is a cap for each institution per year. He added that it is just like receiving a list of financial aid as Horizon's will be listed on the list.
- Karen Griffiths asked if they need to specify that funding has to go through these specific institutions or organizations.
- Bernadette Mele responded that they can talk about existing programs and how they can be further expanded. She asked them if they agree with that.
- Matthew Green and Karen Griffiths agree.
- Bernadette Mele asked if they should include national organizations or professional organizations.
- Karen Griffiths opposes that idea as she doesn't know how logistically that would work. She stated that they already partner with their professional organizations and doesn't know if recommending that will change anything.
- Matthew Green believes that it is a nice avenue, and it is similar to the Horizon's program where they can use it as an existing model to convince legislators for support.
- Bernadette Mele asked if student loan repayment should be separated from scholarships.
- Matthew Green agrees.

- Karen Griffiths believes that student loans and tuition assistance should be one and loan forgiveness is two. She states that it can be included in one line and that student loans (tuition assistance) would be similar to Horizon's. Loan forgiveness would be what the Governor passed this summer for other professions and expanding that loan forgiveness to include the Task Force's modalities. She believes that it will be fine to separate them.
- Bernadette Mele asked about how the recommendation of grant funding will be brought forward.
- Karen Griffiths responded that she made that recommendation by looking at the Horizon's initiative and they had a bucket called grant funding that had different things. One of those things was partnerships between educational programs and health facilities, she believes that recommendation would be helpful for all their professions.
- Bernadette Mele asked if the recommendation should be an overarching one where they leverage the Connecticut Horizon's Grant in order to include these three professions and then rationalize that.
- Karen Griffiths disagrees with that as the Horizon Grant lasts from 2022-2025. She stated that they should create their own program that is modeled after Horizons.
- Bernadette Mele asked about the Social Worker component.
- Karen Griffiths answered that both programs came out at the same time and asked if they agree with that.
- Bernadette Mele stated that it would say similar to the Connecticut Horizon's Grant.
- Karen Griffiths added that it would be different from the loan forgiveness piece as that started this summer. She asked them if that agree with that.
- Bernadette Mele and Matthew Green agree.
- Bernadette Mele asked if they agree with recommendations regarding recruitment efforts and a compact licensure. She asked if they would like to include any additional recommendations.
- Karen Griffiths stated that it should be kept short that will help all of their professions.
- Bernadette Mele stated that they will present these five recommendations to the full Task Force and they will need to prepare a rationale for each. They

can talk about the recommendations in whole not individually.

- Karen Griffiths asked Bernadette Mele if she would like to be sent recommendations and the narrative.
- Bernadette Mele responded that it is just the recommendations and told them to hold onto the narrative that they will write for their own profession. She told them to send anything to the administrative staff.
- Karen Griffiths clarified what she will need to do.
- Matthew Green asked if they discussed the HOSA recommendation.
- Bernadette Mele stated that the HOSA recommendation will go under recruitment efforts. She stated that the agenda will include what will be under each recommendation.
- Matthew Green thanked Bernadette Mele and stated that the report will look like a narrative summarizing the problem. The first recommendation would be recruitment efforts. Second would be expanding programs to accept new students which would include loan creation, loan forgiveness, and grant money.
- Bernadette Mele responded that is how she hopes the final report will be presented.
- Karen Griffiths asked for clarification the five recommendations listed. One would be student loans (tuition assistance), two would be loan forgiveness, three would be grant money, four would be recruitment and five would be compact licensure. She asked if they should be using the term of compact licensure.
- Bernadette Mele responded that she will query for other terms.
- Karen Griffiths and Matthew Green thanked Bernadette Mele.
- Bernadette Mele asked if they have any other questions or comments.
- Karen Griffiths commented that she appreciated the Subgroup.
- Bernadette Mele agrees and believes that they touched on the most important things.
- Karen Griffiths suggested having another Subgroup meeting after the full Task Force meeting.

- Bernadette Mele stated that she will look for dates and times.
- Karen Griffiths stated that they don't have to decide now and can wait until the full Task Force meeting.
- Bernadette Mele believes that they are in good shape but will look for additional dates and times.

III. Draft Report Preparation

IV. Adjournment

- The meeting adjourned at 2:46 PM.

November 20, 2024

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

Task Force to Study Methods to Address the Shortage of Radiologic Technologists,
Nuclear Medicine Technologists and Respiratory Care Practitioners in the State

Meeting Summary

Wednesday, November 20,

2024

1:00 PM on Zoom and YouTube Live

I. Convene Meeting and Review of the Charge

- Bernadette Mele convened the meeting at 1:05 PM.
- Attendance: Bernadette Mele, Matthew Green, Rep. Cristin McCarthy-Vahey, Sajjad Raza, Adam Kaye, and Karen Griffiths

II. Reports and Discussion

- Bernadette Mele stated the charge of the Task Force and commented on the Subgroup meeting regarding recommendations as they choose five areas to focus on. The areas are student loans or tuition assistance, loan forgiveness, grant funding, recruitment and an interstate licensure compact. She addressed why the shortage is so critical and stated the stakes for Connecticut's communities. She went over the first recommendation of student loans or tuition assistance to expand pathways to enter the field. She asked Matthew Green and Karen Griffiths to expound on the recommendation.

