



ECRI

The Most Trusted
Voice in Healthcare

Empowering HTM

Right to Repair, Licensing, and the Path to
Professional Recognition

HTM 
MIXER



Empowering HTM: Your Voice, Your Future



Our Journey Today



The HTM Crossroads

Right to Repair Deep Dive

Licensing: Friend or Foe?

Certification Strategies

Your Action Plan

HTM 2025: Where Innovation Meets Reality



Over 12,000 HTM professionals in the U.S. keeping healthcare running



\$572 billion global medical device market dependent on our expertise

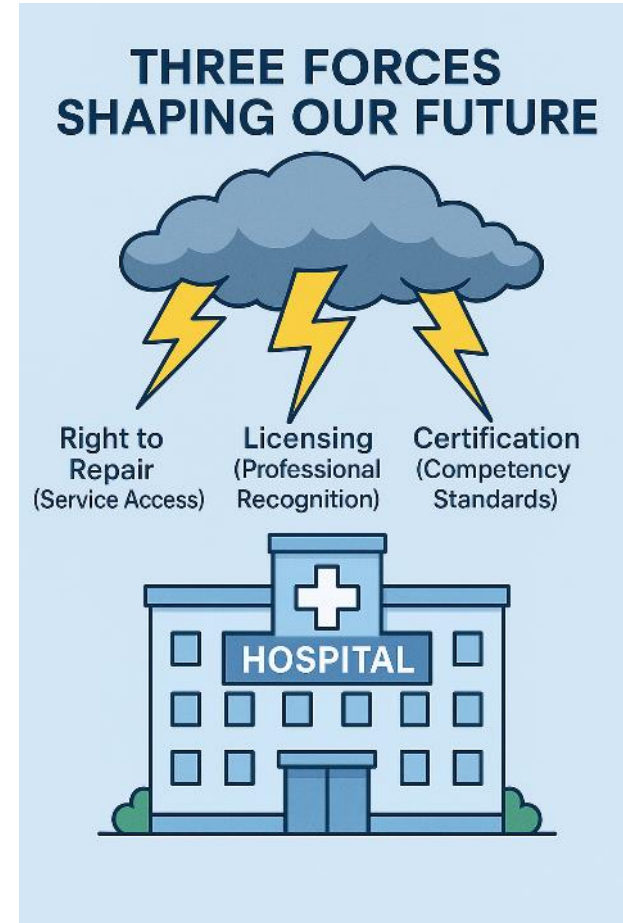
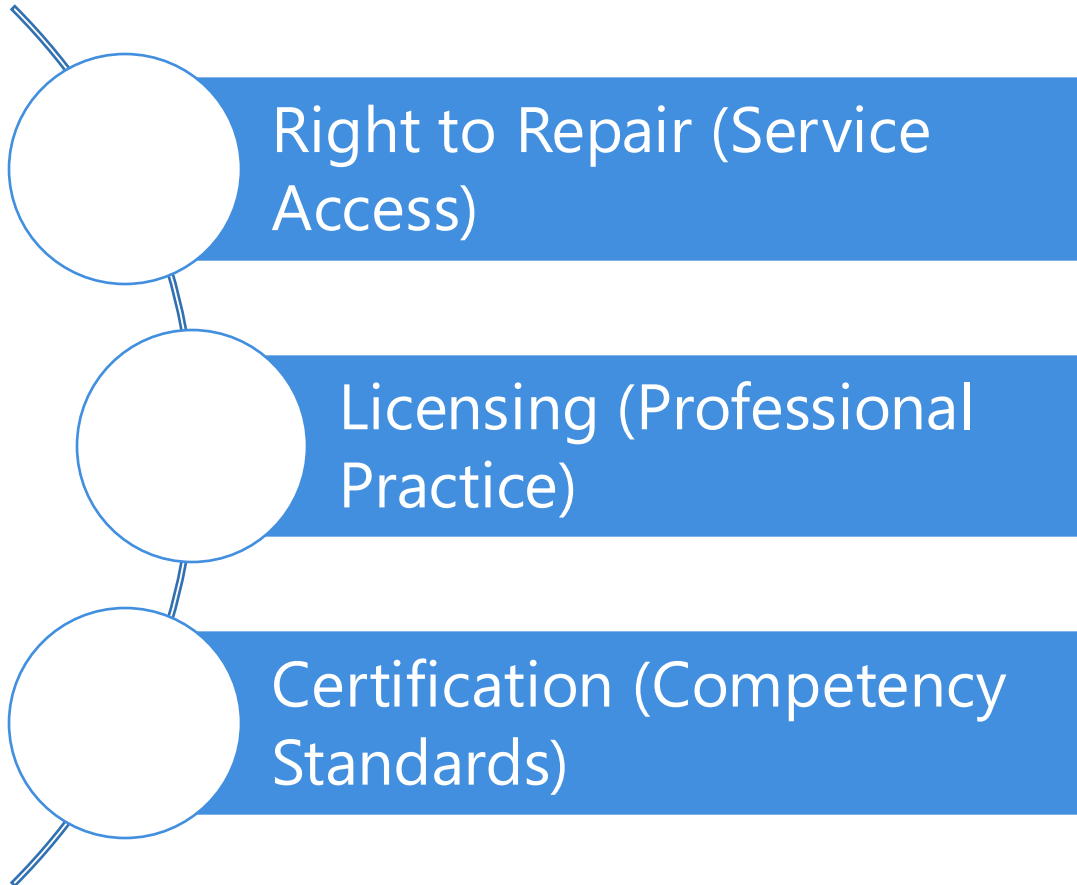


