American Academy of Physician Associates

April 22, 2025

Robert F. Kennedy Jr.
Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Kennedy,

The American Academy of Physician Associates (AAPA), on behalf of the 180,000 PAs (physician assistants/physician associates) throughout the United States, extends its congratulations on your confirmation as Secretary of the U.S. Department of Health and Human Services (HHS). AAPA applauds your long-standing interest in health and wellness and we look forward to partnering with HHS to promote patient health, improve care efficiency, expand access to patient-centered affordable services, and participate in innovative approaches to improve the health of the nation.

PAs currently provide hundreds of millions of patient visits each year in every medical specialty and setting. Based on their graduate-level medical education, PAs graduate with more than 2,000 hours in clinical rotations, including experience in family medicine, internal medicine, behavioral and mental health, emergency medicine, and other specialties across the lifespan, from pediatrics to geriatrics, providing a foundation to address diverse medical needs.[1]

PAs have been demonstrated to improve access to care while providing high levels of quality and patient satisfaction similar to physicians.[2] PAs work to ensure the best possible care and outcomes for patients by promoting health, wellness, and disease prevention, while also diagnosing and treating acute and chronic diseases. The proven value of the PA profession has made it one of the fastest growing occupations per the Bureau of Labor

[11] American Academy of Physician Associates. What is a PA? https://www.aapa.org/what-is-a-pa/. Accessed January 13, 2024.
[2] Medicare Payment Advisory Commission. Report to the Congress: Medicare and the health care delivery system. https://www.medpac.gov/document/http-www-medpac-gov-docs-default-source-reportsjun19_medpac_reporttocongress_sec-pdf/. June 2019.

Statistics, with a projected 28% increase in PAs from 2023 to 2033.[3] This growth projection, along with PAs' qualifications, suggests an increased utilization of PAs will be an effective method to enhance efficient, high-quality, accessible care.

We recognize the critical challenges facing our country's healthcare delivery system. Fully utilizing the expertise and clinical skills of PAs and authorizing them to practice medicine to the full extent of their education, training, and license, will be an essential part of the continuing effort necessary to meet those challenges. As such, in order to align with the administration's publicly-stated priorities of reducing unnecessary and burdensome regulations, we wish to bring to your attention proposed revisions that would enable PAs to practice to the full extent of their license and improve the delivery of healthcare in the United States.

**Regulatory changes to promote wellness and chronic disease management.**

- **Revise 42 CFR § 410.37(f) to authorize Medicare payment for screening colonoscopies performed by PAs**. 42 CFR § 410.37(f) conflicts with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they are authorized to perform by the State. Amending the regulation to authorize payment for colonoscopies that PAs have statutory authority to perform, and for which they have been demonstrated to perform with similar outcomes as physicians, will improve screening, detection, disease prevention, and wellness.
- **Revise 42 CFR § 410.40(e)(2) to authorize PAs to certify nonemergency, scheduled, repetitive ambulance services.** 42 CFR § 410.40(e)(2) conflicts with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they are authorized to perform by the State. Further, PAs are authorized to certify non-emergency ambulance services that are unscheduled or scheduled on a non-repetitive basis. Amending this regulation will improve chronic disease management (e.g., improve access to dialysis and chronic wound care) for patients who otherwise would not be able to access care without non-emergency, scheduled, repetitive ambulance services.

**Regulatory changes to ensure access to quality post-acute care.**

- **Revise 42 CFR § 483.30 to authorize PAs to perform the initial and all required visits in a skilled nursing facility and approve in writing a recommendation that an individual be admitted to a facility.** 42 CFR § 483.30 conflicts with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide

[3] US Bureau of Labor Statistics, US Department of Labor. Occupational Outlook Handbook. Physician Assistants. 2024. https://www.bls.gov/ooh/healthcare/physician-assistants.htm.

"physicians' services" they are authorized to perform by the State. Additionally, PAs have been demonstrated to provide care that is comparable to physicians in quality, outcomes, and patient satisfaction. Amending these regulations will ensure access to quality post-acute care.

- **Revise 42 CFR § 412.29, 42 CFR § 412.622 (a)(4)(i)(D), and 42 CFR § 412.622 (a)(4)(ii)(A) to authorize PAs to provide all required face-to-face visits, review and improve the preadmission screening, and complete the plan of care in inpatient rehabilitation facilities.** These regulations conflict with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they are authorized to perform by the State. Additionally, PAs have been demonstrated to provide care that is comparable to physicians in quality, outcomes, and patient satisfaction. Amending these regulations will ensure access to quality post-acute care.