- Karen Griffiths believes that they are already in a critical issue and not preventing the critical issue. She added that patients are already being harmed due to the shortage and that the shortage is increasing healthcare costs. She stated that for respiratory therapy they do not have enough students in the programs, and they discovered that cost was a barrier so tuition assistance would incentivize students to enter these programs. She mentioned that they mirrored this like the Horizon's Grant.
- Matthew Green added that tuition assistance will allow for programs to further market themselves to students and he commented how other modalities get support which makes the other modalities more attractive while their modalities are left behind. He asked Karen Griffiths to speak about the schools having a hard time capacity building due to costs and about the clinical instructor issue for respiratory therapists.
- Karen Griffiths emphasized that it is about making pathways and mentioned that funding for schools could fall under the grant recommendation. She commented that providing clinical instruction is very important to all their professions and that hospitals are so short staffed where they cannot help train people in their profession which is currently happening. She added that respiratory therapists are paying clinical instructors, and these costs are sometimes higher than tuition. She believes that building a system where clinical instructors are available where it would be less of a burden to the medical institutions would help in reducing the shortage.
- Bernadette Mele went over recommendation three of Grant Funding where it is about expanding current grants as well as eligibility criteria and she commented that they were inspired from the Horizon's grant.
- Karen Griffiths stated that she came up with this recommendation and was inspired by the Horizon's grant where it is more of an initiative than a grant. She believes that legislative assistance for degree advancement is another important initiative as they have shortages in all rungs of the structure. She added that it would be helpful to promote degree advancement to already working practitioners for the growth of their professions. She commented on the idea of a career fair to raise awareness and the idea would be for medical institutions to have career fairs within medical institutions to raise awareness to certain professions to help fill them.
- Matthew Green believes that the grant funding will help expand high school programs, expand marketing and expanding education opportunities as well as work synergistically with tuition assistance.
- Karen Griffiths added that the Horizon's initiative had a thing called innovative programs where grant money covered people applying for innovative programs that help in creating curriculum to help with getting more

professionals in the field. She believes that doing something similar could be helpful in addressing the shortage.

- Bernadette Mele asked the Task Force if there is discussion regarding recommendation one and three or if there is opposition to combining them.
- Karen Griffiths answered that she has mixed feelings as she feels like the recommendations should be separate, but she is open to suggestions.
- Bernadette Mele asked if there is any further discussion.
- Adam Kaye asked if it would be more appropriate for them to be separate as recommendation one is more practical while recommendation three is more aspirational and added that he doesn't know which strategy they should go with.
- Karen Griffiths added that the Horizon's Grant allocated a certain amount of money, so it wasn't an unlimited pool of funds.
- Rep. McCarthy-Vahey commented that they can go either way as she believes that it isn't unreasonable to ask for more than what they think they can get as it is a negotiation process so it would be up to the preference of the Task Force.
- Bernadette Mele stated that they can leave the recommendations separate and in the order that they currently are in. She went over recommendation two which is Loan Forgiveness, and it relates to the current Connecticut Student Loan Repayment Program as it would recommend strengthening loan repayment options, include allied health professionals, increase repayment for long-term service commitments and partner with healthcare provider for matching repayment.
- Karen Griffiths asked if the recommendation is to state that they are in a critical shortage and that they should be added to the program as well.
- Bernadette Mele responded affirmatively.
- Matthew Green added that they will have to prove that there is a big enough shortage, and it is critical enough to be included in the program.
- Rep. McCarthy-Vahey noted that the work of the legislative session is impacted by the Federal landscape and that there have been conversations at the Federal level that can impact the work of Task Force.
- Bernadette Mele believes that they should keep that in consideration, however they should move forward with their recommendations to address

the shortage.

- Rep. McCarthy-Vahey agrees with that statement.
- Bernadette Mele mentioned recommendation four which is about recruitment, and she asked Karen Griffiths or Matthew Green to explain this recommendation.
- Karen Griffiths commented that they have identified a national problem with capacity of programs as they are ten percent filled while there is a thirty-one percent vacancy rate. She stated that Connecticut mirrors those national trends as in state capacity is fifty-nine percent filled. She believes that raising awareness of their professions as well as establishing pathways for highschoolers would help alleviate the shortage. She mentioned that HOSA programs get grant funding, but the issue is having a teacher with a health science certificate. She believes that expanding the number of teachers with a health science certificate will allow for more schools to start clubs that could raise awareness of their professions. She added that the number of HOSA clubs are limited in Connecticut because of the lack of teachers with a health science certificate.
- Matthew Green seconded Karen Griffiths statement and added in an experience where their hospital brought in highschoolers to teach them about the various professions. He added that he feels that other professions get support that they usually don't, and he believes that this recommendation will just raise awareness for their professions as well as help in creating pathways.
- Bernadette Mele agrees that raising awareness to these already interested students will help in expanding the field. She went over recommendation five which is recommending an interstate medical licensure compact. She added that its important for the Task Force to discuss but not as much as the other recommendations.
- Adam Kaye added that reciprocity is a double-edged sword as they could as easily lose someone to another state as they could easily gain someone from another state. He stated that sometimes these things are in place as a sort of protective measure and cautioned too much reciprocity as it could hurt them. He believes that the idea is to have people live in State, be trained in State, stay in State and that typically doesn't happen.
- Karen Griffiths agrees with that. She added that the issue is complicated and that they may need more data.
- Matthew Green agrees with Adam Kaye regarding how many people are training in Connecticut and about the double-edged sword. He added that it

is a tool for travelers that they are losing out on as they help deal with acute issues and they could be losing that option if they don't pick up the recommendation. He stated that people are choosing the path of least resistance and being a traveler is that so losing that option could exacerbate the shortage. He believes that this recommendation is to address the shortage now while the other recommendations will address the shortage long term.