Only 35% of HTM professionals in the U.S. are certified



18% projected job growth through 2033

Three Forces Shaping Our Future



When "Authorized Service Only" Means Patients Wait



80% of HTM techs report equipment they cannot service due to access restrictions

70% report hospitals delay patient procedures waiting for manufacturer techs

90% of Biomedics surveyed said COVID increased the need for R2R legislation

Some rural hospitals wait weeks or even a month for manufacturer service

Wins We Can Build On

Massachusetts Auto R2R (2020)

- First state to pass automotive R2R by ballot with overwhelming voter approval
- Created precedent: "If cars need R2R for safety, so does medical equipment"
- Showed public support when given direct choice on repair rights

EU Medical Device Regulation (MDR 2017/745)

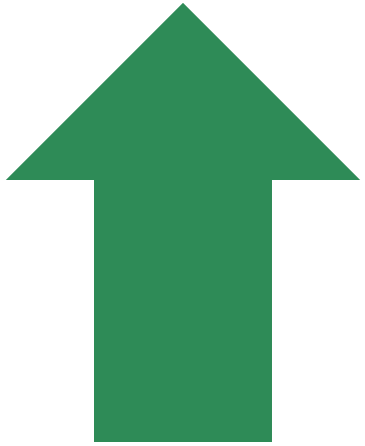
- Strengthened requirements for medical device serviceability and transparency
- Enhanced post-market surveillance and technical documentation requirements
- Shows medical device regulation can evolve with technology

John Deere Agreement (2023)

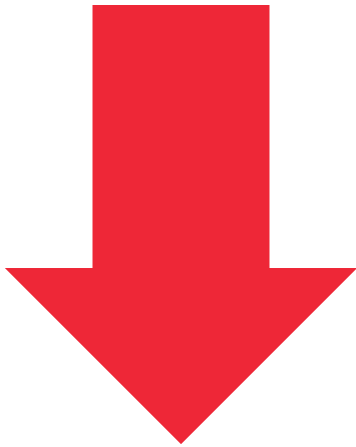
- After years of farmer advocacy, signed MOU with American Farm Bureau
- Promised access to repair tools/software (though advocates note limitations)
- Demonstrates that persistent pressure can move even resistant companies



