

# MEDICARE ACCESS TO RADIOLOGY CARE ACT

## *Enhance Quality Patient Care: Support Medicare Access to Radiologist Assistants*

**ISSUE:** The rising demand and clinical need for timely medical imaging services and the increased complexity of radiologic studies have created high demand for radiology services. At the same time, the Medicare program is looking to identify value-based, efficient solutions to improve patient outcomes.

While radiologist assistants (RAs) are newly recognized under Medicare to perform services under direct supervision as part of a Radiologist-led team, the radiology practices who employ them are unable to submit claims to Medicare for most RA performed services in hospitals and office settings where they normally work.

Medicare Access to Radiology Care Act (MARCA) H.R.3657/S.2641 –introduced in the House by Reps. Mike Doyle (D-PA) and John Curtis (R-UT) and in the Senate by Senators John Boozman (R-AR), Bob Casey (D-PA), and Steve Daines (R-MT).

Prior to 2019, CMS required personal supervision by a physician when a radiographer performed certain procedures. Previous versions of this legislation focused on reducing the supervision level required for RAs to perform radiologic procedures defined via a state-recognized scope of practice.

In the CY 2019 Physician Fee Schedule (PFS) Final Rule, the Centers for Medicare and Medicaid Services (CMS) recognized RAs as a member of the Radiologist-led team who can provide services under revised supervision levels. However, legislation is still needed to allow radiologists to submit claims to Medicare for non-diagnostic services performed by RAs they directly supervise in both the hospital and office setting, as well as diagnostic services in hospitals.

This new MARCA bill language allows RAs to be fully utilized in radiology practices to provide high quality, efficient, and cost-effective care to patients. An RA is an advanced-level radiographer, and performs procedures under the direct supervision of a radiologist.

RAs must complete a rigorous academic program encompassing a nationally-recognized curriculum, a radiologist-directed clinical preceptorship, and a mandatory nationally recognized certification examination.

RAs always practice under the direct supervision of a radiologist, thus ensuring the continuation of high-quality care. The advanced education and training of RAs enable them to perform assessments and procedures, but do not perform final interpretation of images, or prescribe medications or therapies. RAs allow radiologists to focus on interpretations, thus enhancing patient safety and outcomes by decreasing the chances for errors and providing more timely information that can affect patient's diagnosis and treatment.



**MAKE  
MARCA  
LAW**

This legislation is supported by 117 national, state, and local organizations and companies including the American Registry of Radiologic Technologists (ARRT), American Society of Radiologic Technologists (ASRT) and the Society of Radiology Physician Extenders (SRPE).

### ***RAs improve quality and do not increase patient volume***

As noted by Sloan-Kettering and many other respected institutions, radiologist assistants enhance the quality of patient care without increasing patient volume. Since integrating RAs into radiology departments, benefits have included:

***“Since integrating RAs into our radiology practice, our efficiency has increased, as has our ability to provide even better and safer care to our patients by giving them access to a knowledgeable staff member who can provide them with additional education and the chance to ask questions. Wait times for procedures and for consultations have decreased.”***

Hedvig Hricak, M.D., Ph.D.,  
Dr. h.c., Chairman, Department  
of Radiology, Memorial  
Sloan-Kettering Cancer Center

**Efficiency.** RAs make radiology practices and departments more efficient. They free up the radiologist to spend more time on interpretations (which enhances patient safety and outcomes). RA involvement also ensures that the radiologist is readily available for consultations and complex and emergent cases. Radiology is referral based care. The radiologist is not freed up to do more procedures, but rather to spend more time on the tasks that only he or she is qualified to perform.

**Time & Attention.** RAs often spend more time with the patient than radiologists can, giving the patient greater opportunity to ask detailed questions and become well informed about their procedure.

**Decreased Wait Times.** RAs help reduce wait times for procedures and consultations. This has significantly increased patient satisfaction and reduced employee overtime.

**Reduced Medical Errors.** A critical role of the RA is to recheck all patient histories and physicals, consents, referrals, and other documentation. This helps avoid costly and harmful medical errors.

**Specialized Training.** RAs are specially trained in radiation safety and image quality that affects diagnostic value. This unique and essential training ensures the best possible image at the lowest possible radiation dose.

**Rural Access.** In critical access and small rural hospitals with fewer than 100 beds, Medicare has suspended some supervision requirements, allowing RA's to practice where there may not be radiologists available.

