

ACR RRA/MARCA Condensed Summary

RRA History at ACR

- 1) Initiation of the RRA Profession resulted from recommendation of ACR “Task Force on Human Resources” (per 2000 Council Res. 52, reported 2002) to “support the concept of a Radiology Extender”. That TF was appointed due to:
 - a. Rapidly growing imaging exams and RVUs
 - b. Fixed number of new radiologists per year added to workforce
 - c. Risk of other specialties incursion into imaging
- 2) Intersociety Commission for the Radiologist Assistant (ICRA) formed by ACR, ASRT, ARRT and SRPA. ACR is still a member of ICRA.
- 3) 2003 ACR Council recognized RRA via a joint statement with ASRT (Resolution 2, renewed in 2013). Document established 3 tenets (same today):
 - a. Absolute ban on interpretation (“prelim., final or otherwise”)
 - b. **“Radiologist Assistant”** (intentional name selection) only works for a radiologist
 - c. No independent practice for RRA
- 4) ARRT constructed original certification requirements for RRA (input from ACR, ICRA) with level of supervision requirements to be reviewed every 5 years. Became “Entry Level Clinical Activities” (ELCA) document.
- 5) RRA training programs established (required sponsoring radiologist): peak at 14, now 5
- 6) Multi-year attempts by ACR and ICRA to establish CMS payment at 85% MPFS unsuccessful. Success with CMS recognition of RRA and change from “personal supervision” by radiologist to “direct supervision”.
- 7) Need for payment mechanism for supervising radiologist resulted in legislative action by ICRA (including ACR) as Medicare Access to Radiology Care Act (MARCA) in 2011. Slight revisions to reach current language but has always included:
 - a. No interpretations by RRA
 - b. RRA must work for radiologist, no other specialty
 - c. No independent practice by RRA
- 8) 2006 ACR Council approves wording regarding RRAs to be inserted in ACR Practice Parameters. Renewed by Council in 2016.
- 9) ACR Bylaws revised to mention RRAs as an example of “Associate Member”.
- 10) 2008 ACR Council (Res. 39) requires BOC/CSC “review and recommendation” of ELCA document updates. Subsequently reviewed by Commissions but no formal BOC/CSC review then or at 2013 and 2018 updates.
- 11) 2018 ELCA document prompted appointment of “Non-Physician Radiologist Provider (NRP) Task Force” to examine ACR policies. Multiple recommendations including differentiation of RRA from PAs and Advanced Practice RNs (APRNs) reported.
- 12) CSC Workgroup appointed to develop resolutions for ACR 2020 (Res. 8, 9, 10, 11) with resulting clarification of “interpretation” and other language and emphasis on “Radiologist led teams”.

- 13) Definitions further refined at ACR 2021 (Res. 16, 17).
- 14) 2020 Resolution 10b recommending ACR “suspend” support of MARCA pending BOC/CSC “...approve ELCA and RRA scope of practice...” referred to BOC for report.
- 15) MARCA not passed by Congress in last sessions of Congress. It has been re-introduced into 2021 session House June 1 but not yet into Senate.

Additional Information

- 1) Last ACR Commission on Human Resources Survey (2019) indicated over 2000 NPRPs, most PAs, employed by respondents (estimate 40-50% of responding practices).
- 2) APRN and PA organizations are in active pursuit of independent practice. AAPA recently voted to endorse name change from “Physician Assistant” to “Physician Associate”.
- 3) ARRT “Code of Ethics” indicates “...interpretation and diagnosis are outside the scope of practice for the profession”. ACR has 4/9 seats on ARRT Board.
- 4) ARRT update of ELCA is underway with ACR reps on “Practice Analysis Committee” and members surveyed, to be implemented in 2023. Comments submitted by CSC and BOC.
- 5) ICRA has been successful in having RRAs recognized in 32 states with 10 currently considering legislation. Model legislation provides RRA scope based on ICRA documents.
- 6) Currently 595 total RRAs (including RRA/RPA) as of 5/26/21. Number of examinees has been plummeting due to job scarcity. There are currently nearly 140,000 PAs and over 325,000 NPs in the USA.
- 7) ACR has recently established “Scope of Practice Fund” to assist state level efforts to resist “scope creep” by NPRPs.
- 8) Nurse anesthetists have been in existence for over 150 years and the “Certified Registered Nurse Anesthetist” (CRNA) certification began in 1956. There was no input/involvement by the American Society of Anesthesia (ASA). The ASA did develop the “Anesthesia Assistant” (AA) 50 years ago and, like the ACR/RRA, they have a membership category for them. The AA practitioners and organization have never pursued independent practice.