- Adam Kaye agrees that is a fine line as travelers help in the short term, but he added that the ballooning of the traveler's industry has been determinantal to Connecticut and the nation overall. He stated that if they implement the recommendations of the Task Force then the interstate licensure compact recommendation would harm their efforts as they would train all this staff to leave the state. He believes that they have to protect themselves long term and would like the recommendation to be time limited to the current crisis and with the ability to be retractable.
- Rep. McCarthy-Vahey noted that from the standpoint of the legislature they have done compacts and that there has been a push to get compacts done by various stakeholders.
- Karen Griffiths echoed Adam Kaye's comment about travelers being detrimental as when they sent out surveys, they received responses about travelers being an issue. She stated that the usage of travelers that she is seeing is scarily high and that she agrees that it is a double-edged sword.
- Bernadette Mele moved on to the voting of the recommendations and if they should be accepted. She asked for a motion to accept recommendation one which is about student loans and tuition assistance.
- Karen Griffiths motioned and Adam Kaye seconded recommendation one.
- The Task Force voted to accept recommendation one.
- Bernadette Mele asked for a motion of acceptance for recommendation two which is about loan forgiveness and expanding the Connecticut Student Loan Repayment Program.
- Karen Griffiths motioned and Sajjad Raza seconded recommendation two.
- The Task Force voted to accept recommendation two.
- Bernadette Mele asked for a motion of acceptance for recommendation three which is about grant funding.
- Matthew Green motioned and Sajjad Raza seconded recommendation three.

- The Task Force voted to accept recommendation three.
- Bernadette Mele asked for a motion of acceptance for recommendation four which is about recruitment.
- Adam Kaye motioned and Sajjad Raza seconded recommendation four.
- The Task Force voted to accept recommendation four.
- Bernadette Mele asked for a motion of acceptance for recommendation five which is about an interstate licensure compact.
- Karen Griffiths asked if she can further comment on the recommendation,
- Bernadette Mele answered that she can.
- Rep. McCarthy-Vahey commented that for procedure they will need to have a motion to discuss the item they are voting on. She motioned to discuss recommendation five and Bernadette Mele seconded. She clarified that the motion gives the Task Force the opportunity to discuss whether members would like to move forward.
- Karen Griffiths asked Rep. McCarthy-Vahey if this recommendation should be something recommended at this point or is it something that the legislature will deal with anyway. She added that doesn't want to muddy the waters and recommend this, have it passed, while other recommendations fail.
- Rep. McCarthy-Vahey added that a fiscal note attached to a bill makes it more difficult to pass and that the compacts they passed have had no to limited cost to the State. She stated that compacts are specific to each industry as they would have to ask to join a particular compact which would have different language to other compacts. She shared an example of a previous compact that the legislature worked on and it had clear support from stakeholders while this seems to be different. She stated that some questions she would ask is what exactly the recommendation is for which specific compact and does the compact already exist. She added that if they would want to move forward with legislation then they will need more details.
- Karen Griffiths asked Rep. McCarthy-Vahey if it would be better for this recommendation to be worked on by their own separate fields rather than the Task Force dictating for their three modalities.
- Rep. McCarthy-Vahey added that more specificity is helpful and that recommendations coming from their fields or organizations could be considered as pieces of protentional legislation. She stated that they are

limited in writing compacts due to the complexity of writing them. She answered that if they do not move forward with this recommendation then it doesn't preclude any other group from bringing it forward.

- Bernadette Mele asked if there was any further discussion.
- Adam Kaye asked to see the language of the recommendation.
- Matthew Green believes that they are on the same page that compacts could help people that want to move in and out of states and that wouldn't probably help them in the long term. He stated that he isn't for or against either option but believes that they have to make a decision on this recommendation. He added that the issues raised about travelers are correct, but they fill that double-edged sword of needing a worker. He asked the Task Force if they wanted to make the recommendations long term and leave out the short-term fixes.
- Bernadette Mele agrees with Matthew Green that this recommendation is more of a short-term fix than a long-term solution.
- Rep. McCarthy-Vahey commented that she hears their issues about travelers. She added that Connecticut for the past three years has had positive population trends, and it would make it easier for out-of-state licensed professionals to become employed. She stated that Connecticut would have to agree to whatever compact is proposed and that she is hesitant about supporting the idea as she doesn't know the potential barriers they will need to overcome.
- Karen Griffiths stated that the respiratory therapy state professional organization is pushing for compact licensure separately from the Task Force. She mentioned that Sajjad Raza would be more informed on that as he is sat on the board. She added that she will vote against the recommendation because she feels like it will complicate things as they don't have enough information from each of the professions even though she agrees with Matthew Green that it could help in the short-term. She believes that if it is important to their professions then they should work on it separately from the Task Force.
- Sajjad Raza stated that he has no information to share about the licensure compact.
- Bernadette Mele added that she doesn't know of any compact licensure that exists for Radiologic Technologists or Nuclear Medicine Technologists. She asked if they would like to move forward with this recommendation.
- Rep. McCarthy-Vahey commented that for voting purposes Bernadette Mele

could not put this recommendation to a vote as it seems like there is not enough support and take no action. She added that the discussion was very important for her as Co-Chair of the Public Health Committee and she understands that it may differ among the professional groups. She suggested to hold off on voting for the recommendation because of the differences between the three groups.

