



July 22, 2016

Director, Regulations Management (02REG)
Department of Veterans Affairs
810 Vermont Avenue, NW; Room 1068
Washington, DC 20420

RE: RIN **2900-AP44** Advanced Practice Registered Nurses

On behalf of the more than 108,500 nationally certified PAs (physician assistants), the American Academy of PAs (AAPA) appreciates the opportunity to submit comments on the Department of Veterans Affairs' (VA) proposed rule to permit full practice authority of advanced practice registered nurses (APRNs) employed by the VA. AAPA supports extending full practice authority for APRNs providing medical services throughout the VA healthcare system, but believes it is also important to extend full practice authority to PAs at the same time. Indeed, extending full practice authority for PAs is a natural next step from the Veterans Health Administration's (VHA) current utilization guidelines for PAs, which already allow PAs to provide autonomous medical care in VA medical facilities.

The FTC notes in their Policy Perspective, Competition and the Regulation of Advanced Practice Nurses, that "particular supervision requirements can burden, rather than facilitate, team-based care." And the FTC questions "whether evidence supports a statutory mandate for some particular model of team-based care that is always led by a primary care physician" and ... "whether evidence supports the contention that patients receive substandard care, or are harmed, when the law does not impose specific supervision requirements on APRNs and their patients."

Ready access to quality medical care is among the most critical issues facing our nation's veterans and it is one of the VA's most pressing challenges. According to data on the VA's own website, a total of 6,455,383 veterans' appointments were pending nationwide between June 1, 2016 and June 15, 2016. The website also acknowledges 33,162 veterans had to wait more than 120 days for an appointment beyond their requested appointment date.

PAs and APRNs can be 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 and APRN workforce, allowing both healthcare practitioners to practice to the top of their educational preparation and ability.

AAPA applauds the VA for its proposal to fully utilize its healthcare workforce so that veterans receive timely access to quality care. AAPA does not believe the VA's action in providing full practice authority to PAs and APRNs will undermine state authority or dismantle team-based care. The team-based care concept is at the heart of PA education and training; and collaboration with other healthcare providers will continue because it is what is best for the patient. Also, it is important for federal employees to operate under a national standard because many federal employees provide services across multiple state lines and move on a regular basis. Current VA federally employed PAs only need to maintain a license in one state even if they practice in multiple states. AAPA does not believe this has created confusion about what private sector PAs can do under state laws.

Extending full practice authority to PAs practicing at the VA is supported by PA education and practice and the demonstrated value of the PA profession throughout the nation's healthcare delivery system.

PA Education and Practice

The Centers for Medicare and Medicaid Services (CMS) recently attested to the quality of PA education through a proposed rule published in the June 16, 2016 Federal Register. In justifying a recommended change CMS stated,

“PAs are trained on a medical model that is similar in content, if not duration, to that of physicians. Further, PA training and education is comparable in many ways to that of APRNs, and in some ways, more extensive.” (Federal Register/Vol. 81, No. 116/Thursday, June 16, 2016, page 39452.)

PAs receive a broad education over approximately 27 months which consists of two parts. The didactic phase 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 location by graduation.

The majority of 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.

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 are one of three healthcare professionals named in the Affordable Care Act to provide primary medical care. PAs manage their own patient panels, lead patient-centered medical homes, and often serve as Medicare beneficiaries’ principal healthcare provider. In rural or medically underserved areas, a PA may be the only healthcare provider for miles. As a result, some states allow PAs to own their own medical practices. The rigorous education and clinical training of PAs enables them to be fully qualified and equipped to manage the treatment of patients who present with conditions ranging from routine to complex.

Demonstrated Value of PAs in U.S. Healthcare Delivery System

PAs add value to our nation’s healthcare delivery system by increasing access to healthcare, providing quality care for patients, and improving patient outcomes. There is a clear body of clinical evidence and real-world examples from across medical specialties that demonstrate the quality and comprehensiveness of medical care provided by PAs. A few examples are:

- A study by the [Peterson Center on Healthcare](#) and Stanford University looked at the best primary care practices in the country and put together a list of what makes them so good. Those practices that work closely with their PAs and ensured that PAs were able to work to the full extent of their education and experience ranked the highest.
- A recent study by the [Kaiser Family Foundation published in the Journal of the American Medical Association](#) showed that a greater percentage of the nation’s newly insured are seeing PAs and NPs for their primary care needs than are seeing physicians.
- A [2013 study in the Journal of Thoracic and Cardiovascular Surgery](#) found that when PAs made home visits to heart surgery patients as part of a home care program, it lowered 30-day hospital readmissions by 25 percent.
- A 2013 study in the [Journal of Oncology Practice](#) showed that leukemia patients in the hospital for chemotherapy cut their stays by about six days and were less likely to be readmitted within 14 days when cared for by PAs instead of physicians in training.
- A study published in the October 2015 edition of the [Journal of the American College of Cardiology](#) found that the quality of outpatient care provided by healthcare teams that included PAs or NPs was equivalent to or better than care provided by a physician-only model, across several categories of comparison.
- A [2016 study](#) that tracked the outcomes of more than 7,200 patients with chronic obstructive pulmonary disease (COPD) found that patients cared for solely by PAs or NPs had lower rates of emergency room visits for COPD and a higher follow-up rate with specialists after a hospitalization. The study’s author, Dr.

