



September 18, 2017

Honorable David Shulkin
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

Dear Secretary Shulkin,

On behalf of the more than 115,000 PAs (physician assistants) throughout the United States, the American Academy of PAs (AAPA) is writing to request that full practice authority be extended to PAs at the Department of Veterans Affairs (VA) as expeditiously as possible. We believe the most expedient approach is to update the PA Utilization Directive to include full practice authority for PAs. Such action is necessary both to ensure the VA maintains sufficient capacity to provide veterans with the quality healthcare they need and to ensure that PAs are able to continue to serve in positions that have historically been filled by either PAs or nurse practitioners (NPs).

Timely access to quality medical care continues to be among the most critical issues facing our nation's veterans, and it is one of the VA's most pressing challenges. As the VA Commission on Care noted in its final report released June 30, 2016, the VA's challenges related to access to care begin with inadequate numbers of providers. PAs are an integral part of the VA's solution to providing high quality, timely medical care for veterans – but only if the VA creates a more efficient and effective way to utilize its PA workforce that will allow PAs employed by the VA to practice to the top of their educational preparation, experience, and ability.

AAPA supported the recent regulatory change that granted full practice authority to advanced practice registered nurses (APRNs) in the VA. As AAPA stated at the time, the VA should extend full practice authority to PAs as well. Subsequently, this is an issue that I had the opportunity to discuss in conversations with then Acting Deputy Secretary Scott Blackburn in March and June of this year. In a letter¹ to Mr. Blackburn related to those conversations, I asked on behalf of AAPA that the VA “quickly initiate the process to grant PAs at the VA full practice authority in order to increase access for veterans, as well as to provide PAs the opportunity to effectively and safely provide more comprehensive levels of care to our nation's veterans.”

Since my conversations with Acting Deputy Secretary Blackburn, it has only become more urgent that the VA move to grant full practice authority to PAs. As the VA has moved forward in implementing full

¹ AAPA Letter to Dept. of Veterans Affairs on Maximizing the Services of PAs at the VA [Letter written April 7, 2017 to Interim Deputy Secretary Scott Blackburn]. (n.d.). Retrieved September 18, 2017, from <https://www.aapa.org/download/22860/>

practice authority for APRNs, members of the PA profession have taken notice that vacant positions that previously were frequently open to both PAs or NPs are now only accepting applications from NPs.

Here are two recent examples AAPA has of PAs being excluded from opportunities to provide quality care to patients from the past few weeks.

- When a recent vacancy was posted seeking only NP candidates for what had previously been a PA/NP position, a VA human resource officer indicated that in light of NPs now having full practice authority at the VA, the “posting of PA and [NP] vacancies will be considered more carefully,” with the further comment that NPs having full practice authority “expands the pool of qualified healthcare professionals who are authorized to provide healthcare services to the full extent of their education, training, and certification, without the clinical supervision of physicians.”
- A recent request for primary care providers to support medical centers and clinics affected by hurricanes Harvey and Irma specifically excluded PAs from participating, because “currently in the VA PAs are not considered LIPs like MDs/DOs/NPs,” and PA participation would introduce “complexity for their supervising physicians reviewing their clinical work.”

Knowing the VA’s commitment to meeting the needs of veterans, it is only fair to your patients and PAs that the VA move forward as expeditiously as possible in approving the same full practice authority for PAs. Without doing so, granting full practice authority to APRNs may be having the unintended consequence of shrinking the workforce available to fill critical vacant positions at the VA.

AAPA has significant concerns that, with the implementation of full practice authority for APRNs and the expanded use of “licensed independent provider” language, staffing decisions at the VA have hindered competition and narrowed the hiring pool in a way that has disqualified an entire profession of equally and in some cases more qualified healthcare providers that the VA needs to be fully utilizing in order to complete its mission of providing care to veterans.

In a recent proposal related to the Medicare program, the Centers for Medicare and Medicaid Services noted that PAs and NPs should be considered as having similar scope of practice and noted that “PA training and education is comparable in many ways to that of APRNs and in some ways, more extensive.” Accompanying this proposal, CMS noted on their fact sheet that they are seeking to “change the term ‘licensed independent practitioner’ to simply ‘licensed practitioner’ so that hospitals may use physician assistants in the same manner as APRNs to the extent of their educational preparation and scope of practice.”²

I understand the VA is currently looking at multiple avenues for improving the quality of healthcare available to our veterans, and several of these avenues would be good for moving forward with full practice authority for PAs. One option would be moving this as part of the regulations necessary to implement President Trump’s “Anywhere to Anywhere” telehealth initiative to expand access to healthcare and remove restrictions keeping providers from practicing to the full extent of their abilities at the VA. AAPA believes that providing full practice authority for PAs would be well within the spirit of

² “Medicare and Medicaid Programs; Hospital and Critical Access Hospital Changes To Promote Innovation, Flexibility, and Improvement in P Medicare and Medicaid Programs; Hospital and Critical Access Hospital Changes To Promote Innovation, Flexibility, and Improvement in Patient Care, 81 Fed. Reg. 39,448, 39,452 (proposed June 16, 2016) (to be codified at 42 C.F.R. pt. 482, 485)

this initiative, and should be included in regulations implementing the initiative if such a proposal is not expeditiously being advanced in another manner. Other potential options for moving full practice authority for PAs forward include its own standalone rulemaking, similar to the process used for APRNs; or the VA using its administrative authority to make this change without undergoing rulemaking by updating the PA Utilization Directive to be in line with full practice authority.

AAPA believes the most expedient approach to moving forward in a timely manner is for the VA to make this change by updating the PA Utilization Directive to include full practice authority for PAs. PAs at the VA have practiced for decades under federally established guidelines. The current utilization directive, which was issued in 2013, clearly states that “states are prohibited from regulating or controlling the activities of the federal government without written Congressional consent; where federal and state laws conflict, federal law governs official actions of Federal employees.” The directive also states that “examples of the types of activities that the federal government may establish are qualifications for employment and scopes of practice.” There has been no successful challenge to this framework, and there is no reason that the utilization directive could not be updated through administrative processes at the VA to include full practice authority for PAs.

It is necessary for the VA to quickly undertake the process to grant PAs at the VA full practice authority in order to increase access to healthcare for veterans and to ensure that an entire category of qualified healthcare providers is not excluded from employment and advancement at the VA. This move will provide PAs the opportunity to provide more comprehensive levels of care to our nation’s veterans, with greater efficiency and effectiveness, all within the scope of their education and training.

AAPA stands ready to assist the VA in meeting its challenge to provide veterans with timely access to high quality medical care. Should you have any questions or require additional information, please do not hesitate to reach out to either me or to Tate Heuer, AAPA Vice President, Federal Advocacy, at 571-319-4338 or at theuer@aapa.org.

Thank you for your assistance, and I look forward to continuing to work with you on these important issues.

Sincerely,

A handwritten signature in black ink that reads "Jennifer L. Dorn". The signature is written in a cursive style with a long, sweeping underline.

Jennifer L. Dorn
Chief Executive Officer

cc: Denni Woodmansee, Director, Physician Assistant Services at Department of Veterans Affairs