



November 27, 2019

The Honorable Danny Davis (D-IL)
2159 Rayburn House Office Building
Washington, DC 20515

The Honorable Brad Wenstrup (R-OH)
2419 Rayburn House Office Building
Washington, DC 20515

The Honorable Terri Sewell (D-AL)
2201 Rayburn House Office Building
Washington, DC 20515

The Honorable Jodey Arrington (R-TX)
1029 Longworth House Office Building
Washington, DC 20515

Dear Representatives,

The American Registry of Radiologic Technologists (ARRT) thanks you for this opportunity to respond to the Rural and Underserved Communities Health Task Force's request for information.

ARRT is the world's largest organization offering credentials in medical imaging, interventional procedures, and radiation therapy. We certify and register technologists in a range of disciplines by overseeing and administering education, ethics, and examination requirements.

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. The radiologist assistant (RA) is an advanced-level radiographer who performs procedures under the direct supervision of a radiologist and is one such solution.

While RAs are newly recognized under Medicare to perform services under direct supervision, 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claims to Medicare for most RA performed services in hospitals and office settings where they normally work due to outdated and overly restrictive rules.

The Medicare Access to Radiology Care Act (MARCA) H.R. 1970/S. 1544, introduced in the House by Reps. Mike Doyle (D-PA), Terri Sewell (D-AL) and Pete Olson (R-TX) and in the Senate by Senators John Boozman (R-AR), Bob Casey (D-PA), Steve Daines (R-MT), and Jon Tester (D-MT), allows RAs to be fully utilized in radiology practices to provide high quality, efficient, and cost-effective care to patients.



Rural Access. In the 2020 rules for Outpatient Prospective Payment System and Critical Access Care Hospitals, Medicare is proposing general supervision for therapeutic procedures performed in hospital outpatient settings and critical access hospitals. This, in addition to passage of MARCA, would allow RAs to perform fluoroscopy exams and minor procedures under general supervision of a radiologist, when allowed by state scope of practice, and improve access to medical imaging care in rural healthcare facilities.

INFORMATION REQUESTS

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?

A: The percentage of radiologists serving in rural areas dropped by 14.2% from 2004 to 2012 and “the existing fewer number of trainees in more rural areas poses a barrier to achieving such a geographic redistribution of radiologists.”¹

Access to radiology services, in particular procedures that only a radiologist may currently perform, can influence patient outcomes and access in rural and underserved urban areas. In many cases, a radiologist assistant (RA) has the appropriate education and is clinically competent to perform these procedures under the supervision of a radiologist, but Medicare does not recognize the RA for these procedures. If the RA was recognized as a nonphysician provider (NPP) and allowed to practice under the supervision levels established by state statute and/or regulation, access to radiology services could improve in the rural and urban underserved areas.

4. What lessons can we glean from service line reduction or elimination in hospitals that serve underserved communities where —
 - c. the cause is related to a lack of flexibility in health care delivery or payment?

A: Allowing a radiologist assistant, who is educationally prepared and clinically competent to perform, under the supervision of a radiologist, radiology procedures that currently only a radiologist can perform would create flexibility and provide better patient access. However, Medicare does not recognize the RA as an acceptable provider for these procedures. Because the RA is not recognized by Medicare and facilities/providers cannot bill for services provided by RAs, facilities are not employing these highly competent professionals. If the RA was recognized as an NPP and allowed to practice under the supervision levels established by state statute and/or regulation, access to radiology services could improve in rural and urban underserved areas.

¹ <https://pubs.rsna.org/doi/full/10.1148/radiol.2015150921>

6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

A: Access to radiology services, and in particular to procedures that only a radiologist can currently perform, can influence patient outcomes in rural and underserved urban areas when there is not a radiologist at the facility. If the RA was recognized as an NPP and allowed to practice under the supervision levels established by state statute and/or regulation, the RA could work under general supervision of the radiologist and these facilities could offer these radiology services on a more consistent basis. Patients would be less likely to need to delay care or return to facilities to access radiology care

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

A: The radiologist assistant is a radiologic technologist who has completed additional education under the supervision of a radiologist and is educationally prepared and clinically competent to perform some of the procedures that only radiologists or nonphysician providers are recognized to perform on Medicare patients. Other than a radiologist, RAs have the most extensive education in providing safe, high quality care specifically for radiology procedures. If the RA was recognized as an NPP by Medicare, rural and urban underserved areas could employ these mid-level providers and improve safety, efficiency and quality in facilities that do not have a full-time radiologist.

Thank you for the opportunity to respond to the Rural and Underserved Communities Health Task Force's request for information. Please do not hesitate to contact me at (651) 687-0048, ext. 3121 if I can provide further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry B. Reid". The signature is stylized with a large, looping initial "J" and a cursive "Reid".

Jerry B. Reid, Ph.D.
Executive Director