



September 5, 2019

The Honorable Senator Tom Daschle, South Dakota
The Honorable Senator Olympia Snowe, Maine
The Honorable Governor Ronnie Musgrove, Mississippi
The Honorable Governor Tommy Thompson, Wisconsin
c/o BPC Health Project Staff at ruralhealth@bipartisanpolicy.org

RE: Comments for BPC Rural Health Task Force

Dear Senator Daschle, Senator Snowe, Governor Musgrove, Governor Thompson and BPC staff,

The American Academy of PAs (AAPA), on behalf of the more than 131,000 PAs (physician assistants) throughout the United States, appreciates the opportunity to provide comments to the Bipartisan Policy Committee's Rural Health Care Task Force and recommend policies to help address the healthcare challenges faced by rural America. For over 50 years PAs have been providing high-quality, cost-effective healthcare services to patients. However, several barriers remain at the state and federal levels that prevent PAs from practicing to the full extent of their education, training, and license. These barriers diminish the value PAs can bring to rural communities suffering from a dire shortage of qualified healthcare professionals. The PA profession is projected to increase 37% in the next decade, and the number of PAs practicing in primary care is expected to increase 39%.^{1,2} In 2017, 21% of Medicare beneficiaries in rural areas reported seeing a PA or NP for all or most of their primary care (versus 16% of the nation as a whole).³ AAPA suggests the following policy solutions to harness the high-quality, cost-effective care provided by the growing PA workforce in rural America.

Policy Recommendations

- 1. Support Optimal Team Practice (OTP):** Optimal Team Practice occurs when PAs, physicians, and other medical professionals work together to provide quality care without burdensome administrative constraints. To support OTP, states should eliminate the legal requirement for a specific relationship between a PA, physician or any other healthcare provider in order for PAs to practice to the full extent of their education, training and experience. OTP will make it easier for PAs to practice at the top of their license in rural and other medically underserved communities where there are not enough physicians to care for patients. [More information.](#)
 - **State law:** To address state-specific healthcare workforce and delivery system reform needs, especially in rural and underserved communities, states are pursuing legislative changes to modernize PA practice. In April, North Dakota enacted H.B. 1175, the first state to pass several key components of OTP. Among other significant changes, the legislation eliminates the requirement that a PA have a written agreement with a specific physician in most settings for nearly all PAs in North Dakota. AAPA urges more states to adopt the OTP model. [More information.](#)

¹ AAPA, "[AAPA 2019 Salary Report Shows Compensation Remains In Step with Growth of PA Workforce](#)," August 1, 2019.

² UnitedHealthGroup, "[Addressing the Nation's Primary Care Shortage: Advanced Practice Clinicians and Innovative Care Delivery Models](#)," September 2018.

³ MedPAC, "[Report to the Congress: Medicare Payment Policy](#)," March 2019.

- **Federal alignment:** Changes to state law will not alter what services PAs are authorized to deliver under Medicare. AAPA supports language in CMS’s proposed 2020 Physician Fee Schedule aligning federal Medicare PA policy with state law. AAPA also supports recent changes made by the Indian Health Services (IHS) that dictate PA practice at IHS that are in line with OTP. IHS removed references in their manual to supervisory language along with physician co-signature requirements on prescription or medication orders written by PAs within their privileges.
2. **Modernize the Medicare program.** PAs are authorized to treat Medicare beneficiaries for virtually all illnesses and medical problems, yet outdated Medicare policy hinders the ability of Medicare patients to receive medically necessary care from PAs in certain cases. These barriers can lead to a lack of continuity in care, unnecessary care delay, and in some cases the escalation of a condition and provision of more costly care. This is especially true in rural and underserved communities where the PA is often the patient’s primary care provider.
- **Authorizing PAs to receive direct payment:** PAs are the only health professionals authorized to bill Medicare for their services who can’t receive direct reimbursement for those services. This inability to be directly paid often leads to increased administrative burden and necessitates complex billing arrangements while also limiting the flexibility of PAs to work in new and evolving practice and care models. This is a particular burden in rural areas, where PAs may be hindered in serving the community due to the lack of direct payment. For example, PAs who own rural health clinics (RHC) are unable to receive direct payment for diagnostic services excluded from the RHC bundle but mandated by Medicare, forcing these PAs to provide the services without being reimbursed. AAPA requests statutory language to authorize PAs to receive direct payment from Medicare. (See: S. 596 / H.R. 1052). [More information.](#)
 - **Authorizing PAs and NPs to order home health.** PAs and NPs are currently unable to order home health services for Medicare patients, even though they are able to order home health services for non-Medicare patients. The lack of authorization under the Medicare program disrupts continuity of care and may result in Medicare beneficiaries experiencing a delay or denial in accessing home healthcare. Ensuring PAs are recognized to order home healthcare will increase access and promote continuity of care, particularly in rural and other medically underserved communities where a PA may be the only healthcare professional on-site. Additionally, the ability of PAs to conduct the required face-to-face initial home health visit promises greater efficiency and reduced costs. (See: S. 296 / H.R. 2150). [More information.](#)
 - **Authorizing PAs and NPs to order diabetic shoes:** PAs serve as primary care providers for Medicare patients suffering from diabetes and routinely prescribe insulin, manage complex conditions, and order required medical equipment. While PAs are authorized to order DME, outdated Medicare statute excludes diabetic shoes and requires a physician to certify the need. These Medicare requirements result in additional physician visits of a PA’s diabetic patient, an additional barrier to care and added costs. With the aging population and increasing prevalence of diabetes – particularly in rural America – authorizing PAs to certify and order diabetic shoes is necessary to remove barriers to care and allow PAs to practice to the top of their license. (See: S. 237 / H.R. 808). [More information.](#)
 - **Assignment of patients treated by a PA to Accountable Care Organizations (ACOs).** PAs are recognized in the Medicare Shared Savings Program (MSSP) as “ACO professionals,” yet their patients cannot be assigned to an ACO as beneficiaries unless patients undertake an additional administrative process to name the PA as their ACO professional. Removing this barrier will

enable Medicare beneficiaries who receive their primary care from PAs and NPs to be assigned to MSSP ACOs without arbitrarily requiring the patient to see a physician. It will also encourage ACO formation by helping healthcare providers attain enough beneficiaries to participate. Through these changes, ACO assignments will be more effective for beneficiaries and providers in rural communities that suffer from acute physician shortages, also allowing patients in rural areas to benefit from innovation in our healthcare delivery system. (See: H.R. 900). [More information.](#)

- 3. Support PA workforce programs.** While federal funding under Title VII of the Public Health Service Act has made an important contribution to innovation in educating the next generation of health professionals, the increased demand for primary care services illustrates the need for more to be done. In addition to supporting increased federal funding under Title VII for PA education programs, AAPA also recommends that policymakers explore how programs such as Graduate Medical Education funding through Medicare may be adapted to provide additional training opportunities to providers such as PAs who are critical to meeting the healthcare needs of rural America. Many PAs also participate in the National Health Service Corps' (NHSC) and strengthening this program could help it reach more patients who lack access to care and help grow the next generation of healthcare providers in places where they are needed most.

Thank you for the opportunity to provide feedback. AAPA welcomes further discussion regarding our position and comments. For any questions you may have in relation to our comments and recommendations, please do not hesitate to contact Tate Heuer, Vice President of Federal Advocacy, at (571) 319-4338.

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
Interim CEO, CFO & CDO