



August __, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma,

On behalf of the undersigned organizations representing the more than 140,000 PAs (physician assistants) throughout the country, we thank you for your leadership as our nation continues to cope with challenges of the COVID-19 pandemic. Our organizations represent PAs who practice in every state and medical specialty, many of whom are on the front lines treating patients infected with the COVID-19 virus.

We commend the Centers for Medicare and Medicaid Services' (CMS) rapid response to the COVID-19 Public Health Emergency (PHE) by increasing flexibilities in order to maximize healthcare delivery efficiency and patient access to high quality medical care. We support the numerous temporary waivers and regulatory changes that authorize PAs and other health professionals to practice to the full extent of their education, clinical competence, and experience in order to meet the needs of patients. If the agency's goal is to improve long-term patient access to care, these regulatory flexibilities should not sunset when the PHE concludes.

Under your leadership in the fall of 2017, CMS began a successful, forward-thinking initiative known as Patients Over Paperwork. This program launched a series of actions aimed at reducing unnecessary regulatory and administrative burdens and increasing competition in the US healthcare delivery system. The proven result of that program was improved patient access to high quality care and ensuring the availability of a healthcare workforce sufficient to meet the country's needs.

Those burden reduction efforts have paid significant dividends in increasing overall access to care and have been especially important considering the increased patient demand for medical care associated with the COVID-19 PHE. The improved flexibility in the utilization of the healthcare workforce has been instrumental in preventing the healthcare system from becoming completely overwhelmed.

Empowering America's Healthcare Workforce

An efficient healthcare workforce requires that outdated practice rules and regulations be modernized to authorize every health professional to deliver care to the top of their education, clinical training and expertise.

Certain physician organizations want to turn back the clock and return to a regulatory structure that restricts competition in the healthcare delivery system and hinders patient access to care. They make unsubstantiated claims that care quality will suffer if health professionals who are not physicians are authorized to deliver care to the top of their education and expertise. For PAs and most other health professionals, the facts simply do not support such assertions. In fact, for many years numerous objective reports and studies have come to the exact opposite conclusion. PAs have patient care outcomes that are equal to those of physicians.

We prefer to build on the President's Executive Order #13890 entitled *Protecting and Improving Medicare for our Nation's Seniors* to modernize Medicare regulations to remove outdated barriers to practice that restrict patient access to care. This Executive Order follows the December 2018 Health and Human Services (HHS) report "Reforming America's Health Care System Through Choice and Competition" delivered pursuant to Executive Order 13813, which calls for increasing consumer choice and promoting competition in healthcare markets by removing and revising government regulation. The HHS report specifically states that 1) "Extremely rigid collaborative practice agreements and other burdensome forms of physician and dentist supervision are generally not justified by legitimate health and safety concerns," and 2) "States should consider changes to their scope-of-practice statutes to allow all healthcare providers to practice to the top of their license, utilizing their full skill set."

Timely and appropriate patient access to quality care, patient satisfaction, and the effective use of resources should be the driving force in an efficient healthcare system. Efforts aimed at protecting professional turf only serve to hinder competition and efficiency.

PA Education

To ensure that you have accurate, objective information, we want to provide you with a very brief overview of PA education, followed by a review of PA quality of care studies.

PAs practice medicine and are authorized to prescribe in all 50 states and the District of Columbia, and virtually every public (Medicare, Medicaid, Tricare) and commercial third-party payer in the country covers services provided by PAs. PAs provide healthcare to patients on a quality and safety level comparable to physicians, confirmed both by data and research studies and borne out of a rigorous education and training in the medical model.

The typical student entering a PA educational program has a bachelor's degree and over three years of previous healthcare experience. PA program applicants must complete at least two years of college courses in basic science and behavioral science prior to entering a PA program. This is analogous to pre-med studies required of medical students.

PAs are educated at the graduate level at one of 260 PA programs that are accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).¹ These programs consist of classroom (didactic instruction and lab instruction), and clinical rotations. Accreditation Standards require that clinical rotations must be in the following settings: outpatient, emergency department, inpatient, and the operating room. Programs are 27 months in duration and include approximately 2,000 hours of clinical rotations.²

This educational preparation equates to an average program length of seven semesters or three academic years. Elective rotations are available and include additional time in core rotations or subspecialty experiences.

