November 8, 2016

Office of Regulations and
Report Clearance
Social Security Administration
3100 West High Rise Building
6401 Security Boulevard
Baltimore, Maryland 21235-6401

Docket No. SSA-2012-0035

On behalf of the more than 108,500 PAs (physician assistants) represented by the American Academy of PAs (AAPA), I am pleased to offer comments regarding the Social Security Administration's (SSA) proposed revisions to rules regarding medical evidence of disability. PAs undergo extensive education and clinical training, and they are recognized along with physicians and nurse practitioners (NPs) under Medicare, the Affordable Care Act, and other federal healthcare programs as one of three types of primary care providers. ***As such, AAPA strongly recommends that SSA add PAs to the list of acceptable medical sources (AMS) who may provide medical documentation and evidence to the agency regarding a patient's disability.***

PA Education & Clinical Training

SSA's request for comment specifically seeks information regarding the education and clinical training of PAs, both in terms of quality and uniformity from state to state. PA programs must all adhere to the same accreditation standards, and acceptance to PA school is highly competitive. All PA programs undergo a rigorous evaluation to receive initial accreditation and then regularly demonstrate their continuing compliance with the accreditation standards. Most PA programs require prior undergraduate coursework in the basic sciences and behavioral sciences. This is analogous to the premedical studies required of medical students. Incoming PA students bring with them a wealth of patient care experience - an average of more than 3,000 hours of direct patient contact experience - in such jobs as medical assistants, emergency medical technicians, paramedics, athletic trainers, medics or medical corpsmen, Peace Corps volunteers, lab assistants, phlebotomists, registered nurses, or emergency room technicians, among other disciplines.

PA students receive a broad education over approximately 27 months (3 academic years). PA programs are modeled on the medical school curriculum, and at some institutions, first-year PA students and first-year medical students attend classes together. The didactic phase of PA education includes coursework in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This is followed by the clinical phase, which includes rotations in medical and surgical disciplines such as family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry. Due to these demanding rotation requirements, PA students will have completed at least 2,000 hours of supervised clinical practice in various settings and locations by graduation.

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Nearly all PA programs award a master's degree. PAs must pass the Physician Assistant National Certifying Examination and be licensed by a state in order to practice. The PA profession is the only medical profession that requires a practitioner to periodically take and pass a high-stakes comprehensive exam to remain certified, which PAs must do every ten years. To maintain their certification, PAs must also complete 100 hours of continuing medical education (CME) every two years.

PA Practice

SSA also requested comments on the uniformity of PA practice from state to state. PAs practice and prescribe medication in all 50 states, the District of Columbia, and all U.S. territories with the exception of Puerto Rico. They manage the full scope of patient care, often handling patients with multiple comorbidities. In their normal course of work, PAs conduct physical exams, order and interpret tests, diagnose and treat illnesses, assist in surgery, and counsel on preventative healthcare. PAs also manage their own patient panels, lead patient-centered medical homes, and in many cases, serve as their patients' principal healthcare provider. The typical PA sees 18 patients each day and treats an average of 20 patients per week who represent complex cases involving three or more comorbidities. In rural or medically underserved areas, a PA may be the only healthcare provider in the community. Generally, there is no requirement for a physician to be on site when a PA delivers care.

As is true for nurse practitioners, state laws vary when it comes to PA practice. As PA recognition has increased, many states have made statutory and regulatory changes which better allow PAs to practice at the top of their license. For instance, 49 states now allow PAs to prescribe Schedule III controlled substances, while 42 states allow them to prescribe Schedule II drugs. These laws demonstrate states' increased understanding of PA education, training, and qualifications, as well as the need for practitioners to provide a high level of care at a time when there are fewer healthcare providers available to treat a growing pool of patients. There continue to be moderate differences among states regarding licensure procedures, chart co-signature, supervisory or collaborative relationship with physicians, and other factors.

The trend in the enactment of state laws that determine practice authority for PAs is to extend greater flexibility regarding utilization of PAs at the practice level. Statutory changes to improve the practice environment for PAs are continually being enacted at the state level, and as a result, PAs are in high demand nationwide. The PA profession continues to grow – in fact, the healthcare search firm Merritt Hawkins found that between 2011-2014, demand for PAs grew by more than 300 percent.

PAs in the Federal Government

Finally, SSA requested information regarding whether PAs in different states could successfully be held to uniform national standards. All PAs are nationally certified, meaning they are educated in and held to the same clinical standards regardless of the state in which they practice. Likewise, PAs are already authorized by several federal government agencies to provide and certify the results of medical examinations. For example, the Federal Motor Carrier Safety Administration (FMCSA) allows PAs to become certified medical examiners (MEs) who are tasked with examining and signing off on the overall health of commercial motor vehicle operators. The requirements for an ME have not been found to conflict with state scope of practice laws because examinations, diagnoses, establishment of treatment plans, and potential referrals to specialty providers are uniformly a part of PA practice. This is likely to be the case with disability examinations required by SSA, as well.

PAs are fully enrolled, authorized health professionals in the federal Medicare program. There has never been an issue with PAs treating Medicare beneficiaries across all states consistent with Medicare's national coverage policy standards.

AAPA Recommendations

There is no rational reason to exclude PAs from being included in SSA's updated AMS list. PAs are highly-educated and qualified healthcare practitioners, and they are already being used in a similar capacity in other areas within the federal government. Individuals who qualify (or may qualify) as disabled tend to be limited when it comes to accessing a healthcare provider due to lack of transportation, ability to travel and other factors. This limitation may be increased if the individual lives in a rural or medically underserved area where a physician may not be located nearby. Taken alongside a looming primary care physician shortage, it is clear that all qualified practitioners should be considered for inclusion in the updated list.

AAPA appreciates SSA's solicitation of comments on this matter, and we strive to serve as a resource to you as you move through the rulemaking process. Should you require additional information or resources, please do not hesitate to contact Sandy Harding, AAPA Senior Director of Federal Advocacy, at 571-319-4338 or sharding@aapa.org.

Sincerely,

Josanne K. Pagel, MPAS, PA-C, Karuna RMT, DFAAPA
President and Chair of the Board