Your R2R Reality Check



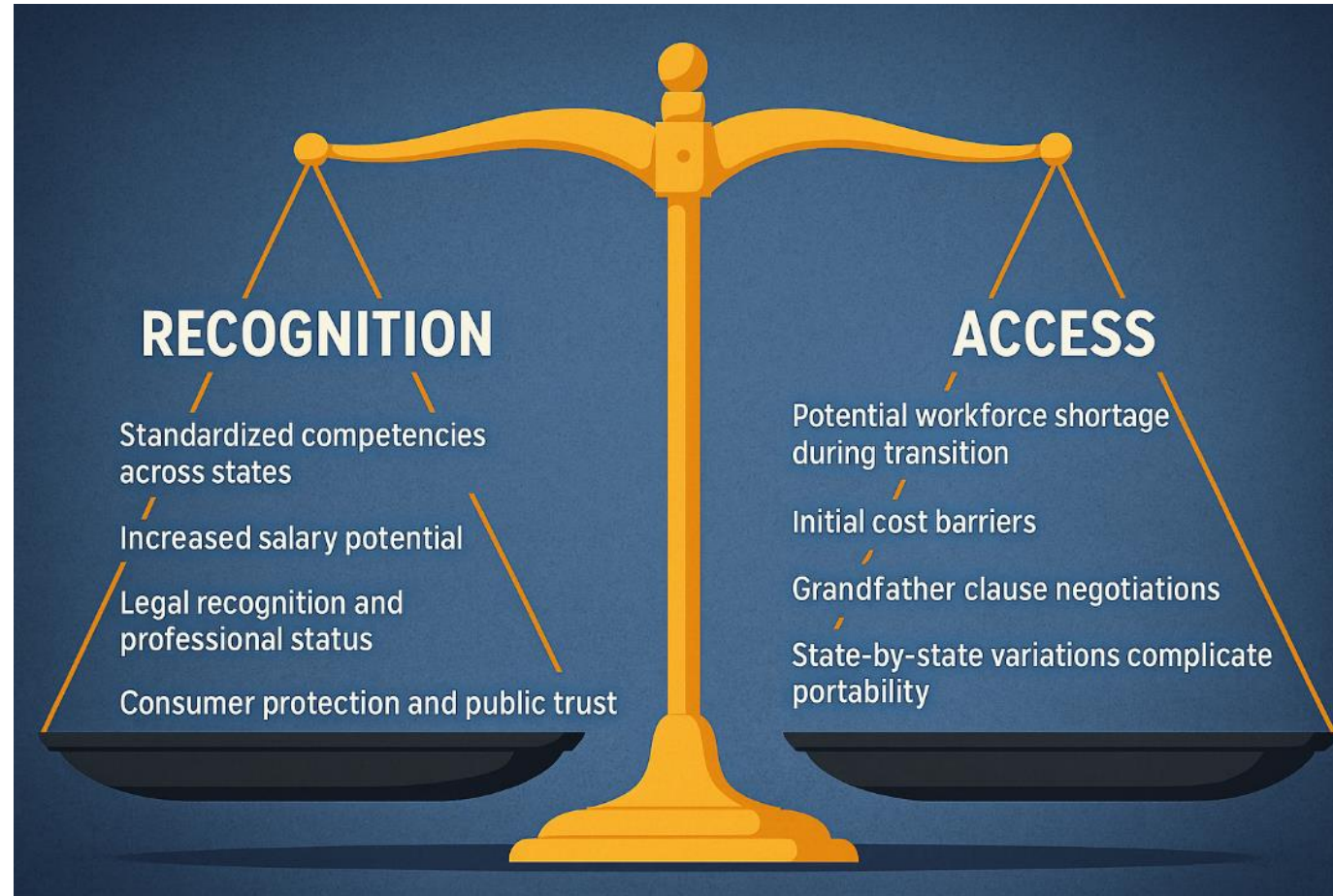
"What's your worst R2R horror story in 10 words or less!"



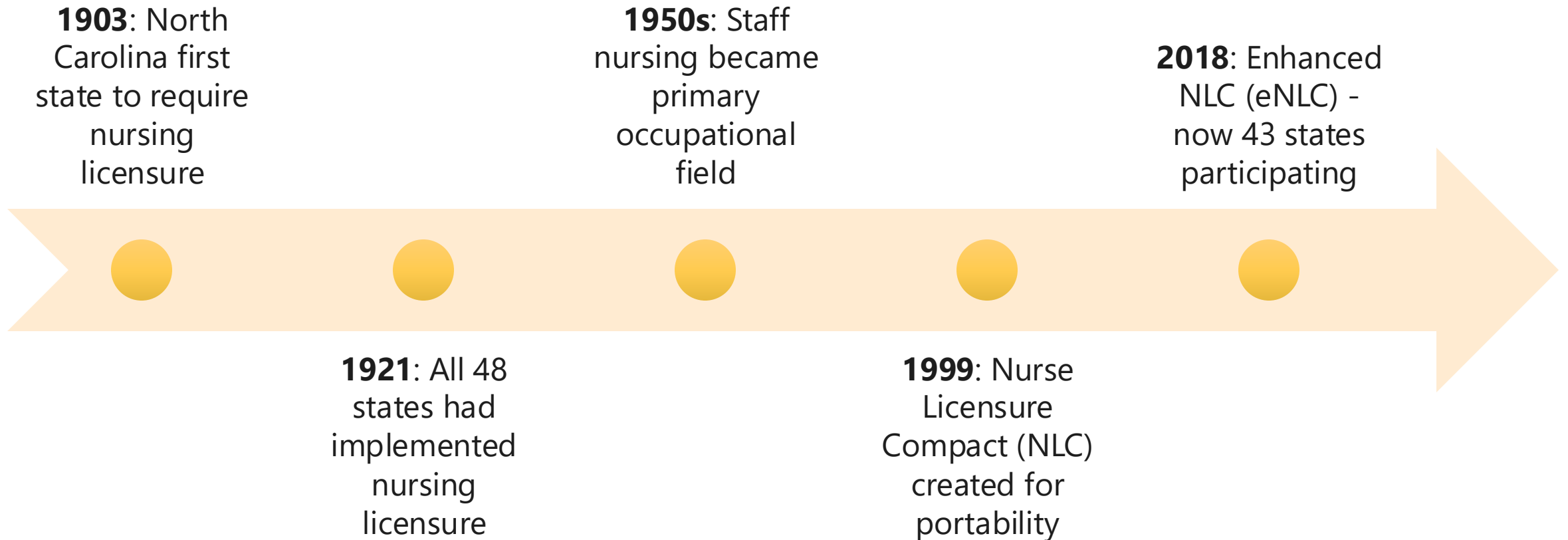
"What's ONE thing that could have prevented this?"



