August 1, 2022

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Request for Information (RFI): HHS Initiative to Strengthen Primary Health Care

Dear Secretary Becerra,

The American Academy of PAs (AAPA), on behalf of the more than 159,000 PAs (physician assistants) throughout the United States, appreciates the opportunity to provide comments on the Department of Health and Human Services (HHS) request for information (RFI) regarding strengthening primary care. In a well-organized, efficiently run health care system, primary care is the backbone of the care delivery model. However, the ability to maintain a robust primary care delivery model in the US is facing serious challenges. AAPA believes that HHS can make policy changes that substantially bolster patient access to, and increase the appropriate utilization of, primary care services by removing unnecessary barriers faced by health professionals, such as PAs, and exploring other policy opportunities that incentivize more health professionals to deliver primary care. It is within this context that we draw your attention to our comments below.

According to a report from the Health Resources and Services Administration (HRSA), the US health system is experiencing a clinician shortage, particularly in primary care.[i] A shortage in the primary care workforce may lead to insufficient patient access to needed health care services and the need for more intensive and high-cost interventions such as hospitalization or emergency care.[ii] A decrease in the availability of primary care may also lead to a less equitable supply of health care services.[iii] However, the same HRSA report acknowledges the growing PA and nurse practitioner (NP) professions as providing an opportunity to alleviate the effects of a physician shortage if interested health professionals are successfully incorporated into the delivery system for primary care.[iv]

PAs and NPs are currently providing a substantial portion of the high-quality, cost-effective care that our communities require. As of 2017, there were more than 260,000 PAs and NPs billing for Medicare services. According to the Medicare Payment Advisory Commission (MedPAC) approximately half of all Medicare patients receive billable services from a PA or NP.[v] As noted by MedPAC, the number of Medicare beneficiaries being treated by PAs and NPs continues to grow. Patient satisfaction with PAs and NPs in primary care is also high.[vi]

However, despite the increasing share of patients treated, and the high level of patient satisfaction with care delivered by PAs and NPs in primary care, both of these health

professional groups are not being utilized to the full extent possible to meet the US primary care need. If PAs and NPs continue to face outdated policies that prohibit them from providing the complete range of care they are educated, qualified and licensed to provide, the health care system is unnecessarily constraining a vital resource that could be utilized to immediately strengthen primary care.

HHS can increase access to and strengthen primary care by:

1) Promoting federal regulatory and statutory policy changes to eliminate unnecessary restrictions on PA and NP practice both in federal health programs and within federal agencies that utilize PAs and NPs;
2) Encouraging states to eliminate legislative and regulatory barriers that hinder PA/NP from practicing to the highest level of their education and expertise;
3) Considering a range of additional creative policy considerations to incentivize primary care practice.

Federal Policy Actions to Strengthen Primary Care

The importance of PAs in primary care is widely accepted. PAs were listed in the Affordable Care Act Section 5501(a)(2)(A)(i)(II)) as health professionals who deliver primary care services,[vii] and have similarly been acknowledged as such by the Centers for Medicare and Medicaid Services (CMS). However, there is more HHS should do to actively support PAs and NPs in the role of primary care health professionals. Two examples of unnecessary federal restrictions that should be rescinded include a PA's/NP's inability under Medicare to order therapeutic shoes without physician involvement, and the lack of authorization for PAs/NPs to order Medical Nutrition Therapy for Medicare beneficiaries.

Authorize PAs/NPs to Order Therapeutic Shoes

PAs/NPs are authorized to order DME. The exclusion of diabetic shoes is a rare exception to this authority. PAs/NPs commonly manage the care of diabetic patients. Medicare, however, requires a physician to certify the need for diabetic shoes and requires that a physician order diabetic shoes. These Medicare requirements result in additional physician visits of a PA's/NPs diabetic patient, who needs diabetic shoes, so that Medicare's requirements for the physician certification and order can be fulfilled. Authorizing PAs/NPs to certify and order diabetic shoes will improve access to care and eliminate unnecessary physician visits and the cost associated with those additional visits.