Amitesh Agarwal, a physician in UTMB's Division of Pulmonary Critical Care & Sleep Medicine, even said, "There is no difference (in outcomes) and for some processes of care, the outcomes are somewhat better with nurse practitioners and physician assistants."

- A 2016 [report](#) written by the American Congress of Obstetricians and Gynecologists (ACOG) named PAs as one of the providers best suited to lead healthcare teams under new team-based models. The report represents more than a year of collaborative efforts by a multidisciplinary healthcare task force of 20 national medical organizations representing physicians, PAs and APRNs.

Veterans' Access to Timely Medical Care Also Requires Greater Attention to the Recruitment and Retention of VA's PA Workforce

Extending full practice authority to PAs providing medical care in VA medical facilities will result in a more effective and efficient use of the VA's PA workforce. However, 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. AAPA supports the Commission's premise that an adequate VA workforce is essential to addressing veterans' access to quality medical care.

Given all that PAs can offer to the VA healthcare delivery system, AAPA is very concerned that PAs are one of the top five medical professions experiencing shortages within the VA healthcare system. Both the January 2015 and September 2015 VA Office of Inspector General (OIG) reports recognize the importance of PAs as part of VHA's healthcare team and both reports identify PAs within the five occupations with the "largest staffing shortages."

The current shortage of PAs in the VA workforce is compounded by data suggesting:

- Thirty-seven percent of the VA's PA workforce is eligible to retire in 2016. By 2021 forty-eight percent of the PA workforce will be eligible to retire
- In 2014, the VA PA workforce experienced the highest total loss rate (ten percent) of the top ten critical occupations.

AAPA believes it is critical that the VHA make a commitment it has not previously undertaken – a plan to grow and maintain its PA workforce. VA compensation for PAs simply can't compete with the salaries offered in the private market. Additionally, PAs and nurse practitioners (NPs) employed by the VA perform nearly identical functions and are employed in the same manner, but PAs are at a competitive disadvantage. NPs often start at a higher grade than PAs, and it is not uncommon for NPs in the VA to be compensated by as much as \$30,000 more than PAs while providing the same medical services.

To AAPA's knowledge, the VHA has not expanded recruitment and retention initiatives for PAs in response to the identification of PAs as one of the VA's top five critical occupation shortages. The VA has always had the authority to include PAs in the Locality Pay for Nurses and other Healthcare Professionals, but has chosen not to do so. The addition of PAs to the VA locality pay system could assist the VA in recruiting PAs to replenish the ranks of approximately 40 percent of the VA PA workforce eligible for retirement within the next five years.

Demand for PAs in the Private Marketplace Creates a Special Challenge for the VA in Maintaining An Adequate PA Workforce

Many of the PAs who are employed by the VA are themselves veterans and want to serve veterans. However, with the aging of the VA PA population and civilian health systems' recruitment of PAs who are veterans, the VA will need to recruit greater numbers of civilian PAs. It will be difficult for the VA to compete with the private healthcare market in which PAs are highly regarded and in demand.

- Demand for PAs increased more than 300 percent from 2011 to 2014, according to the national healthcare search firm Merritt Hawkins.

- Upon earning their certification, 63 percent of PAs accepted a clinical position and 76 percent of these received multiple job offers. (National Certification Commission for the Physician Assistant (NCCPA) 2014 Statistical Profile of Certified Physician Assistants).
- Nearly half (46.7%) of PAs who have accepted a position, indicated that they did not face any challenges when searching for a job.
- Nearly two thirds (64.7%) of the recently certified PAs who accepted a position indicated they were offered employment incentives. (NCCPA 2014 Statistical Profile of Certified Physician Assistants).
- Employment of PAs is projected to increase 30 percent from 2014 to 2024, much faster than the average for all occupations, according to the U.S. Bureau of Labor Statistics (U.S. Department of Labor, Occupational Outlook Handbook, 2014-2015 Edition, Physician Assistants).

A historic lack of attention to recruitment and retention of PAs by the VA, coupled with the high demand and economic reward for PAs in the private healthcare market, has resulted in a significant challenge for the VA to fill PA positions. Unless the VA invests in its PA workforce, AAPA believes the VA will lose its PA workforce.

AAPA recommends the VA:

- extend full practice authority to PAs providing medical services
- develop competitive compensation for the PA workforce
- extend VA health professions scholarships to PAs
- support the continuing medical education needs of PAs
- offer pay incentives and bonuses to recruit and retain PAs
- create more clinical rotation sites in VA medical facilities available to PA students.

AAPA stands ready to assist the VA in meeting its challenge to provide veterans with timely access to high quality medical care. To reach that goal, AAPA believes the VA must utilize its PA workforce in an efficient and effective manner, extend full practice authority to PAs employed by the VA, and invest in meaningful strategies to recruit and retain a viable PA workforce.

Should you have any questions or require additional information regarding AAPA's comments, please do not hesitate to contact Sandy Harding, AAPA senior director of federal advocacy at 571-319-4338 or sharding@aapa.org.

Sincerely,



Jennifer L. Dorn
Chief Executive Officer