



May 28, 2024

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 2025

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 2025 Skilled Nursing Facilities (SNF) Prospective Payment System proposed rule.

AAPA recognizes that the proposed rule released by CMS consists largely of technical adjustments. However, AAPA urges CMS, as it seeks to implement policies to better improve beneficiary access to SNFs, to revisit its previous public health emergency era policies of authorizing PAs and nurse practitioners (NPs) to provide care in these settings without unnecessary restrictions.

This proposed rule makes changes to the SNF Quality Reporting Program (QRP) to improve reporting on social determinants of health. According to the rule, social determinants of health are “socioeconomic, cultural, and environmental circumstances in which individuals live that impact their health.” This information is often collected to support improved health outcomes through the recognition and possible remediation of confounding factors. AAPA supports these efforts, and, in this spirit, simultaneously encourage CMS to look again at impediments to care access of which it has immediate control: regulatory restrictions that prohibit PAs from performing services that are currently only authorized to be provided by a physician.

In the proposed rule, CMS also solicits feedback on the idea of including patient experience of care/patient satisfaction among those measures included in a future iteration of the SNF QRP. AAPA approves of this inclusion as we recognize the patient as the center of healthcare. AAPA believes the data will affirm that beneficiaries prioritize receiving high-quality care, irrespective of the title of the health professional who

provides that care. PAs have been shown to provide high-quality care, and patients have consistently indicated high-levels of satisfaction with PAs, comparable with care delivered by physicians.¹ Patients have also already demonstrated confidence and trust in the PA profession by indicating the type of health professional who provides care is less important than when they obtain access to quality care.² It is for this reason that it is incongruent that CMS would place arbitrary restrictions on patient access to SNF services by limiting the type and frequency of care provided by PAs 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 visit to SNF patients 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 greater efficiency to the system.

During the COVID-19 public health emergency, CMS authorized the delegation of “physician-only” visits in SNFs to PAs, if there was no conflict with state law or facility policy. AAPA sees no clinical justification for re-instituting these outdated practice restrictions when years of experience have demonstrated the high-quality care PAs deliver in SNFs. During the public health emergency, SNFs, as a result of decreased time spent by patients in hospital settings, felt 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.

PAs remain clinically prepared, educated, and competent to deliver the full range of needed clinical care in SNFs. Regulatory requirements in SNFs necessitate physician involvement that may not be readily available in rural settings, or available in a timely fashion in high-demand settings. Allowing PAs to provide these services will expand patient access to needed care, as patients will no longer have to wait to see a physician when a PA is available.

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 thus improve patient satisfaction.

Thank you for the opportunity to provide comments regarding the 2025 Skilled Nursing Facilities Prospective Payment System proposed rule. AAPA welcomes further discussion with CMS regarding these important issues. For any questions you may have please do not hesitate to contact me at michael@aapa.org.

Sincerely,



Michael L. Powe, Vice President
Reimbursement and Professional Advocacy

¹ <https://pubmed.ncbi.nlm.nih.gov/31881896/>

² <https://www.healthaffairs.org/doi/10.1377/hlthaff.2012.1150>