Licensing – Balancing Pros and Cons



From Hospital Training to Licensed Professionals



From Hospital Training to Licensed Professionals



Standardized education requirements



Professional recognition and status



Interstate practice through compact agreements



Consistent patient safety standards



The Electrician & HVAC Models

Key Lessons:

- Phased implementation works best
- Apprenticeship programs crucial
- Reciprocity agreements enable mobility
- Grandfathering prevents workforce disruption

Electrician Case Study:

- All states require licensing for electrical work*
- Median salary: \$62,350 vs non-licensed trades averaging \$45-50K**
- Apprenticeship pathways well-established
- Interstate reciprocity agreements common

HVAC Licensing:

- Most states require HVAC licensing***
- Created structured career progression
- EPA certification required nationally****
- Standardized safety protocols

Who Pays? How It Works



Licensing Board Operations:

Self-funded through licensee fees (not taxpayer funded)

Typical annual renewal: \$100-300

Revenue covers: administration, enforcement, education



Cost-Benefit Analysis:

Revenue from fees typically exceeds costs within 2-3 years

Economic benefit: Higher wages increase tax revenue



Success Models:

Florida: Health profession boards fully fee-funded

Colorado: Integrated licensing system reduces costs

Interstate compacts share administrative burden



Moving Across State Lines

Benefits of Compacts:

- Maintain state sovereignty
- Uniform licensure standards
- Remote service enabled
- Emergency response flexibility

HTM Compact Potential:

- Could follow nursing model
- Address multi-state hospital systems
- Enable disaster response
- Support traveling technicians

A Practical Path Forward

Phase 1: Foundation (Years 1-2)	<ul style="list-style-type: none">Establish model licensing actCreate grandfathering provisionsSet minimum standardsBuild stakeholder coalition
Phase 2: Early Adoption (Years 3-5)	<ul style="list-style-type: none">5-10 states implementRefine standards based on experienceDevelop reciprocity agreementsCreate apprenticeship pathways
Phase 3: Expansion (Years 6-10)	<ul style="list-style-type: none">Interstate compact developmentMajority state participationFederal recognitionIntegration with certification bodies

Success Factors



CBET, CHTM, CCE and Beyond



Current State

Few HTM professionals certified

Few have at least one credential

Key certifications: CBET, CCE, CRES, CHTM

Newer options: CABT

Why It Matters

Professional credibility and recognition

Career advancement opportunities

Standardized knowledge validation

Patient safety assurance

The Financial Case for ACI Certification



Salary Impact by Certification:

- CBET: Average \$5,000 increase (8% bump)
- CRES: 21% higher median salary
- CHTM: Management level compensation

Beyond Base Salary:

- Employer-paid certification bonuses
- Annual renewal reimbursements
- Promotion eligibility

Real Numbers:

- Certification cost: \$350-400 (AAMI members)
- Annual renewal: ~\$100-150
- ROI: Typically recovered in 6-12 months

Your Certification Options (examples)

Professional Associations

AAMI/ACI: CABT, CBET, CHTM, CRES

ACCE/HTCC: CCE

ETA-i: Biomedical Electronics (BMD)

Technical/Trade Certifications

CompTIA: Healthcare IT, A+, Network+

Cisco: CCNA

VMware: VCP

Vendor-Specific

OEM Programs

Multi-Vendor: Pronk, Fluke, BC Group

ECRI: HIMI, HFE, Healthcare FMEA

Cybersecurity & Compliance:

ISC²: CISSP

EC-Council: CEH

ISACA: CISA

Project Management & Business:

PMI: PMP, CAPM

ASQ: Six Sigma Green/Black Belt

Lean: Healthcare process improvement

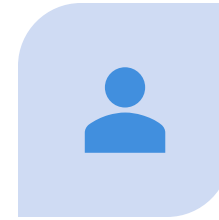
Strategic Certification Stacking

High-Value Combinations:

