



October 4, 2024

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

RE: Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability - Attention: RIN 0955-AA06

Dear Secretary Becerra,

The American Academy of Physician Associates (AAPA), on behalf of the more than 178,000 PAs (physician assistants/physician associates) throughout the United States, would like to provide comments on the proposed regulation on Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (RIN 0955-AA06). PAs currently provide hundreds of millions of patient visits each year. As such, PAs and the patients they serve will be significantly impacted by many of the provisions in the proposed rule.

AAPA seeks to work in partnership with the Department of Health and Human Services to assure that PAs are appropriately included in any and all proposed rules based on PA education, training, and experience. Unfortunately, the Academy believes the rules, as proposed, may fall short of proper understanding and inclusion of PAs. It is within this context that we draw your attention to our comments.

Classification of PAs as Delegates or Surrogates; Physician-Centric Language

PAs are state-licensed, nationally certified medical professionals. As medical providers, PAs diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

PAs are licensed to practice in all 50 states, the District of Columbia, all US territories, and the uniformed services. PAs are authorized to prescribe medications in all jurisdictions where they are licensed. Where PAs have prescriptive authority, that authority includes controlled medications.

National education accreditation standards require PA programs to include instruction in pharmacology and pharmacotherapeutics and their application in clinical practice.¹ Knowledge of pharmacology and appropriate drug utilization are areas of practice tested on the national certifying examination, which is required for licensure.²

Since PAs are prescribers, it is therefore concerning that throughout the background and justification portion of the proposed rule, many references to PAs were from sources that classified PAs differently from physicians. An example of this is found on page 832, in the following excerpt (emphasis added):

A 2018 analysis of the PDMP Training and Technical Assistance Center's (TTAC) data revealed that there are 63 unique access roles identified across all states and jurisdictions. This analysis indicated:

- In all states and jurisdictions, prescribers and pharmacists are allowed access to the PDMP.
- **A majority of states and jurisdictions (more than 50) also allow access for law enforcement, physician assistants, nurse practitioners, and prescriber delegates.**
- A majority of states and jurisdictions (more than 40) also include an access role for “patient.”

This type of separation and classification is once again seen later on page 851, when reference is made to the 2022 Clinical Practice Guideline recommendations for capabilities of Health IT Modules, one of which is:

- Enabling access roles for clinicians and pharmacists, and with additional capabilities to create and allow customized access roles for any delegate or surrogate under applicable law such as physician assistants, nurse practitioners, and clinician delegates.

These types of background materials, or framing of background materials, gives the impression that PAs serve a different role from either a prescriber, clinician, or provider. Although PAs are included in long list of those referenced in the term “clinician users,” the repeated reference to PAs as *delegate* or *surrogate* could be misleading, as these references are used the majority of

¹ Accreditation Review Commission on Education for the Physician Assistant. Accreditation Standards for Physician Assistant Education, 5th ed. Updated July 2024 <https://www.arc-pa.org/wp-content/uploads/2024/07/Standards-5th-Ed-July-2024.pdf>. Accessed Sept. 27, 2024.

² National Commission on Certification of Physician Assistants. Content Blueprint for the Physician Assistant Certifying Examination (PANCE) (effective beginning January 2019 for all PANCE administrations). <https://www.nccpa.net/wp-content/uploads/2020/09/PANCE-Content-Blueprint-5-21.pdf>. Accessed Sept. 27, 2024.

times PAs are mentioned. PAs are autonomous providers and should not be classified as a delegate or surrogate.

Unfortunately, this type of exclusionary/physician-centric language is found in the proposed rule under the definition of “Base EHR,” which reads:

§ 170.102 Definitions.

Base EHR means an electronic record of health-related information on an individual that:

[...]

(2) Has the capacity:

[...]

(ii) To support physician order entry;

The use of health care “provider” here, would be inclusive of PAs within the definition of healthcare provider found within the proposed rule. Additionally, there is precedence for use of the term computerized provider order entry, which is the term recognized by other federal agencies.³ Not including PAs and other prescribers in the definition of a *base EHR* could lead to usability and interoperability issues for which the agency is trying to avoid. Correcting this omission is especially important as PAs (and other non-physician practitioners) are providing an increasing number of services, especially to rural and underserved populations.

