



August 20, 2024

Peter J. Orlowicz
Senior Counsel
Railroad Retirement Board
844 N Rush Street
Chicago, Illinois, 60611

Re: RIN 3320-AB71, Railroad Retirement Board: Evidence of Disability

Dear Mr. Orlowicz,

The American Academy of PAs (AAPA), on behalf of the more than 178,000 PAs (physician assistants/physician associates) throughout the United States, is pleased to provide comments on the proposed amendments to acceptable medical sources and the update of the term “treating physician” to the more inclusive “treating medical source.” Specifically, AAPA commends the Railroad Retirement Board’s addition of various healthcare professionals within the definition of acceptable medical sources, including PAs.

AAPA believes that PAs can play a meaningful role in meeting many of the challenges currently faced by the healthcare system. A recent Harris Poll conducted on behalf of AAPA indicated that approximately nine in ten patient respondents agreed that PAs add value to the healthcare team, provide safe and effective healthcare, increase access, improve health outcomes, improve the quality of care, are well-educated, and have more time for patients.¹ It is within this context that we draw your attention to our comments.

PA Education, Training, and Quality

A broad, generalist medical education prepares PAs to take medical histories, perform physical examinations, order and interpret laboratory tests, diagnose illness, develop and manage treatment plans for their patients, prescribe medications, and assist in surgery. The intensive PA program curriculum is modeled on the medical

¹ American Academy of PAs and The Harris Poll. The Patient Experience: Perspectives on Today’s Healthcare. <https://www.aapa.org/download/113513/?tmstv=1684243672>

school curriculum. The typical PA program extends over 27 continuous months and begins with classroom instruction in basic medical sciences. This is followed by rotations in medical and surgical disciplines including family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry.² PA students complete at least 2,000 hours of supervised clinical practice in various settings and locations by graduation.³

PAs are the primary source of care for many patients. According to information provided in an October 2021 Medicare Payment Advisory Commission meeting, in 2018 APRNs and PAs accounted for a third of all primary care clinicians treating Medicare beneficiaries and up to half of primary care clinicians in rural areas.⁴ PAs have more than 400 million patient visits annually.⁵ Patients who routinely rely on a PA for their medical care should not have the continuity of their care disrupted by being required to find a different provider who the patient may have never met to serve as an acceptable medical source. Access to qualified health professionals, including PAs, will be enhanced with an expanded definition of acceptable medical sources.

PAs are highly trained and educated health professionals who are well-qualified to assess a patient's status, and serve as acceptable medical sources. Other federal agencies acknowledge the capacity for PAs to complete federal agency forms and evaluations. For example, in 2022 the U.S. Department of Education expanded the list of health professionals who may certify that a student loan borrower is totally and permanently disabled (TPD) to include licensed PAs and NPs. In finalizing that rule, the Department of Education stated that authorizing PAs and NPs to certify TPD discharges was "imperative" to ensure that loan borrowers were able to "more easily obtain TPD discharges for which they qualify," particularly in rural and underserved communities. Additionally, and as referenced in RIN 3320-AB71, PAs were added to the list of acceptable medical sources for the Social Security Administration (SSA) in 2017.⁶ The proposed amendments to the Railroad Retirement Board's regulations would bring them up to par with the SSA.

² Physician Assistant Education Association. Program report 36: By the numbers, Data from the 2021 program survey. 2023. DOI: 10.17538/PR36.2021. https://paeaonline.org/wp-content/uploads/2024/02/PAEA-PR36-final-v5-3_updated-2-9-24.pdf

³ American Academy of Physician Associates. What is a PA? January 2019.

https://www.aapa.org/wpcontent/uploads/2019/02/What_is_a_PA_Fact_Sheet_-_FINAL_-_February_2019.pdf

⁴ Medicare Payment Advisory Commission. Congressional Request: Vulnerable Medicare Beneficiaries' Access to Care.

October 7, 2021. <https://www.medpac.gov/wp-content/uploads/2021/11/cong-req-vulnerable-access-medpac-oct-2021.pdf>

⁵ American Academy of PAs. 2018 AAPA Salary Survey. Unpublished data.

⁶ Social Security Administration. Revisions to Rules Regarding the Evaluation of Medical Evidence. January 18, 2017.

<https://www.federalregister.gov/documents/2017/01/18/2017-00455/revisions-to-rules-regarding-the-evaluation-of-medical-evidence>

PA Title

AAPA requests that all references to PAs in regulations and policies be listed as “Physician Assistants/Physician Associates”. This accurately reflects PAs who currently graduate with degrees as either “physician assistant” or “physician associate” and are state-licensed as a “physician assistant” or “physician associate,” but who all graduate from programs accredited by the same accrediting organization (Accreditation Review Commission on Education for the Physician Assistant), are certified by the same certifying organization (National Commission on Certification of Physician Assistants), and have the same scopes of practice. Although the profession has been known as “Physician Assistant,” the official title of the profession is now recognized as “Physician Associate.”⁷ This is reflected in the title of the AAPA, other professional organizations⁸, professional training programs⁹, and state and territory laws and licensure.¹⁰ Despite the recognized title of “Physician Associate,” it is anticipated to take one or two decades for the title change from “Physician Assistant” to occur in all states and jurisdictions in which PAs practice. Therefore, a dual reference to “Physician Assistant” and “Physician Associate” is recommended to avoid confusion.

In Conclusion

AAPA encourages the Railroad Retirement Board to adopt the amendments. These additions to the definition of acceptable medical sources will greatly expand the options available to patients. Thank you for the opportunity to provide feedback on RIN 3320-AB71. For any questions you may have please do not hesitate to contact Sondra DePalma, DHSc, PA-C, AAPA Vice President of Reimbursement & Professional Practice, at SDePalma@aapa.org.

⁷ American Academy of PAs, Title Change, <https://www.aapa.org/title-change>. Retrieved Aug. 9, 2024.

⁸ Several Constituent Organizations, which are independent organizations affiliated with AAPA, have reflected the title Physician Associate in their professional organization’s legal name. For example, The Academy of Physician Associates in Cardiology <https://www.cardiologypa.org/>; The Association of Physician Associates in Obstetrics and Gynecology available <https://apaog.wildapricot.org/>; The Connecticut Academy of Physician Associates <https://connapa.org/about-connapa/>; and The Kansas Academy of Physician Associates <https://kansaspamypanetwork.com/>.

⁹ Yale School of Medicine, Physician Associate Program, <https://medicine.yale.edu/pa/>. Wichita State University, Physician Associate Program, https://www.wichita.edu/academics/health_professions/pa/.

¹⁰ American Academy of PAs, Oregon Governor Tina Kotek Signs Law Changing PA Title (April 5, 2024) <https://www.aapa.org/news-central/2024/04/oregon-governor-tina-kotek-signs-law-changing-pa-title/>. See also, Or. Rev. Stat. § 677. See also, Wis. Stat. § 448.974(1)(a)(2)-(6). See also, 185 N. MAR. I. ADMIN. CODE § 185-10-4101(p).

Sincerely,

A handwritten signature in black ink that reads "Lisa M. Gables". The signature is written in a cursive, flowing style.

Lisa M. Gables, CPA

Chief Executive Officer

American Academy of Physician Associates