- Bernadette Mele thanked Rep. McCarthy-Vahey and commented that during the Subgroup meeting this recommendation was something they didn't come to an agreement on as well but wanted to forward the recommendation because a group supported it. She added that she does not want to take action on the recommendation. She asked the Task Force if they are in agreement with accepting the four recommendations that they have voted on.
- The Task Force members agreed.
- Bernadette Mele stated the four recommendations that the Task Force has agreed to are going to be about student loans and tuition assistance, loan forgiveness, grant funding, and recruitment. She added that the final report will be written by Bernadette Mele, Matthew Green and Karen Griffiths. She announced that the next meeting will be on December 12th, at 10:30 AM.

III. Adjournment

- Bernadette Mele asked for a motion to adjourn. Adam Kaye motioned to adjourn, and it is seconded by Karen Griffiths.
- The meeting adjourned at 2:07 PM.

December 12, 2024

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

Task Force to Study Methods to Address the Shortage of Radiologic Technologists,
Nuclear Medicine Technologists and Respiratory Care Practitioners in the State

Meeting Summary

Thursday, December 12, 2024

10:30 AM on Zoom and YouTube Live

I. Convene Meeting and Review of the Charge

- Bernadette Mele convened the meeting at 10:33 PM.
- Attendance: Bernadette Mele, Matthew Green, Rep. Cristin McCarthy-Vahey, Sajjad Raza, Adam Kaye, and Karen Griffiths
- Guests: Kat Hall

II. Reports and Discussion

- Bernadette Mele summarized the agenda for the meeting. She asked members if they had the opportunity to go through the first section of the draft final report.
- Karen Griffiths thanked Bernadette Mele and answered that she didn't have sufficient time to go through the report. She believes that the parts she went through needs some word smithing but the gist of it was good. She suggested that they add language regarding national Respiratory Care vacancy rates or for discussion of national vacancy rates be put into the background. She added that the Subgroup could meet one more time to

word smith and revise the final draft. She wants the final report to be consistent throughout the document.

- Bernadette Mele stated that she noticed that as well and commented that she believes that it should go under the section titled executive summary, but she is open to putting it somewhere else.
- Karen Griffiths stated that they can put one more line to make it consistent.
- Bernadette Mele went through the sections that outlined their main findings, overarching principles, and the Task Forces recommendations. She asked members if they see a format error in the document.
- Karen Griffiths answered that there could be a possible format error, but the substance looks the same.
- Bernadette Mele moved on to the section titled introductions that contained the creation and charge of the Task Force, the approach of the Task Force, Background information on the modalities, and the report contents. She asked members if they have any comments regarding background information on Respiratory Care Therapists. She then moved onto the section titled scope of problem which contains the impact of the shortage. She asked members what they think of in regard of the conciseness of the report.
- Sajjad Raza stated that he doesn't have a copy of the draft and that it looks good.
- Bernadette Mele moved on to the section titled guiding principles which contains there overarching principles. She moved on to the section titled Connecticut's current system which explains the different programs for the modalities.
- Karen Griffiths stated that she would like the Respiratory Care programs to be elaborated on more to remain consistent.
- Bernadette Mele answered that the additional information is in the Respiratory Care background information section. She asked Karen Griffiths if she would like that information to be added here as she doesn't want the report to sound repetitive.
- Karen Griffiths stated that having that information in background is fine and she doesn't want information to be overlooked by readers. She would prefer having one more line regarding educational pathways and possibly the credentialing requirements.

- Sajjad Raza agrees with Karen Griffiths.
- Bernadette Mele asked if the credentialing requirements are within the background information section for the report.
- Karen Griffiths doesn't believe that the credentialing requirements are within the background information section and believes that it would be helpful to summarize this information. She stated that she could write the language and share it. She presented a presentation that contained completion rates and job placement rates for Respiratory Care Therapists and stated that she can share that information to put those rates into the report.
- Bernadette Mele stated that she can put that information into the report.
- Karen Griffiths added that she can write language regarding credentialing and educational pathways.
- Bernadette Mele stated that they have a tight timeline and isn't sure if they are able to get another meeting to vote on the report, so she is mindful of that. She commented that members could decide at the end on how they would move forward with the report. She continued the section which contained continued problems and issues and asked members their thoughts.
- Kat Hall responded that it looked good, and that the suggestion makes sense.
- Bernadette Mele moved onto the section titled recommendations and explained the recommendations of the Task Force. She asked members for their thoughts regarding the first recommendation.
- Adam Kaye asked about the timeline of the Task Force as the draft report was issued late and he wasn't able to look through it and asked if they would be able to have another meeting.
- Bernadette Mele responded that they could have another meeting and stated that they need to finish before the Connecticut General Assembly convenes.
- Karen Griffiths stated that she feels the same as Adam Kaye as she wasn't able to go through it as well.
- Bernadette Mele answered that they can go through the report today and then they will be able to schedule another meeting to vote on the final report after revisions are made. She asked members if they see any glaring problems with the first three recommendations of the draft report.