AAPA urges HHS to amend the definition under §170.102 to appropriately refer to “health care provider order entry”. Physician-centric or physician-only language should be removed, and instead, language should be inclusive of all providers (such as PAs) who serve as autonomous providers and prescribers. The Academy also requests that the Agency not rely on language, studies, or research categorizing PAs as delegates or surrogates.

Request for Update to HHS’s Use of the PA Profession Title

AAPA requests that all references to PAs in regulations and policies be listed as “Physician Assistants/Physician Associates.” This accurately reflects PAs who currently graduate with degrees as either “physician assistant” or “physician associate” and are state-licensed as a “physician assistant” or “physician associate,” but who all graduate from programs accredited by the same accrediting organization (Accreditation Review Commission on

³ Office of the National Coordinator for Health IT, HealthIT.gov Frequently Asked Questions: Computerized Provider Order Entry: The Basics. [https://www.healthit.gov/faq/what-computerized-provider-order-entry#:~:text=Computerized%20provider%20order%20entry%20\(CPOE,paper%2C%20fax%2C%20or%20telephone.](https://www.healthit.gov/faq/what-computerized-provider-order-entry#:~:text=Computerized%20provider%20order%20entry%20(CPOE,paper%2C%20fax%2C%20or%20telephone.) Accessed Sept. 30, 2024.

Education for the Physician Assistant), are certified by the same certifying organization (National Commission on Certification of Physician Assistants), and have the same scopes of practice. Although the profession has been known as “Physician Assistant,” the official title of the profession is now recognized as “Physician Associate” to more accurately reflect the breadth of education, training, experience, and services of PAs.⁴ This title change is reflected in the name of the American Academy of Physician Associates, other professional organizations⁵, professional training programs⁶, and state and territory laws and licensure.⁷ Despite the recognized title of “Physician Associate,” it is anticipated to take one or two decades for the title change from “Physician Assistant” to occur in all states and jurisdictions in which PAs practice. Therefore, a dual reference to “Physician Assistant” and “Physician Associate” is recommended to avoid confusion.

AAPA encourages HHS to begin to reference the profession by the dual title “physician assistant/physician associate.”

Thank you for the opportunity to provide comments regarding the Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (RIN 0955-AA06) proposed rule. AAPA welcomes further discussion with HHS regarding these important issues. For any questions you may have please do not hesitate to contact Sondra DePalma, AAPA Vice President of Reimbursement & Professional Practice, at sdepalma@aapa.org.

Sincerely,



Sondra M. DePalma, DHSc, PA-C
Vice President, Reimbursement and Professional Practice

⁴ American Academy of PAs. 2024. Title Change. <https://www.aapa.org/title-change>

⁵ Several Constituent Organizations, which are independent organizations affiliated with AAPA, have reflected the title Physician Associate in their professional organization’s legal name. For example, The Academy of Physician Associates in Cardiology <https://www.cardiologypa.org/>; The Association of Physician Associates in Obstetrics and Gynecology <https://apaog.wildapricot.org/>; The Connecticut Academy of Physician Associates <https://connapa.org/about-connapa/>; and The Kansas Academy of Physician Associates <https://kansaspa.myanetwork.com/>.

⁶ Yale School of Medicine, Physician Associate Program, <https://medicine.yale.edu/pa/>. Wichita State University, Physician Associate Program, https://www.wichita.edu/academics/health_professions/pa/.

⁷ American Academy of PAs, Oregon Governor Tina Kotek Signs Law Changing PA Title (April 5, 2024) <https://www.aapa.org/news-central/2024/04/oregon-governor-tina-kotek-signs-law-changing-pa-title/>. *See also*, Or. Rev. Stat. § 677. *See also*, Wis. Stat. § 448.974(1)(a)(2)-(6). *See also*, 185 N. MAR. I. ADMIN. CODE § 185-10-4101(p).