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March 4, 2026

Chair Huffman, Vice Chair Johnson, Ranking Member Liston and Members of the Senate Health Committee, my name is Sam Eskildsen, and I am the Founder and CEO of MainStreet Family Care. We serve rural patients in five states from Florida to Pennsylvania, and are eagerly looking forward to serving rural Ohioans in the near future.

I would like to thank you for the opportunity to provide testimony in support of Senate Bill 324.

As the Founder of MainStreet Family Care I know the many operational challenges modern urgent cares face, and outdated regulations shouldn't be one of them. Ohio's GXMO supervision requirement is one such regulation. Currently, GXMOs are required to perform radiologic procedures only in the "immediate presence" of a supervising physician. In the rural urgent care setting, this means a physician must be in the facility for the GXMO to operate the X-ray. While this may be feasible in large, integrated health systems, or at the ER, it presents significant obstacles for urgent care facilities like MainStreet, as a physician is generally not available to be on-site. The result is that urgent cares are often left unable to offer X-ray services. In some parts of rural OH there are no after hours or weekend x-ray facilities other than the ER, and this is driven by the current state of OH x-ray rules.

Senate Bill 324 provides a practical solution to this problem by doing the following:

**1. Allowing Physicians to Provide General Supervision of GXMOs**

Senate Bill 324 would allow GXMOs to operate under the general supervision of a physician and in the "immediate presence" of a Certified Nurse Practitioner (CNP) or Physician Assistant (PA). This change would ensure that urgent care facilities can continue to provide essential radiologic services without compromising patient safety. CNPs and PAs are highly trained professionals who work under the direction of physicians and are fully capable of supervising GXMOs in these settings.

This legislation does not alter the scope of procedures GXMOs can perform. The bill would instead promote great collaboration by allowing GXMOs to operate the same X-ray machine they are certified to use without needing direct supervision of physician. As long as the physician

trusts the PA or CNP to provide direct supervision, the physician is not required to be on-site for the GXMO to operate the x-ray.

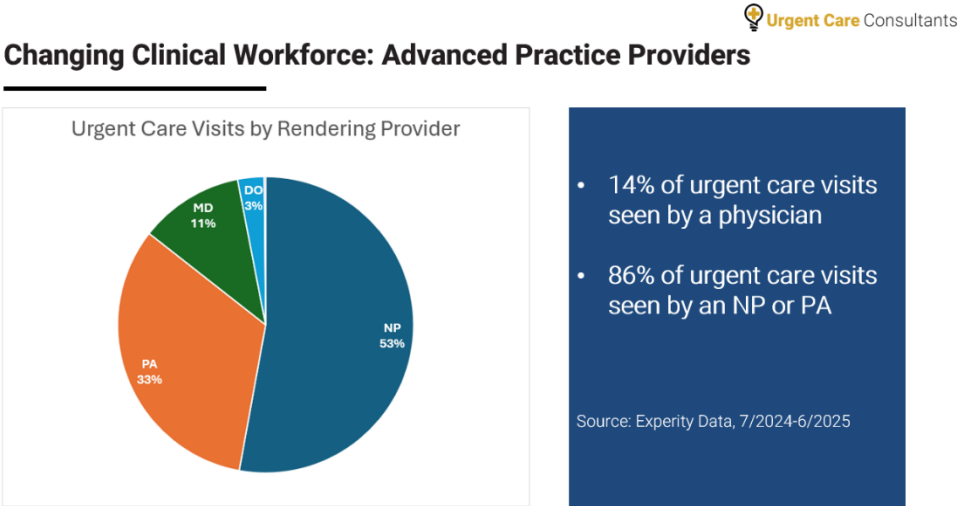
**2. Creating Reciprocity Between LRTs and GXMOs**

The bill provides reciprocity for Limited Scope RTs in other states who have passed the American Registry of Radiologic Technologists (ARRT) exam and have similar training to GXMOs to apply for a GXMO license in Ohio. This is a crucial step towards expanding our workforce. With only about 800 licensed GXMOs in the state, there is a pressing need to increase the number of qualified professionals, especially in underserved rural communities. By recognizing the ARRT exam, we can attract skilled radiologic technologists from other states and enhance our capacity to meet the healthcare needs of Ohioans.

**3. Summary**

Ohio has an opportunity to bring proven rural healthcare solutions to communities that need them most by removing this outdated regulatory barrier. MainStreet supports Senate Bill 324 as a proven lifeline for rural communities, eager to invest in Ohio and expand access to care in the very places that today qualify as medical deserts. The only thing preventing us from doing so is a rule that no longer reflects how modern care is delivered.

Across the country, MainStreet operates 68 rural urgent care centers, and like virtually all rural platforms, nearly all urgent care visits—typically 99–100%—are safely delivered by nurse practitioners and physician assistants without a physician being routinely present. More than 85% of all urgent care nationally already functions this way. The practice has evolved and Ohio’s laws should do the same, unlocking access and reducing costs.





This regulatory mismatch is especially burdensome in rural settings. Rural clinics average just three X-rays per day, yet the current requirement force us to hire a full-time radiologic technologist whose advanced training is vastly underutilized. It requires highly specialized imaging professionals to spend most of their time doing general medical assisting work, something that is neither efficient nor sustainable.

The consequences of this rule are not abstract. One-third of rural Ohio counties lack any after-hours X-ray access outside a hospital emergency room. Because of the current outdated requirements, rural Ohio is being left behind. Communities here are missing out on care models that have already proven effective in neighboring states. Ohio is actively losing clinics, jobs, and investment to states like Pennsylvania that have modernized their rules and opened the door to patient care. This is a preventable loss, and one that is directly tied to the barrier this bill seeks to remove.

Updating this regulation won't create winners and losers. It will simply allow Ohio's rural communities to benefit from care models that are already standard practice across the nation. It will position rural Ohio to compete when companies like ours look to invest, create jobs, and deliver dependable access to healthcare where it is needed most.

By removing unnecessary oversight requirements, empowering physicians to make delegation decisions as they see fit (as they do now in many states without issue) and creating a licensure pathway for trained professionals in other states, Senate Bill 324 will make urgent care and x-ray services more accessible for all Ohioans. It is for these reasons I urge you to support this legislation.

Thank you for your attention to this important matter.

Sincerely,

Sam Eskildsen  
Founder and CEO  
MainStreet Family Care