- Adam Kaye asked for a point of clarification if the goal of the recommendations is to speak more broadly and avoid going into the specifics.
- Bernadette Mele answered that they would like to speak more broadly and stated that there is more information within the report that could help legislators. She summarized the second, third and fourth recommendations of loan forgiveness, grant funding, as well as recruitment and marketing support. She stated that the report contains information of adding the three modalities to the current State forgiveness program.
- Adam Kaye commented on the ordering of the recommendations as he believes that they are ordered backwards in how someone would go through schooling. He stated that they can reorder them to emphasize the narrative of the shortage.
- Bernadette Mele answered that the recommendations are ordered by priority.
- Adam Kaye stated that is reasonable.
- Karen Griffiths agreed with Bernadette Mele.
- Bernadette Mele stated that the draft report is missing some information and that she will add more information to the section regarding recommendations.
- Karen Griffiths asked for recommendation two in the rationale to be expanded to include Respiratory Care Therapists or to make it clear that it includes the three professions.
- Bernadette Mele stated that some missing information in recommendations are misplaced in the report and will move it to the recommendation section.
- Karen Griffiths asked if they would like that information to even be in the recommendation section as they can leave the recommendation section more general to give it a greater chance of passage into legislation.
- Bernadette Mele asked Rep. Cristin McCarthy-Vahey for her thoughts. She asked members to keep in mind that they have the draft report that has formatting errors. She stated that now is the time to talk about any glaring issues that members have seen in the report. She asked members their thoughts regarding the executive summary.
- Karen Griffiths added that based on feedback from Rep. Cristin McCarthy-Vahey they should keep it more general and to be aware of the audience.

- Bernadette Mele and Karen Griffiths revised some sentences of the executive summary.
- Bernadette Mele further went through the executive summary and asked members if they had any further thoughts. She stated that she would like to figure out the timeline for members to adequately review the report and asked members for when they would be able to.
- Adam Kaye responded that he can meet next week.
- Bernadette Mele stated that she will include additional information in the report as she wanted to get the heart of the report to the members. She added that she isn't sure if the Subgroup can meet before the full Working Group because of time constraints.
- Rep. Cristin McCarthy-Vahey extended her thanks to the members of the Working Group and agrees with Bernadette Mele suggestion. She suggested that members can send their comments to Bernadette Mele, and she can compile a draft even if the Subgroup is unable to meet. She added the process of the report after it is submitted and stated that these conversations continue after the Working Group concludes.
- Bernadette Mele asked when the Connecticut General Assembly begins.
- Rep. Cristin McCarthy-Vahey responded that it was January 8th and doesn't recommend for the Task Force to be extended due to the constraints of the support staff. She encouraged the Task Force to stick to the deadline but stated that it is possible for the Task Force to continue but the mechanics of convening a meeting will become more difficult.
- Bernadette Mele agreed with Rep. Cristin McCarthy-Vahey and stated that they can put a deadline for comments to make it easier to commit to the report. She asked members for an appropriate timeline for them to be able to review the draft and share revisions with her.
- Karen Griffiths asked if they would still like to do the Subgroup and would like Subgroup meeting done after comments have come in. She stated that she is flexible next week and asked Rep. Cristin McCarthy-Vahey if the recommendations should be more specific or narrow.
- Rep. Cristin McCarthy-Vahey answered that due to time constraints she believes that it would be more helpful to get the report in and for specificity she answered that members could be able to testify at legislative public hearings to make the recommendations more specific. She believes that they shouldn't get too deep into specifics due to the time constraints.

- Bernadette Mele asked if they can get their comments in by December 18th.
- Karen Griffiths asked if they could make the deadline December 17th and then the Subgroup can meet at the 18th. She stated that she would like a Subgroup meeting to discuss the report and revisions.
- Kat Hall stated that she can get any edits in by end of day of December 16th.
- Adam Kaye stated that he doesn't anticipate sending in any comments after the weekend.
- Bernadette Mele asked if the deadline of December 17th works.
- Matthew Green believes that the December 17th deadline works and asked when they are able to vote on the final report with the full Task Force.
- Bernadette Mele stated that she can do December 20th.
- Rep. Cristin McCarthy-Vahey added that she hears the desire for a Subgroup meeting and nothing stops a non-forum group from having a conversation and believes that they should work backwards from when they want the full group to vote. She suggested that the full group vote on December 20th.
- Administrative staff stated that December 20th is open.
- Adam Kaye stated that he is free for December 20th.
- Bernadette Mele asked members what times work on December 20th.
- Kat Hall stated that Paul Kidwell might work for December 20th.
- Karen Griffiths stated that she supports a morning meeting.
- Sajjad Raza stated that a morning meeting works for him too.
- Adam Kaye stated that he is busy until 9 AM and free for most of the day.
- Matthew Green stated that he supports a 9:30 or 10:00 AM time.
- Rep. Cristin McCarthy-Vahey recommended a 9:30 AM start for December 20th.
- Bernadette Mele agrees with Rep. Cristin McCarthy-Vahey and announced that the full Task Force will meet on 9:30 AM for December 20th.