Once PAs graduate from an accredited program they are eligible to take the Physician Assistant National Certifying Examination (PANCE) to receive national certification from the National Commission on Certification of Physician Assistants (NCCPA), an independent certifying body. All states require PAs to pass the national certifying examination as a condition for licensure. Initial certification conferred by the NCCPA verifies that a practitioner has demonstrated an appropriate level of medical knowledge across the spectrum of medical conditions and practice settings. To maintain certification, PAs are required to recertify every ten years.

PAs Deliver High-quality Care

Numerous studies show the quality of care PAs provide is comparable to that of physicians in terms of patient safety, outcomes, and mortality.^{3,4,5} Studies also demonstrate no significant difference in hospital lengths of stay, readmissions, or adverse events.^{6,7,8,9,10,11} In addition, PAs perform procedures with similar safety, outcomes and accuracy as physicians.^{12,13}

Patient satisfaction with care provided by PAs is also extremely high, with patients indicating not only that they are trustworthy, but also that PAs provide excellent services.^{14,15} Nearly a quarter of all people surveyed

¹ <http://www.arc-pa.org/accreditation/accredited-programs/>

² http://paeaonline.org/wp-content/uploads/2017/06/Program-Survey-31_V4_Updated-June-2017.pdf

³ Yang Y, et al (2018) <https://pubmed.ncbi.nlm.nih.gov/28893514/>

⁴ Faza NN, et al (2018) <https://pubmed.ncbi.nlm.nih.gov/29957606/>

⁵ Auerbach DI (2018) <https://pubmed.ncbi.nlm.nih.gov/29924944/>

⁶ Althausen PL, et al (2016) <https://pubmed.ncbi.nlm.nih.gov/27870674/>

⁷ Capstack TM, et al (2016) <https://www.mdedge.com/jcomjournal/article/146081/practice-management/comparison-conventional-and-expanded-physician>

⁸ Dies N, et al (2016) <https://pubmed.ncbi.nlm.nih.gov/26818645/>

⁹ Agarawal A, et al (2016) <https://pubmed.ncbi.nlm.nih.gov/26910566/>

¹⁰ Nabagiez JP, et al (2016) <https://pubmed.ncbi.nlm.nih.gov/27234575/>

¹¹ Rymer JA, et al (2018) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201421/>

¹² Enriquez-Marulanda A, et al (2018) <https://pubmed.ncbi.nlm.nih.gov/29949011/>

¹³ Raza S (2018) <https://insights.ovid.com/circulation-cardiovascular-quality-outcomes/cicq/2018/04/001/abstract-15/15/01337496>

¹⁴ Strzelczyk TA, et al (2017) <https://pubmed.ncbi.nlm.nih.gov/29759676/>

¹⁵ Lindelow J, et al (2018) <https://www.auajournals.org/doi/10.1016/j.juro.2018.02.776>

in one study preferred to see a PA over a physician, with a plurality of respondents aged 18-34 preferring PAs.¹⁶ Further, studies demonstrate PAs often care for the same patient medical complexity as physicians.¹⁷

Conclusion

We appreciate your continued commitment to removing unnecessary practice barriers and expanding patient access to needed healthcare services. The PA profession remains fully supportive of team-based care. However, care teams don't always have to be led by physicians. The team should be designed around the patient's care needs and best interest. Efficient care delivery occurs when PAs, physicians, and other healthcare professionals work together to provide quality care without burdensome or restrictive administrative and regulatory constraints.

By promoting policies and regulations that maximize the ability to better utilize the education and skill sets of all health professionals, states and communities are empowered to make healthcare delivery decisions that make the most sense based on their individual circumstances, available resources, and unique patient needs.

The undersigned organizations strongly urge you to make permanent the waivers and regulatory changes put in place during the PHE. We welcome further discussion with CMS regarding this issue. For any questions you may have, please do not hesitate to contact Michael Powe, AAPA Vice President of Reimbursement & Professional Advocacy, at michael@aapa.org.

Sincerely,

The American Academy of PAs
List AAPA Constituent Organizations

¹⁶ Dill, et al., (2013) <http://dx.doi.org/10.1377/hlthaff.2012.1150>

¹⁷ Ellen T. Kurtzman et al., 2017 <https://www.aapa.org/download/21803/>