- **CBET + CISSP** = Medical device cybersecurity expert (\$90K+)
- **CHTM + PMP** = Healthcare technology project manager
- **CBET + CCNA** = Network-integrated medical systems specialist
- **CCE + Six Sigma Black Belt** = Quality engineering consultant



COMBINE HEALTHCARE +
IT FOR MEDICAL DEVICE
CYBERSECURITY



ADD PROJECT
MANAGEMENT FOR
LEADERSHIP ROLES



MIX CLINICAL + BUSINESS
FOR CONSULTING
OPPORTUNITIES



CREATE YOUR UNIQUE
VALUE PROPOSITION

When R2R + Licensing + Certification Align

- R2R enables hands-on licensing requirements
- Licensing validates certification value
- Certification standardizes R2R competencies



Raise your hand if...

**HTM should require
licensing by 2030**

Step to the left if...

**R2R should be Federal or
State Law**

Shout out ONE word...

**describing the ideal HTM
professional in 2030**

Complete this sentence:

'By 2030, HTM professionals will...'

Q&A

Your Voice Matters - Use It!

Join	professional organizations
Contact	Legislators
Educate	hospital leadership
Document	R2R impact stories



Monday Morning Actions

01

Audit your
current
certifications

02

Request R2R
clause in next
service
contract

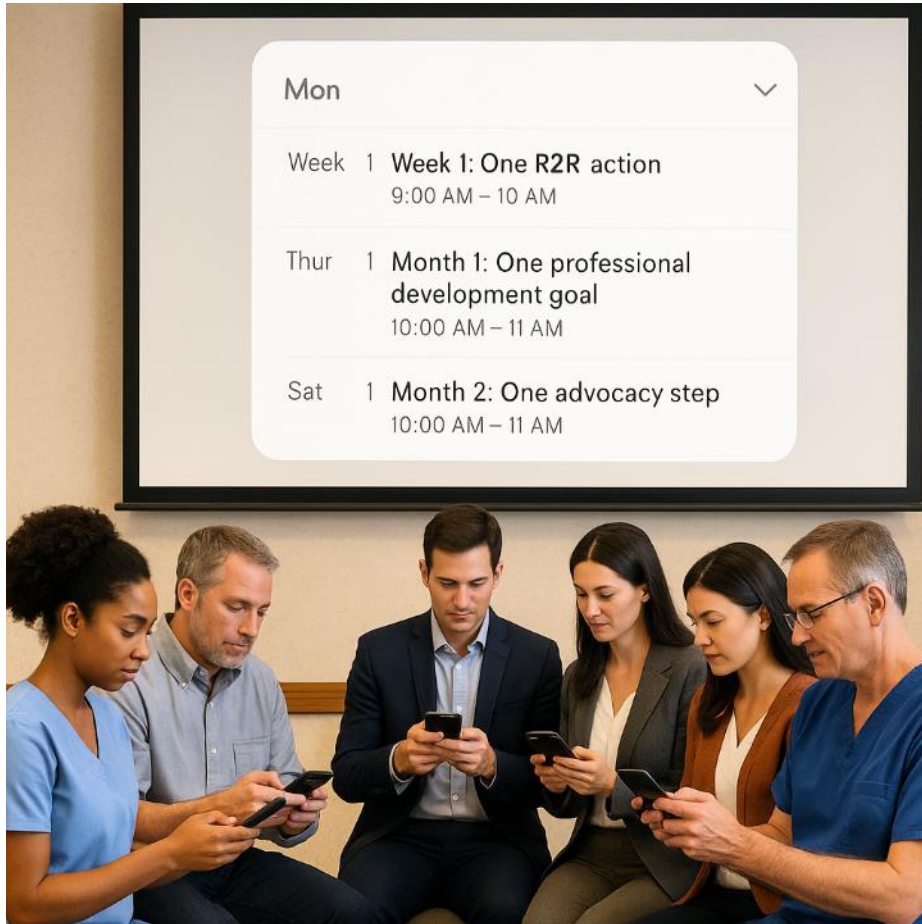
03

Start a repair
restriction log

04

Connect with 3
HTM
colleagues

Make It Real - Schedule Your Future



Take out your phones - we're making this real!

Set 3 calendar reminders right now



Text or Email yourself these commitments

Vision Statement: "By 2030, HTM professionals will be recognized, respected, and empowered partners in healthcare delivery"

**Dustin Telford AAMIF, CHTM, CBET, CRES,
CLES**

Consultant

(801) 879-5433

dtelford@ecri.org



Connect



Let's Book Time

