



October 31, 2016

Federal Motor Carrier Safety Administration
U.S. Department of Transportation
1200 New Jersey Avenue, SE
Washington, D.C. 20590-0001

Docket FMCSA-2005-23151

On behalf of the more than 108,000 nationally-certified PAs (physician assistants) represented by the American Academy of PAs (AAPA), I am pleased to offer comments on the recommendations made by the Federal Motor Carrier Safety Administration's (FMCSA) Medical Review Board (MRB) regarding commercial motor vehicle operators with well-controlled insulin-treated diabetes mellitus (ITDM).

PAs are currently eligible to be designated as certified medical examiners (MEs) within FMCSA, and we appreciate their inclusion in the MRB's recommendations as recognized treating clinicians. Allowing PAs who have clinical experience with diabetes to monitor, treat, and sign off on the condition of commercial operators with ITDM will ensure that drivers who are already under the care of a PA are able to remain in compliance with FMCSA regulations while continuing to see their current healthcare provider.

PA Education and Practice

PAs receive a broad medical 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 locations 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. PAs must also complete 100 hours of continuing medical education 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. The typical PA sees 18 patients each day and treats an average of 20 patients per week who present with three or more comorbidities. Many PAs handle their own schedules and patient panels, and while PAs practice in teams of clinicians, some states allow PAs to own their own medical practices. In rural and medically underserved areas, a PA may be the only healthcare provider for miles.

PAs and Diabetes Care

PAs frequently deliver healthcare services to individuals with chronic conditions, including diabetes. According to AAPA's 2015 National Survey, more than 30% of PAs across all specialties treat diabetic patients. Such treatment routinely includes diabetes assessments, counseling on disease management and lifestyle modifications, and prescribing insulin.

At the same time, studies have shown positive outcomes for diabetic patients under the care of a PA. For example, a 2013 study published in *Health Affairs*¹ found that PAs can be used to effectively fill gaps on teams of primary care providers who treat diabetic patients. This finding was strongest in cases where the patient's condition was well-managed and PAs were used in a flexible manner to provide varying degrees of care as needed. It is clear that PAs are well-equipped and qualified to manage the care of diabetic patients.

AAPA Comments on the MRB Recommendations

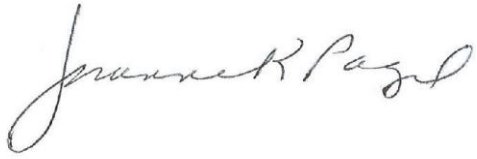
AAPA agrees with the MRB's recommendation that PAs be recognized as treating clinicians who may monitor, treat and sign off on the condition of commercial operators with ITDM. The inclusion of PAs in this recommendation is particularly important in rural and medically underserved areas, where there may be less access to medical specialists, including endocrinologists. Commercial drivers often spend long hours on the road and away from their homes. Those who are currently under the care of a PA and do not exhibit complications from ITDM should not be required to seek the care of a specialist physician who may not be conveniently located or have the same knowledge of the patient as the patient's current healthcare provider.

Additionally, AAPA supports the MRB's establishment of a standard form for use by treating clinicians in forwarding patient information to a ME, as well as the listing of several disqualifying factors for those drivers whose ITDM is not well-controlled. This degree of uniformity will ensure that all treating clinicians are assessing commercial drivers in the same way and using the same metrics when evaluating a driver's health. Taken together, the MRB's recommendations represent a balance between promoting safety on America's roadways and allowing certain drivers with ITDM to continue to work.

AAPA appreciates the MRB's work on this important issue, as well as its continued support and recognition of the PA profession. Please do not hesitate to contact Sandy Harding, AAPA Senior Director of Federal Advocacy, at 571-319-4338 or sharding@aapa.org with any questions.

¹ Everett, C., Thorpe, C., Palta, M., Carayon, P., Bartels, C., & Smith, M.A. (2013) Physician Assistants and Nurse Practitioners Perform Effective Roles on Teams Caring for Medicare Patients with Diabetes. *Health Affairs*, 32(11), 1942-1948.

Sincerely,

A handwritten signature in black ink that reads "Josanne K. Pagel". The signature is written in a cursive style with a large initial 'J'.

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