- Karen Griffiths suggested for the Subgroup to meet on December 17th.
- Bernadette Mele and Matthew Green agree to meet on December 17th.
- Karen Griffiths stated that she would have to do the morning and suggested a start time between 9 and 11 AM.
- Bernadette Mele suggested 9:30 AM.
- Karen Griffiths and Matthew Green agree with a 9:30 AM start time.

III. Adjournment

- Bernadette Mele asked for a motion to adjourn. Adam Kaye motioned to adjourn, and it is seconded by Bernadette Mele.
- The meeting adjourned at 11:22 AM.

December 18, 2024

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

Subgroup of the Task Force to Study Methods to Address the Shortage of Radiologic Technologists, Nuclear Medicine Technologists and Respiratory Care Practitioners in the State

Meeting Summary

Wednesday, December 18,

2024

9:30 AM on Zoom and YouTube Live

I. Convene Meeting and Review of the Charge

- Bernadette Mele convened the meeting at 9:31 AM.
- Attendance: Bernadette Mele, Matthew Green, and Karen Griffiths

II. Discussion on Recommendations

- Bernadette Mele stated that she shared the draft report with changes with the Subgroup members. She commented that Sajjad Raza will share further edits about the draft report.
- Karen Griffiths commented that the report looked good.
- Bernadette Mele started going over the draft report and asked members if their credentials need to be changed. She credited Karen Griffiths and Sajjad Raza for reviewing the draft report and making edits.
- Karen Griffiths credited Sajjad Raza for helping in the wordsmithing of the

draft report.

- Bernadette Mele commented that there were organizational changes to the draft report and asked Karen Griffiths to make sure that the footnotes match properly.
- Karen Griffiths mentioned that in the section titled Main Findings that there was one footnote for Respiratory and doesn't believe that she doesn't need to change the reference.
- Bernadette Mele stated that she didn't change anything in the section titled Main Findings and that they changed some portions of the section titled Task Force Recommendations.
- Karen Griffiths commented that they revised the flow of the sentences and not the substance in the section titled Task Force Recommendations.
- Bernadette Mele commented that she further defined HOSA.
- Karen Griffiths suggested an edit to the fourth item in the section titled Task Force Recommendations.
- Bernadette Mele asked Matthew Green about the change.
- Matthew Green agreed with Karen Griffiths about broadening the fourth item.
- Bernadette Mele moved onto the section titled Introduction and mentioned that she added references to this section.
- Karen Griffiths asked what the changes to this section were.
- Bernadette Mele answered that the changes were a date when the Task Force was first convened and adding additional references.
- Karen Griffiths asked that they have all the references in the back of the report and that these noted references are to communicate that they are the main references.
- Bernadette Mele answered affirmatively and commented on a format change.
- Karen Griffiths has concerns with section three titled Guiding Principles and suggested that section three could be moved into the section titled Introductions or before it for better format purposes. She asked if the suggested changes would have a better flow and stated that their guiding principles should be at the forefront of the report.

- Bernadette Mele commented that she thought of moving that section as well and was waiting to discuss with members.
- Karen Griffiths mentioned that section three is a small section and doesn't necessarily need to be its own section.
- Bernadette Mele asked Matthew Green for his thoughts.
- Matthew Green agrees with the changes as they are leading with their principles followed by their content.
- Bernadette Mele stated that she will make that change. She then moved onto the section titled Background Information, Including Current Status and Profession-Specific Staffing Challenges.
- The Subgroup agreed to a format change in the title.
- Karen Griffiths commented that she likes the title.
- Bernadette Mele moved onto the section titled Current Status of the Professions and stated that she added Adam Kaye's data to this section as well as the national data. She stated that she talked about the shortage in all their professions and that she further delved into the specifics of the three.
- Karen Griffiths suggested various wording revisions and format changes. She asked if they should include the CHA poll data in this section.
- Bernadette Mele believes that the CHA poll data is fine to put into this section and commented that she wasn't able to download the reference that CHA provided as well as the reference not being rigorous enough.
- Karen Griffiths agreed that the survey poll didn't have enough information and it appeared that they weren't aware of the specifics of the survey.
- Bernadette Mele asked Matthew Green for his thoughts.
- Matthew Green asked how much they have zeroed in on their specific data as he believes that Karen Griffiths is stating that they would be underreporting the vacancy rate of what they think they are by including the poll.
- Karen Griffiths thought was if they should include this at all as she went through the meetings and what they discussed. She stated that they discussed this poll with the Task Force, but they also discussed the uncertainty of the poll. She believes the question should be if they should include this data at all if they are unsure of the data.

- Matthew Green commented that it reads nicely as the data might not be the best, but it communicates that they are hearing data from other sources. He stated that he can go either way. He believes that it communicates that all members have done their due diligence, and it still shows that there is a significant shortage as the larger vacancy rate is better, but the CHA results are still significant.
- Karen Griffiths agrees that the data shows that there is a significant shortage even though the data seems drastically low. She commented that her concern is having this data at the forefront.
- Bernadette Mele believes that it is important to have this data at the forefront to communicate what is being seen and what is being felt at the forefront. She then moved onto the section titled Profession-Specific Staffing Challenges. She commented that she talked about Radiologic and Nuclear Medicine Technologists together because they are similar and because she was thinking of the audience and how they are not familiar with the field.
- Karen Griffiths believes that is important to include as they are not sure who is the audience but if they would like additional information, they should include it. She added that they should explain what the consequences will be for the general population if they don't address these shortages.
- Bernadette Mele agreed with Karen Griffiths and answered that is included in the report. She believes that it is important to note that staff in this field have to be qualified, credentialed and licensed in the State of Connecticut because there is a push for limited X-ray operators.
- Karen Griffiths asked how that process works and if that process is allowed in Connecticut currently.
- Bernadette Mele stated that is not allowed in Connecticut currently.
- Karen Griffiths asked if there is data that talks about the consequences of not having a certified licensed Radiologic Technologist performing these services.
- Bernadette Mele responded that there is, but she has not included it in the report.
- Karen Griffiths doesn't believe that it is necessary because that is not on the table for this.
- Bernadette Mele asked Matthew Green for his thoughts.
- Matthew Green asked about the ARRT reference in the section titled

