



March 17, 2025

Laura E. Reynolds  
NIOSH B Reader Program  
Respiratory Health Division  
1095 Willowdale Road, MS

**RE: Department of Health and Human Services Centers for Disease Control and Prevention  
Request for Information: The B Reader Program, administered by CDC's National Institute for Occupational Safety and Health (NIOSH), is seeking information from experts in occupational respiratory health surveillance and radiology, nurse practitioners, physician assistants, workers exposed to mineral dust and unions representing such workers, industry and other parties interested in allowing nurse practitioners and physician assistants to be eligible to take the NIOSH B Reader examination and become certified B Readers if they successfully pass the examination. - Attention: CDC-2024-0103; NIOSH 355**

Dear Ms. Reynolds,

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 RFI CDC-2024-0103; NIOSH 355, in favor of authorizing PAs to be eligible to take the NIOSH B Reader examination and become certified B Readers. AAPA seeks to work in partnership with CDC's NIOSH to advance policies that increase access to high-quality care, specifically by expanding those who may be certified B Readers to include PAs. It is within this context that we draw your attention to our comments.

### **PA Profession**

PAs practice medicine in all 50 states and the District of Columbia, U.S. territories, and the uniformed services. PAs also practice in all medical specialties. Most relevant to the B Reader program, PAs routinely practice in pulmonology, radiology, occupational medicine, and thoracic medicine. As such, PAs are already well-positioned to increase the number of available B Readers in

the United States. This ability will rapidly increase over the next few years, with the Bureau of Labor Statistics projecting the employment growth of PAs as being one of the fastest among all medical professionals at 28% from 2023 to 2033<sup>1</sup> (compared to the employment growth of physicians at 4%).<sup>2</sup> Of the estimated 1.5 million practitioners in the US in 2033, about 50% of them will be physicians and 50% will be PAs and other non-physician practitioners.<sup>3</sup> Further, a report [stated](#), “This growth is not arbitrary but stems from the pivotal contributions these professionals make to our healthcare system.”<sup>4</sup> It is imperative to allow PAs to become certified B Readers to meet the increasing need for classifications of chest radiographs.<sup>5</sup>

### **PA Education, Training, Qualifications**

PAs undergo rigorous education and training in order to become board certified and licensed to practice. There are more than 310+ nationally accredited graduate medical PA programs nationwide comprised of didactic education, laboratory instruction, and clinical rotations. With thousands of hours of medical education, PAs are highly qualified, capable, and versatile healthcare providers. The intensive PA curriculum is modeled on that used in medical school, and PA students often take classes or have clinical rotations alongside medical students.

The didactic phase of PA school provides a broad foundation in medical principles through instruction in the classroom and laboratory. In total, PA students complete more than 400 hours in basic medical sciences, more than 800 hours of clinical medical sciences, nearly 150 hours in behavioral and social sciences, 100 hours in pharmacology, 175 hours in research, and 125 hours in

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<sup>1</sup> Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Physician Assistants, at <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>

<sup>2</sup> Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Physicians and Surgeons, at <https://www.bls.gov/ooh/healthcare/physicians-and-surgeons.htm>

<sup>3</sup> The 50/50 statistic comes from comparison of total number of providers from footnote 2 along with those of footnote 1 combined with: Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners, at <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm>

<sup>4</sup> Singh, L., & Gurjar, R., Insight Brief: The Increasingly Important Role of NPs and PAs in Healthcare Sales Targeting, IQVIA (April 26, 2024). Available at: <https://www.iqvia.com/locations/united-states/library/insight-brief/the-increasingly-important-role-of-nps-and-pas-in-healthcare-sales-targeting>

<sup>5</sup> NIOSH [2018]. Become a NIOSH-Certified B Reader. By Martin M, Cohen B, Weissman D, Halldin C, Storey E, Wolfe A. Morgantown, WV: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2019-111, <https://doi.org/10.26616/NIOSH PUB2019111>

health policy and professional practice.<sup>6</sup> PA students complete at least 2,000 hours of clinical practice experience by graduation.<sup>7</sup>

