



## **American Academy of PAs 117<sup>th</sup> Congress – Legislative Priorities**

PAs are medical professionals who diagnose illness, develop, and manage treatment plans, prescribe medications, and are often a patient’s principal healthcare provider. PAs are highly trained professionals with thousands of hours of medical education and training who practice in every specialty and setting and in all 50 states, the District of Columbia, U.S. territories, and in the uniformed services. PAs are trusted healthcare professionals dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. AAPA prioritizes and strongly supports legislation that promotes and improves patient choice, healthcare quality, access to care, and favorable outcomes for patients across the nation.

On behalf of the more than 159,000 PAs throughout the United States, AAPA urges Congress to support the following priorities on behalf of PAs and their patients:

- **Cosponsor the *Improving Access to Workers’ Compensation for Injured Federal Workers Act (H.R. 6087)***

This bipartisan legislation would modernize the Federal Employees’ Compensation Act (FECA) to cover services provided to injured federal workers by PAs. Currently, federal employees are unable to receive treatment from PAs and NPs for care provided through FECA following injuries sustained on the job. This overly burdensome and outdated restriction has no basis in best medical practice, increases costs unnecessarily, and limits access to healthcare for federal employees. H.R. 6087 would correct this unreasonable restriction for federal employees while also saving money for the federal government.

- **Cosponsor the *Increasing Access to Quality Cardiac Rehabilitation Care Act (S. 1986/H.R. 1956)***

Currently, cardiac rehabilitation and pulmonary rehabilitation (CR/PR) programs receiving Medicare payment must be overseen by physicians. In 2018, Congress acknowledged this outdated barrier to care and passed legislation to authorize qualified providers, including PAs and nurse practitioners, to supervise CR/PR programs. However, the effective date for the change is 2024. This bipartisan legislation would move implementation from 2024 to 2022, a critical change needed with the increased demand for CR/PR services as the nation continues to fight COVID-19. The legislation would also authorize PAs and NPs to order CR/PR services for qualifying patients.

- **Cosponsor the *Promoting Access to Diabetic Shoes Act (S. 800 / H.R. 4870)***

This bipartisan legislation would modernize Medicare policy to authorize PAs to certify a Medicare patient's need for diabetic shoes. Outdated and restrictive statute language prevents PAs from ordering diabetic shoes for their patients – an unnecessary restriction that disrupts access to a simple and effective treatment option for Medicare patients with diabetes.

- **Cosponsor the *ACO Assignment Improvement Act (H.R. 6308)***

This bipartisan legislation would allow Medicare beneficiaries who receive primary care from a PA to be assigned to a Medicare Shared Savings Accountable Care Organization (ACO). Under current law, patients of PAs and nurse practitioners are restricted from assignment to an ACO. This restriction can harm patients, particularly those in rural and underserved areas, by preventing them from accessing the coordinated care provided by ACOs.

- **Cosponsor the *Mainstreaming Addiction Treatment Act of 2021 (S. 445/H.R. 1384)***

Medical professionals are currently required to obtain a DEA waiver in order to prescribe buprenorphine to treat opioid use disorder, which leads to treatment bottlenecks and a lack of providers. (Newly created practice guidelines also give qualified providers the option of filing a notice of intent [NOI] with the federal government allowing the provider to treat up to 30 patients). The waiver/NOI requirement is in place even though many medical professionals, such as PAs, can prescribe the same medication for pain without jumping through these bureaucratic, unnecessary requirements.

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