Profession-Specific Staffing Challenges and if they should take out the word may in all the descriptions.

- Karen Griffiths agreed with Matthew Green as the wording sounds stronger.
- Bernadette Mele agreed with the change.
- Karen Griffiths and Bernadette Mele revised the wording of degree offerings within the State.
- Karen Griffiths suggested adding the result data for Respiratory for board exams.
- Bernadette Mele believes that data would be helpful as it could show what type of support the profession needs.
- Karen Griffiths asked if they are fine with adding additional charts for Respiratory.
- Bernadette Mele answered affirmatively.
- Karen Griffiths stated that she will add an additional chart but is good with that section and that they have moved a paragraph for formatting purposes.
- Bernadette Mele moved onto the section titled Scope of Problem and believes that it should hit hard.
- Karen Griffiths stated that Sajjad Raza revised this section, and he was able to use Bernadette Mele's draft to strengthen the section.
- Bernadette Mele asked what they thought of this section.
- Karen Griffiths and Matthew Green believe that the section looks good.
- Bernadette Mele moved onto the section titled Guiding Principles and stated the changes they agreed to do with this section.
- Karen Griffiths suggested formatting changes to the section.
- Bernadette Mele moved onto the section titled Connecticut's Current System and stated changes that Sajjad Raza has made to this section where he moved Shared Continuing Problems and Issues as well as Inequalities in Access before credentialing requirements due to these items being more critical.
- Karen Griffiths added that these sections after credentialing requirements

makes it easy to skip over. She stated that she agrees with the change.

- Bernadette Mele added that there is an additional board for Nuclear Medicine and will include it.
- Matthew Green stated that he will share that information.
- Bernadette Mele moved onto the section titled Recommendations.
- Karen Griffiths commented that the draft should include the accurate number of meetings that the Task Force has held.
- Bernadette Mele asked if they made any changes to the four recommendations of the Task Force.
- Karen Griffiths answered that she made a grammatical change to recommendation two. She also changed recommendation four to make sure that it isn't just about HOSA it's high schools as well.
- Bernadette Mele moved onto the section titled Conclusion and asked Karen Griffiths if she has data about the workforce shortage that exceeds levels documented in more than twenty years for Respiratory.
- Karen Griffiths responded that she has that data and that they can use similar language that they used at the beginning of the report. She suggested an additional sentence and asked Bernadette Mele if that is what she is looking for.
- Bernadette Mele responded that is what she was looking for and stated that she included data that Karen Griffiths and Sajjad Raza provided.
- Karen Griffiths believes that the included data looks good.
- Bernadette Mele moved onto references then appendices. She stated that the CHA survey results are located in references under Kidwell. She doesn't believe that they should include the presentations that they have done because it will make the report too long.
- Karen Griffiths agrees with Bernadette Mele that it will make the report too long.
- Bernadette Mele included the suggested additional sentence from Karen Griffiths into the report.
- Karen Griffiths commented that she has additional credentials, and that she will share those.

- Bernadette Mele asked Matthew Green if he has any additional credentials to add.
- Matthew Green responded that he does not.
- Bernadette Mele asked if they have any further questions or changes to the report.
- Karen Griffiths and Matthew Green believes that it looks good.
- Bernadette Mele asked Matthew Green if he will get back with the Nuclear Medicine Technologists credentialing board information.
- Matthew Green responded that he will.
- Bernadette Mele stated that she will include information about the Nuclear Medicine program and any additional information about the program will be placed in the section titled Background.
- Bernadette Mele stated that she is going to share what they have to the full Task Force so that they can prepare in advance.
- Karen Griffiths commented that would make the most sense.

III. Adjournment

- The meeting adjourned at 10:19 PM.

December 20, 2024

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

Task Force to Study Methods to Address the Shortage of Radiologic Technologists,
Nuclear Medicine Technologists and Respiratory Care Practitioners in the State

Meeting Summary

Friday, December 20, 2024

9:30 AM on Zoom and YouTube Live

I. Convene Meeting and Review of the Charge

- Bernadette Mele convened the meeting at 9:30 AM.
- Attendance: Bernadette Mele, Matthew Green, Rep. Cristin McCarthy-Vahey, Sajjad Raza, Adam Kaye, and Karen Griffiths
- Guests: Kat Hall

II. Reports and Discussion

- Bernadette Mele announced to the group that there were edits to the draft report after it was sent out. She asked Adam Kaye if he would like his report added as an appendix.
- Adam Kaye doesn't believe it should be included as the data is reflected in what they did, and the report emphasized anonymity so he would like for his report to stay as a summary.
- Bernadette Mele moved onto summarizing the draft report. She announced that the Subgroup met and that they have made additional changes to the

draft report. She stated that she added more information to the background for their professions. She shared that Karen Griffiths and Sajjad Raza assisted in the wording of the report. She commented that they have moved overarching principles and report contents further up the report as they made the report flow better. She mentioned that for the section titled Background Information, Including Current Status and Profession Specific Staffing Challenges the data from CHA is located in there and asked Matthew Green if he has additional data for Nuclear Medicine Technologists programs.