## **Quality of PA Care**

PAs produce results and outcomes comparable to physicians in quality, outcomes, and patient satisfaction.<sup>8</sup> The Medicare Payment Advisory Commission, an independent, bipartisan congressional agency that provides healthcare policy recommendations to Congress and the Secretary of Health and Human Services, concluded that “PAs provide care that is substantially similar to physicians in terms of clinical quality outcomes and patient experience.”<sup>9</sup> PAs have also been shown to increase access to care,<sup>10</sup> improve care coordination, and decrease healthcare costs.<sup>11</sup>

PAs practice in all medical settings and specialties across the United States providing high-quality, patient-centered, and cost-effective care that benefits patients, employers, and the U.S. healthcare system. As such, it is imperative to finalize a path for PAs to become certified B Readers in order to maximize the ability of patients exposed to harmful dusts to access quality care options.

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<sup>6</sup> Physician Assistant Education Association. By the Numbers: Curriculum Report 5: Data from the 2019 Didactic Curriculum Survey. 2020. doi: 10.17538/CR5.2020.

<sup>7</sup> Physician Assistant Education Association. Nineteenth Annual Report on Physician Assistant Educational Programs in the United States, 2002-2003. 2003. <https://paeaonline.org/wp-content/uploads/imported-files/19th-Annual-Report-on-Physician-Assistant-Educational-Programs-in-the-United-States-2002-2003.pdf>

<sup>8</sup> van den Brink GTWJ, Hooker RS, Van Vught AJ, Vermeulen H, Laurant MGH (2021) The cost-effectiveness of physician assistants/associates: A systematic review of international evidence. PLoS ONE 16(11): e0259183. <https://doi.org/10.1371/journal.pone.0259183>. See also, Yang Y, Long Q, Jackson SL, Rhee MK, Tomolo A, Olson D, Phillips LS. Nurse Practitioners, Physician Assistants, and Physicians Are Comparable in Managing the First Five Years of Diabetes. Am J Med. 2018 Mar;131(3):276-283.e2. doi: 10.1016/j.amjmed.2017.08.026. Epub 2017 Sep 8. PMID: 28893514; PMCID: PMC5817031. See also, CITE

Virani SS, Akeroyd JM, Ramsey DJ, Chan WJ, Frazier L, Nasir K, S Rajan S, Ballantyne CM, Petersen LA. Comparative effectiveness of outpatient cardiovascular disease and diabetes care delivery between advanced practice providers and physician providers in primary care: Implications for care under the Affordable Care Act. Am Heart J. 2016 Nov;181:74-82. doi: 10.1016/j.ahj.2016.07.020. Epub 2016 Aug 28. PMID: 27823696.

<sup>9</sup> Medicare Payment Advisory Commission. Report to the Congress. Medicare and the Health Care Delivery System. June 2019. [https://www.medpac.gov/wpcontent/uploads/import\\_data/scrape\\_files/docs/default-source/reports/jun19\\_medpac\\_reporttocongress\\_sec.pdf](https://www.medpac.gov/wpcontent/uploads/import_data/scrape_files/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf)

<sup>10</sup> Dower C, Christian S. Physician Assistants and Nurse Practitioners in Specialty Care: Six Practices Make It Work. California Health Care Foundation. 2009. <https://www.chcf.org/wp-content/uploads/2017/12/PDF-NPPAModels.pdf>

<sup>11</sup> Morgan PA, Smith VA, Berkowitz SZ, et al. Impact of Physicians, Nurse Practitioners, and Physician Assistants on Utilization and Costs For Complex Patients. Health Affairs. 2019;38(6):1028-1036. doi: 10.1377/hlthaff.2019.00014.

## **PAs as B Readers**

In addition to the rigors of PA education, board certification, and licensure, it is also important to understand the experience PAs have that directly pertain to the work of B Readers. Specifically, the interpretation of diagnostic tests, like the radiographs interpreted by B Readers, are foundational in PA training.