Authorize PAs/NPs to order Medical Nutrition Therapy (MNT)

PAs/NPs are qualified to refer patients to dietitians or nutrition professionals for medical nutrition therapy and have demonstrated that they provide expert treatment and management of patients with diabetes and other medical conditions. For example, a recent study supported by the Center of Innovation to Accelerate Discovery and Practice Transformation at the Durham VA Health Care System, found that patients with diabetes managed by PAs and NPs received the same quality of care as patients managed by physicians, and had lower expenditure rates. The researchers found that "approximately $74 million could have been saved during the study year if utilization patterns of the entire cohort had more closely approximated those of patients treated by PAs and NPs."[viii]

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State Policy Actions to Enhance Primary Care

The December 2018 federal government report on health care competition entitled, Reforming America's Healthcare System Through Choice and Competition[ix], specifically recommended that 1) "States should consider eliminating requirements for rigid collaborative practice and supervision agreements . . . that are not justified by legitimate health and safety concerns," and 2) "States should consider changes to their scope-of-practice statutes to allow all healthcare providers to practice to the top of their license, utilizing their full skill set."

To ensure that PAs/NPs can practice at the top of their education and expertise, and increase patient access to care, states are changing state laws to better reflect current capabilities and the autonomy with which PAs/NPs deliver care. However, progress has been inconsistent.

Often, states and other federal agencies look to HHS and federal programs operated by the Department such as Medicare and Medicaid for guidance as to what practice guidelines to adopt, and structure their policies to reflect such best practices. Consequently, AAPA suggests that one way to support a strengthened primary care workforce would be for HHS to encourage states and federal agencies providing health care services under a federal scope of practice to expeditiously examine restrictive state laws, regulatory language, or other policies for review and revision. Removal of such restrictions, most of which are not based on concerns related to care quality, would provide greater flexibility for PAs/NPs to meet patient care needs in a primary care setting.

Additional Policy Considerations to Incentivize Primary Care

In support of a sustainable primary care workforce, AAPA suggests HHS consider additional steps that may bolster participation in this specialty. One short-term solution may be to modify existing funding mechanisms to increase payment for primary care services to a point that makes practicing in primary care more financially attractive to current and future health professionals. While Medicare payment reform has been moving incrementally to increase reimbursement to primary care the pay gap between other specialties, including surgery and procedure-based specialties, is still quite large. Most understand that fee-for-service (FFS) payments for primary care is not the optimal solution. Investigating other types of payment approaches/methodologies that maintain some level of reduced FFS payment with the addition of a modified risk-adjusted, monthly payment might provide a more sustainable payment model that moves toward value-based payments but provides a level of "revenue security" for practices. HHS should be willing to explore various payment options in its attempt to appropriately resource and compensate for primary care.

A similar monetary incentive may be in the form of additional scholarship and loan repayment assistance programs in exchange for a certain number of years practiced in primary care. Another suggestion is to experiment with significant changes to reimbursement structures under the department's Center for Medicare and Medicaid Innovation, testing policy changes such as 100% reimbursement for PAs/NPs when providing primary care. HHS can also consider increasing the autonomy/scope of practice of health professionals practicing in primary care, eliminating, and working with states to encourage the elimination of, burdensome practice requirements, such as requirements for physician countersignatures or direct oversight. In considering these and other potential policy changes, regulations, programs and requirements

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should be patient-centered and flexible enough to meet the unique needs of individual patients and communities in order to be effective.

Each member of the health care team has an important role to play - from PAs, NPs and physicians, to nursing staff, medical assistants, community health workers and others. When all team members are empowered to work to the top of their expertise and training, and have well-defined roles, primary care can be delivered in a more efficient manner and the care delivery workload can be better managed and distributed to help avoid burnout and frustration.

AAPA recommends that HHS move to strengthen the primary care workforce through a combination of removing unnecessary federal restrictions, encouraging the elimination of state restrictions, and exploring creative ways to further incentivize health professionals to practice in primary care.

Thank you for the opportunity to provide feedback on the primary care RFI. AAPA welcomes further discussion with HHS regarding these issues. For any questions you may have please do not hesitate to contact Michael Powe, AAPA Vice President of Reimbursement & Professional Advocacy, at michael@aapa.org.

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[viii] Morgan et al. 2019. Impact Of Physicians, Nurse Practitioners, And Physician Assistants On Utilization And Costs For Complex Patients. Retrieved from: https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00014
[ix] https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf

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