



June 5, 2023

The Honorable Chiquita Brooks-LaSure, MPP
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2024; Attention: CMS-1779-P

Dear Administrator Brooks-LaSure,

The American Academy of PAs (AAPA), on behalf of the more than 168,300 PAs (physician assistants/associates) throughout the United States, would like to provide comments on the Skilled Nursing Facilities Prospective Payment System proposed rule. In the second Request for Information (RFI) of the rule, CMS identifies proposed approaches to enhance health equity in Skilled Nursing Facility (SNF) settings. AAPA believes that PAs have the capacity to increase their contribution to care equity in SNFs. It is within this context that we provide the comments below.

AAPA supports the goals of addressing disparities and promoting equity in healthcare. The proposed rule's RFI regarding enhancing equity in SNFs identifies several steps under consideration. Specifically, CMS seeks to advance accountability for disparities by improving the type of data collected regarding residents. CMS also seeks to use this data to incentivize better care through value-based reimbursement. AAPA agrees with CMS's desire for increased specificity of data to better understand and address care disparities and inequities.

Under the RFI, CMS also solicits additional health equity advancement approaches. While AAPA supports accurate equity data and robust incentives under the SNF value-based payment program, we believe there are additional broader policies CMS could implement that would minimize disparities and promote health equity in SNFs. AAPA notes that disparities in care outcomes may result from barriers to care access. Consequently, by helping address current access deficiencies, PAs can play an integral role in CMS's health equity efforts in SNFs.

According to the Bureau of Labor Statistics, the PA profession is one of the fastest growing occupations, projected to increase in size by 28 percent from 2021 to 2031.¹ Across specialties and clinical settings, PAs provide high-quality care that is comparable to that provided by physicians.^{2,3,4} Despite this, current Medicare policies create access impediments by mandating that only physicians can provide certain services in SNFs. Specifically, PAs are not recognized by Medicare for the purposes of performing the initial comprehensive visit to SNF patients and are required to alternate every other required patient visit with physicians. Such restrictions are not based on medical evidence but are merely a vestige of old, outdated policies that need to be modernized to reflect current medical practice and bring efficiency to the system.

During the COVID-19 PHE, CMS authorized the delegation of “physician-only” visits in SNFs to PAs, if there was no conflict with state law or facility policy. SNFs, as a result of decreased time spent by patients in hospital settings during the PHE, experienced extraordinary strain and saw worsening results that would have been more severe if CMS had not granted the ability of PAs to ameliorate access burdens. However, this authorization for PAs to support expansion of access to care in SNFs has since expired. Years of experience have demonstrated the high-quality care PAs deliver in SNFs and PAs remain clinically prepared, educated, and competent to deliver the full range of needed clinical care in these settings.

When PAs are authorized to deliver care to the full extent of their education and state law scope of practice, patient access to care is improved, especially in rural and underserved communities. Regulatory requirements in SNFs mandate physician-provided care that may not be readily available in rural areas, or available in a timely fashion in high-demand areas. Allowing PAs to provide these services will expand patient access to needed care, and subsequently promote equity of access and outcomes, as patients in areas where demand for care outweighs supply will no longer have to wait to see a physician when a PA is available.

In addition, when proposing potential policies that may aid health equity under the RFI, CMS stresses the importance of consumer choice in SNFs. AAPA agrees with this position. According to the Medicare Payment Advisory Commission (MedPAC) approximately half of all Medicare patients receive billable services from a PA (or APRN), and that number continues to grow.⁵ Authorizing PAs to treat patients for currently restricted

¹ Bureau of Labor Statistics (BLS). U.S. Department of Labor. Occupational Outlook Handbook, Physician Assistants. Accessible at: <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>

² Johnson D, Ouenes O, Letson D, de Belen E, Kubal T, Czarnecki C, Weems L, Box B, Paculdo D, Peabody J. A Direct Comparison of the Clinical Practice Patterns of Advanced Practice Providers and Doctors. *Am J Med.* 2019 Nov;132(11):e778-e785. doi: 10.1016/j.amjmed.2019.05.004. Epub 2019 May 28. PMID: 31145882.

³ Jackson GL, Smith VA, Edelman D, Woolson SL, Hendrix CC, Everett CM, Berkowitz TS, White BS, Morgan PA. Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Ann Intern Med.* 2018 Dec 18;169(12):825-835. doi: 10.7326/M17-1987. Epub 2018 Nov 20. PMID: 30458506.

⁴ Kurtzman ET, Barnow BS. A Comparison of Nurse Practitioners, Physician Assistants, and Primary Care Physicians' Patterns of Practice and Quality of Care in Health Centers. *Med Care.* 2017 Jun;55(6):615-622. doi: 10.1097/MLR.0000000000000689. PMID: 28234756.

⁵ MedPAC. June 2019 Report to the Congress: Medicare and the Health Care Delivery System. Accessible here: https://www.medpac.gov/document/http-www-medpac-gov-docs-default-source-reports-jun19_medpac_reporttocongress_sec-pdf/

services in SNF settings gives patients the choice to continue to receive care with a health professional they have developed a relationship with during their treatment. In addition, many patients value more immediate care over waiting to receive care from a physician.⁶ Providing more choice to patients means giving them the option to be seen by a health professional they feel comfortable with, as well as the option to receive care in a more timely manner.

It is for these reasons AAPA requests that CMS eliminate policies, found in 42 CFR § 483.30(c)(4), that mandate that certain visits in SNFs be furnished only by a physician. PAs should be authorized to perform the initial visit, as well as to perform all required visits, in SNFs. Such changes would expand patient access and benefit health equity in these settings.

Thank you for the opportunity to provide comments regarding Medicare SNF services. AAPA welcomes further discussion with CMS regarding these issues. For any questions you may have please do not hesitate to contact me at michael@aapa.org.

Sincerely,



Michael Powe, Vice President
Reimbursement & Professional Advocacy

⁶ Dill M, Pankow S, Erikson C, Shipman S. Survey Shows Consumers Open To A Greater Role For Physician Assistants And Nurse Practitioners. Health Affairs. VOL. 32, NO. 6: June 2013. Accessible here: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2012.1150>