This is evidenced by the fact that the Accreditation Review Commission on Education for the-PA accredited programs must have a curriculum that includes specific clinical and technical skills. Per ARC-PA standards, programs must ensure that PAs have the technical skills to interpret diagnostic studies and the clinical skills to make patient care decisions based on those interpretations.<sup>12</sup>

These skills and abilities are then validated as part of the PA National Certifying Examination (PANCE) administered by the National Commission on the Certification of PAs.<sup>13</sup> Passing the PANCE is a requirement for initial licensure in every state.<sup>14</sup>

According to the most recent of PAs “order, perform, and interpret lab tests, x-rays, EKGs, and other diagnostic studies.<sup>15</sup> In addition, allowing PAs to become certified B Readers is in line with language found in policy elsewhere within the Department of Health and Human Services (HHS), specifically within the Centers for Medicare and Medicaid Services (CMS) Medicare Policy Manual,<sup>16</sup> which states:

*“... if authorized under the scope of their State license, PAs may furnish services billed under all levels of CPT evaluation and management codes, and diagnostic tests if furnished under the general supervision of a physician. Examples of the types of services that PAs may provide include services that traditionally have been reserved to physicians, such as physical examinations, minor surgery, setting casts for simple*

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<sup>12</sup> Accreditation Review Commission on Education for the Physician Assistant. Accreditation Standards for Physician Assistant Education. 5th Ed. 2019. Updated July 2024. <https://www.arc-pa.org/wp-content/uploads/2024/07/Standards-5th-Ed-July-2024.pdf>

<sup>13</sup> National Commission on Certification of Physician Assistants. PANCE Content Blueprint. 2025. <https://www.nccpa.net/wp-content/uploads/2024/02/PANCE-Blueprint-effective-2025.pdf>

<sup>14</sup> American Academy of Physician Associates. Statutory and Regulatory Requirements for Initial Licensure and License Renewal. Accessed March 4, 2025. <https://www.aapa.org/download/19739/>

<sup>15</sup> American Academy of Physician Associates. 2022 AAPA PA Practice Survey. 2022.

<sup>16</sup> Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services. Rev. 12865. Updated Oct. 4, 2024. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

*fractures, **interpreting x-rays**, and other activities that involve an independent evaluation or treatment of the patient's condition."*

Additionally, the RFI posed a variety of questions specific to PAs and why extending a pathway to certification for PAs as B Readers may be a benefit to patients. As such, AAPA would like to address the relevant questions in order.

Question 2 asked if any specific geographic areas or populations would benefit from PAs being certified as B Readers. The answer is that nearly a quarter of PAs (23.7%) work in nonmetro or medically underserved areas.<sup>17</sup> Allowing for those PAs to become certified B Readers is another way that PAs can help to reach the needs of the rural and underserved populations.

The third question asked whether any potential risks are associated with expanding B Reader certification to PAs. The answer, for the reasons expounded upon in the previous section, is that there is no risk because PAs provide high-quality care with comparable outcomes and safety as physicians. It is appropriate to reference and emphasize again the Medicare Payment Advisory Commission, an independent, bipartisan congressional agency that provides healthcare policy recommendations to Congress and the Secretary of Health and Human Services, concluded that "PAs provide care that is substantially similar to physicians in terms of clinical quality outcomes and patient experience."<sup>18</sup>

The fourth question was specific to state scopes of practice and physician oversight requirements for ILO classifications and clinical interpretations, as well as methods for ensuring appropriate clinical interpretations. PAs practice medicine in most states without physician "supervision". Even in states that have a statutory requirement for physician "supervision", this refers to "general supervision" and does not mean or require a physician to be onsite or have any involvement in individual episodes of care, diagnostic interpretations, or medical decision making.<sup>19</sup> In order to ensure that appropriate clinical interpretations are obtained, the same standards of initial

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<sup>17</sup> National Commission on Certification of Physician Assistants. Statistical Profile of Certified PAs: Annual Report. 2024. [https://www.nccpa.net/wp-content/uploads/2024/05/2023-Statistical-Profile-of-Board-Certified-PAs5\\_3\\_24.pdf](https://www.nccpa.net/wp-content/uploads/2024/05/2023-Statistical-Profile-of-Board-Certified-PAs5_3_24.pdf)

<sup>18</sup> Medicare Payment Advisory Commission. Report to the Congress. Medicare and the Health Care Delivery System. June 2019. [https://www.medpac.gov/wpcontent/uploads/import\\_data/scrape\\_files/docs/default-source/reports/jun19\\_medpac\\_reporttocongress\\_sec.pdf](https://www.medpac.gov/wpcontent/uploads/import_data/scrape_files/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf)

<sup>19</sup> American Academy of Physician Associates. 2024 AAPA Salary Report. 2024.

examination and ongoing competency assessment that are currently applied to physicians should be applied to PAs.