- Matthew Green responded that there is one program in Connecticut, and he unfortunately wasn't able to connect with them so they will have to go with their current data.
- Bernadette Mele stated that they moved the CHA data from the Respiratory Care Practitioner section further up. She commented that for the section titled Scope of Problem Sajjad Raza suggested starting the section with the mentioning of the COVID-19 pandemic and asked members for their thoughts. She believes that with or without the pandemic the shortage would still be experienced however the pandemic accelerated the process.
- Adam Kaye agrees that COVID-19 directly affects Respiratory Therapists and indirectly affect the either two professions and suggested broadening the language to include unforeseen events.
- Kat Hall agrees with that framing and likes the broadened language.
- Adam Kaye suggested a sentence change where the language is broader to include events including the COVID-19 pandemic and other unforeseen events.
- Sajjad Raza suggested that they can remove the COVID-19 sentence and include another revision he suggested that gets to the core of their discussion.
- Rep. Cristin McCarthy-Vahey stated that when they talk about children's mental health, they mention the COVID-19 pandemic constantly and doesn't believe there is anything wrong with referencing COVID but does like the broader language. She believes that the report has gotten the point across that there is a preparedness issue and that they are not prepared currently or for the future.
- Bernadette Mele believes that the suggested changes by Sajjad Raza are good and asked members for their thoughts.
- Adam Kaye likes the change and suggested that they can reference COVID-19 as that would encompass the conversation in a concise way.

- Bernadette Mele asked if they would like the mentioning of COVID-19 to be removed in the first paragraph and included later in this section.
- Matthew Green has an issue of starting the section titled Scope of Problem with COVID-19 as the pandemic highlighted the shortage but with or without another unforeseen event the shortage is still happening.
- Adam Kaye likes moving the COVID-19 reference further down the section.
- Bernadette Mele asked the Task Force about moving the COVID-19 reference further down the section.
- Karen Griffiths asked for clarification that they would be removing in the first line which poses significant risks.
- Bernadette Mele responded affirmatively as it is mentioned below in the section so it would be redundant.
- Sajjad Raza stated that he removed that first line because it was already mentioned but believes that they can keep the line as it provides the main theme of the initial sentence.
- Karen Griffiths agrees with Sajjad Raza.
- Bernadette Mele moved onto the section titled Connecticut's Current System and shared that they moved up Shared Continuing Problems and Issues and Inequalities in Access. She added additional information to the section regarding Nuclear Medicine Technologists. She moved onto the section titled Recommendations and shared minor spelling changes.
- Karen Griffiths stated that they did minor spelling changes in Recommendation four and suggested removing the word partnership to avoid repetition.
- Bernadette Mele agreed with the change and moved onto the section titled Conclusion and mentioned that they included an additional paragraph regarding Respiratory Therapists and COVID-19.
- Sajjad Raza suggested a format change of moving the additional paragraph up as he wouldn't like it to be the final paragraph of the report.
- Bernadette Mele commented that they included additional information about the three professions in the section titled Conclusion.
- Adam Kaye would like to include something about safeguarding access to care and suggested a revision to the final paragraph.

- Bernadette Mele asked the Task Force for their thoughts about the report.
- Karen Griffiths suggested formatting changes to the section titled Overarching Principles as well as removing the summary for the section titled Report Contents.
- Bernadette Mele asked the Task Force for their thoughts about the changes.
- Kat Hall agrees with the changes.
- Bernadette Mele stated that she will make the changes and reformat the report. She asked the Task Force if they have any additional changes.
- Sajjad Raza suggested a change to the tables regarding programs and their capacities as he included a percentage sign to the capacity row.
- Bernadette Mele responded that the capacity rows are absolute numbers and not percentages.
- Sajjad Raza thanked Bernadette Mele for the clarification.
- Karen Griffiths stated that the report said that the University of Hartford is a bachelor's Program and Quinnipiac isn't, but she knows that Quinnipiac is an entry level bachelor.
- Bernadette Mele answered that she wrote it that way because University of Hartford has a Bachelor of Science and a Certificate, and she breaks it down in the report. She shared with the Task Force the changes she will make to the report. She asked for a motion to vote on the report with the revisions.
- Karen Griffiths motioned to vote on the report with the revisions and Sajjad Raza seconded.
- The Task Force voted unanimously to finalize the report with the revisions and to send it to the Connecticut General Assembly Public Health Committee.
- Bernadette Mele noted that Paul Kidwell is in support of the finalized report.
- Bernadette Mele stated that she will make the changes and send it to members. She asked members to continue advocating and thanked members for being part of the Task Force.

III. Adjournment

- Bernadette Mele asked for a motion to adjourn. Karen Griffiths motioned to

adjourn, and it is seconded by Bernadette Mele.

- The meeting adjourned at 10:05 AM.