

Medicare Access to Radiologic Care Act (MARCA) Talking Points

Here are some tips for calling your congressional representative to ask him or her to cosponsor H.R. 4614. When calling your congressman or congresswoman's office, ask to speak with the health legislative assistant. If your call goes to voicemail, let the assistant know you are a constituent and leave a phone number where he or she can return your call.

Introduce yourself:

Provide your name and credentials. Describe where you live, where you work and what you do.

Ask:

Ask the health legislative assistant to ask the congressman or congresswoman to cosponsor H.R. 4614.

Main points about H.R. 4614:

- Medicare currently requires radiologist assistants, who are advanced practice radiologic technologists, to perform aspects of diagnostic procedures under the personal supervision of a physician. The personal supervision level is the most restrictive supervision standard and often exceeds the supervision level established by states. RAs should be permitted to perform procedures under the supervision requirements mandated by their respective states.
- H.R. 4614 will allow Medicare to recognize the RA as a midlevel health care provider and help us address the potential for access-to-care issues as more people gain health coverage. One solution is increased use of non-physician providers when appropriate. Our solution will help in the field of radiology and has the full support of everyone in the radiology community.
- RAs are highly trained physician extenders who work side-by-side with radiologists. RAs have completed advanced education and training that includes a rigorous academic program that involves a nationally-recognized curriculum and a radiologist-directed clinical preceptorship. In addition, RAs have passed a nationally-recognized certification examination.
- H.R. 4614 is bipartisan legislation introduced by members of the House Ways & Means and House Energy & Commerce committees.

Ask:

Ask the health legislative assistant when he or she will be able to speak with the congressman or congresswoman about cosponsoring H.R. 4614. Let the health legislative assistant know that you will follow up with him or her to determine if there is any additional information you can provide about H.R. 4614.

Remember:

Polite persistence is the key to getting Congress to act. Getting legislation passed is not a one-time communication. In order get the point across to your congressional representative and his or her staff about the specifics of H.R. 4614, follow up with the office on a regular basis to provide them with information about the bill, such as news about new cosponsors from their state or party.

Additional information supporting MARCA:

- RAs can be certified by the American Registry of Radiologic Technologists as a registered radiologist assistant or by the Certification Board for Radiology Practitioner Assistants as a radiology practitioner assistant.
- RAs are nationally-certified and are licensed or recognized in 30 states. In addition, a number of other states are working on establishing RA licensure laws.

- No other non-physician practitioner is trained to do what RAs can do, nor can they do it as safely as RAs can.
- Medicare currently requires radiologist extenders to perform aspects of diagnostic procedures under the personal supervision of a physician, which is the most restrictive supervision standard and often exceeds the supervision level established by states.
- The majority of states (as well as the American College of Radiology, the American Society of Radiologic Technologists, the Society of Radiology Physician Extenders and the American Registry of Radiologic Technologists) have determined that RAs may safely and effectively perform these same procedures under “direct supervision,” where a physician does not need to be present in the room when the procedure is performed as long as he or she is physically present in the hospital or office suite.
- RAs should be permitted to perform procedures under the supervision requirements mandated by their respective states.
- Congress must enact legislation that enables RAs to practice under the level of physician supervision required by their respective states. The current Medicare statute does not explicitly recognize RAs, and as a result, Medicare cannot change the supervision requirements for RAs without relaxing the supervision standard for all physician extenders. Modifying the supervision standard for all physician extenders is not appropriate due to differences in training and experience.
- There is no opposition to this bill.

What will happen if Congress does not act on H.R. 4614:

- RAs are losing their jobs. If the radiologist has to be in the room with an RA while they work, he or she might as well perform the procedure. This does not help with patient backlogs or efficiency.
- Hospitals cannot justify keeping RAs on staff if they are not permitted to do what they are trained to do.
- Schools are suspending or terminating their RA programs.
- Medicare patients face many problems finding physicians willing to take Medicare. This causes delays in diagnosis and treatment. The problem is worse in rural areas. RAs have a role in reducing or eliminating delays, improving access to care and ensuring patient safety. In addition, RAs can help radiologists and provider organizations meet quality measures under the current Medicare fee-for-service program as well as under the new health care delivery models.