The final question of relevance is question 5, which asks how different interested parties (e.g., physicians, PAs, industry representatives, workers, and regulatory boards) may view the potential expansion of B Reader certification to non-physicians. The Academy anticipates the same antiquated opposition from physician organizations and individual physicians that arise with virtually every proposal to the remove barriers for PAs to provide care that is within their scope of practice. The arguments against it are either baseless or are from outdated views of the PA profession. However, this opposition is outweighed by the substantial evidence for the quality and safety of PA-provided care and the considerable support for PAs by policy experts, healthcare agencies, and individual physicians. In fact, a recent survey showed that 90% of physicians agree that PAs are important to enhancing care delivery. The survey also highlights strong physician confidence in the safety, effectiveness, and qualification of PAs.<sup>20</sup> Most importantly, AAPA would expect patients to view this expansion in access to high-quality care favorably. An overwhelming majority (more than 90%) of adults agree that PAs provide safe and effective healthcare.<sup>21</sup>

**In summation, AAPA urges the CDC to expand those who are eligible to take the NIOSH B Reader examination and become certified B Readers to include PAs. As evidenced above, PAs have the proven requisite education, training, and experience to serve as B Readers.**

### **Request for Update to HHS/CDC Use of the PA Profession Title**

AAPA requests that all references to PAs in regulations and policies be listed as “Physician Assistants/Physician Associates”, as recognized in 20 CFR § 220.46 (a)(9).<sup>22</sup> 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 (ARC-PA), are certified by the same

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<sup>20</sup> American Academy of Physician Associates, New AAPA Survey Shows Physician Support for PAs, available at: <https://www.aapa.org/governance/from-aapa-leaders/new-aapa-survey-shows-physician-support-for-pas/> (Feb. 21, 2025).

<sup>21</sup> Griffith, D. , The Harris Poll: Patients Agree PAs Add Value to U.S. Healthcare System, American Academy of Physician Associates, available at: <https://www.aapa.org/news-central/2023/05/the-harris-poll-patients-agree-pas-add-value-to-u-s-healthcare-system/> (May 20, 2023).

<sup>22</sup> Code of Federal Regulations: Medical evidence. 20 CFR § 220.46 . 2025. <https://public-inspection.federalregister.gov/2025-00515.pdf>



certifying organization (NCCPAs), 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. This is reflected in the title of the AAPA, other professional organizations,<sup>23</sup> professional training programs,<sup>24</sup> and state and territory laws and licensure.<sup>25</sup> Despite the recognized title of “Physician Associate,” it is anticipated to take some time 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 urges HHS/CDC to reference the profession by the dual title “physician assistant/physician associate.”

**AAPA urges HHS/CDC to properly refer to the PA profession as “physician assistants/physician associates” in all official documents.**

Thank you for the opportunity to provide comments regarding making PAs eligible to take the NIOSH B Reader examination and become certified B Readers if they successfully pass the examination. AAPA welcomes further discussion with the CDC regarding this vitally important issue. 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](mailto:sdepalma@aapa.org).

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<sup>23</sup> Several Constituent Organizations, which are independent organizations affiliated with AAPA, have reflected the title Physician Associate in their professional organization’s legal name. Examples: Connecticut Academy of Physician Associates <https://connapa.org/aboutconnapa>, Kansas Academy of Physician Associates <https://kansaspamypanetwork.com>, Academy of Physician Associates in Cardiology <https://www.cardiologypa.org>, and Association of Physician Associates in Obstetrics and Gynecology <https://apaog.wildapricot.org>.

<sup>24</sup> Several universities, which are accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), have Physician Associate Programs and graduate students in Physician Associate Studies. Examples: 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/](https://www.wichita.edu/academics/health_professions/pa/), Alvernia University, Physician Associate Program <https://www.alvernia.edu/academics/ug/bio-pa>.

<sup>25</sup> 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).

Sincerely,

A handwritten signature in black ink, featuring a large, stylized 'J' followed by 'PA-C'.

Jason Prevelige, DMSc, MBA, PA-C, DFAAPA  
President and Chair, Board of Directors