



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; FY 2025 Inpatient Psychiatric Facilities Prospective Payment System Rate Update, Quality Reporting, and Restriction on PAs Certification/Recertification of Inpatient Psychiatric Services
Attention: CMS-1787-P

Dear Administrator Brooks-LaSure,

The American Academy of Physician Associates (AAPA), representing over 168,300 PAs (physician assistants/associates) across the United States, would like to provide comments on the proposed rule regarding the FY 2025 Inpatient Psychiatric Facilities Prospective Payment System Rate Update. Our comments specifically address the current restriction on PAs' ability to certify and recertify the need for inpatient psychiatric services.

In the proposed rule, CMS acknowledges the importance of ensuring access to high-quality inpatient psychiatric care for Medicare beneficiaries. However, the existing prohibition on PAs certifying and recertifying the need for inpatient psychiatric care presents a significant barrier to patient access and continuity of care. AAPA strongly removing this restriction to improve healthcare delivery and patient outcomes in psychiatric facilities.

PAs are trained and qualified to treat behavioral and mental health conditions through their medical education, including didactic instruction and clinical practice experience in psychiatry and other medical specialties. Additionally, they are nationally certified, state licensed, and authorized to prescribe controlled and non-controlled medications. PAs working in behavioral and mental health provide high-quality, evidence-based care and improve access to needed behavioral/mental health services. Based on their graduate level medical education, PAs practicing in mental health and substance use treatment can expand access to medically necessary care. PA education includes more than 2,000 hours in clinical rotations, including experience in behavioral and mental health, emergency medicine, primary care, internal medicine, and other specialties across the lifespan from pediatrics to geriatrics, providing a foundation to address the diverse medical needs of people with mental illness or substance use issues.

PAs perform psychiatric evaluations, assessments, and pharmaceutical management services; order, perform, and interpret diagnostic psychological and neuropsychological tests; establish and manage treatment plans and collaborate with psychiatrists and other healthcare professionals. PAs work in mental health facilities and psychiatric units, often in rural and public hospitals where there are inadequate numbers of psychiatrists. In outpatient practices, PAs conduct initial assessments, perform maintenance evaluations and medication management, and provide other services for individuals with behavioral/mental health needs. Additional PA practice areas include assertive community treatment teams, psychiatric emergency

departments, pediatric and geriatric psychiatry, addiction medicine, and care for individuals with mental disorders.

Currently, PAs are integral members of the healthcare team, providing comprehensive care across various medical settings, including psychiatric facilities. Allowing PAs to certify and recertify the need for inpatient psychiatric services would enhance patient access to timely care, reduce administrative burdens, and promote continuity of care, especially in underserved areas where psychiatric services may be more difficult to access. This change will align with existing policies that recognize the role of PAs in certifying other types of medical services, ensuring consistent and comprehensive patient care.

AAPA's recommendations are as follows:

CMS should work with Congress to amend 42 U.S.C. 1395f to explicitly authorize PAs to certify and recertify inpatient psychiatric services. This legislative change will remove outdated barriers and support the evolving role of PAs in providing high-quality psychiatric care.

The prohibition on PAs' ability to certify and recertify the need for inpatient psychiatric services is rooted in the absence of explicit statutory authorization. To address this, we recommend CMS to both modify existing regulations and support legislative amendments to remove these barriers.

Thank you for the opportunity to provide comments on this important issue. AAPA welcomes further discussion with CMS on how to best implement these recommendations to improve access to psychiatric services for Medicare beneficiaries. For any questions or additional information, please do not hesitate to contact me at michael@aapa.org.

Sincerely,



Michael L. Powe, Vice President
Reimbursement and Professional Advocacy