**Regulatory changes to increase efficiency, improve workforce adequacy, and reduce administrative burden.**

- **Revise 42 CFR § 418.106(b)(1)(iii) to authorize hospice-employed PAs to order medications for hospice patients.** 42 CFR § 418.106(b)(1)(iii) conflicts with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they are authorized to perform by the State. Further, non-hospice-employed PAs are authorized to order medications for hospice beneficiaries. Amending this regulation will improve efficiency and reduce administrative burden.
- **Revise 42 CFR § 485.631(b)(1)(iv) and 42 CFR § 485.631(b)(1)(v) to remove requirements that a physician periodically review and sign records of all inpatients seen by PAs in Critical Access Hospitals (CAHs).** Physician co-signature requirements are not generally required by state law and create inefficiencies and administrative burdens without benefiting patients.
- **Revise 42 CFR § 485.639(a) to authorize PAs to perform surgical procedures by including them in the list of "qualified practitioners" in CAHs.** 42 CFR § 485.639(a) conflicts with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they are authorized to perform by the State, including minor surgery. Amending this regulation will increase workforce adequacy and improve efficiency.
- **Revise 42 CFR § 485.524(d)(1) to authorize PAs to perform surgical procedures by including them in the list of "qualified practitioners" in Rural Emergency Hospitals.** 42 CFR § 485.524(d)(1) conflicts with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they

are authorized to perform by the State, including minor surgery. Amending this regulation will increase workforce adequacy and improve efficiency.

- **Revise regulations to authorize PAs to provide services in Ambulatory Surgical Centers (ASCs).**
    - **Revise 42 CFR § 416.42 to authorize PAs to perform surgical procedures by including them in the list of "qualified practitioners" in ASCs.** 42 CFR § 416.42 conflicts with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they are authorized to perform by the State, including minor surgery. Amending this regulation will increase workforce adequacy and improve efficiency.
    - **Revise 42 CFR § 416.42(a)(1)(i) and 42 CFR § 416.42(a)(1)(ii) to authorize PAs to evaluate risk in ASCs.** These regulations conflict with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they are authorized to perform by the State. Amending these regulations will increase workforce adequacy, improve efficiency, and decrease administrative burden.
    - **Revise 42 CFR § 416.48(a)(3) to authorize PAs to order drugs and biologicals in ASCs.** This regulation conflicts with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they are authorized to perform by the State, which includes prescriptive authority. Amending these regulations will increase workforce adequacy, improve efficiency, and decrease administrative burden.
    - **Revise 42 CFR § 416.52(c) to authorize PAs to perform essential discharge functions in ASCs.** This regulation conflicts with conflicts with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they are authorized to perform by the State. Amending this regulation will increase workforce adequacy, improve efficiency, and decrease administrative burden.

**Sub-regulatory changes to promote wellness and chronic disease management.**

- **Revise the National Coverage Determination (NCD) for Colorectal Cancer Screening to authorize payment for Fecal Occult Blood Tests and Blood-based Biomarker Tests for colorectal cancer screening ordered by PAs**. The NCD is in direct conflict with the statutory authority of SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they are authorized to perform by the State, 42 CFR § 410.37(b) authorizing payment of FOBT ordered by PAs, and 42 CFR § 410.32 authorizing payment for diagnostic

laboratory tests ordered by PAs. Revising the NCD will improve screening, detection, disease prevention, and wellness.

- **Revise the NCD for home blood glucose monitors to authorize PAs to certify the need for coverage.** The NCD is in direct conflict with the statutory authority of SSA Sec. Sec. 1834 for PAs to order/certify durable medical equipment. Revising the NCD will improve chronic disease management.
- **Revise Section 290 of Chapter 15 of the Medicare Benefit Policy Manual to authorize coverage of podiatry services for beneficiaries with certain metabolic, neurologic, and peripheral vascular diseases when under the care of a PA.** The current policy requires patients to have been evaluated and treated by a physician. This requirement is not based on statute. Revising the policy will improve chronic disease management.

**Sub-regulatory changes to increase efficiency, improve workforce adequacy, and reduce administrative burden.**

- **Revise Section 40.1.3.3 Chapter 9 of the Medicare Benefit Policy Manual to authorize PAs employed by a hospice to serve in the role of a patient's attending physician if an "attending physician" was not previously selected by the patient.** The current policy requires a beneficiary who does not have a physician, nurse practitioner (NP), or PA who provided primary care to them prior to or at the time of terminal illness to select an "attending physician" who is a physician or NP (but not a PA). This policy conflicts with the statutory authority of the SSA Sec 1861(dd)(3)(B) that authorizes PAs to serve as "attending physicians" for hospice and SSA Sec. 1861(s)(2)(k)(i)) for PAs to provide "physicians' services" they are authorized to perform by the State. Revising this policy will improve workforce adequacy, increase efficiency, and reduce administrative burden.
- **Revise the State Operations Manual Appendix Z to remove unnecessary physician co-signatures on discharge summaries.** The language in the manual (page 234) stating "Whether delegated or non-delegated, we would expect the person who writes the discharge summary to authenticate, date, and time their entry and additionally for delegated discharge summaries we would expect the MD/DO responsible for the patient during his/her hospital stay to co-authenticate and date the discharge summary to verify its content" should be removed. Physician co-signature requirements are not generally required by state law and create inefficiencies and administrative burdens without benefiting patients.
- **Revise Section 30.6.9.2 B and E of Chapter 12 of the Medicare Claims Processing Manual to indicate that PAs may perform and bill for hospital discharge management and death pronouncements.** Physician-

centric language should be modified to indicate that PAs can pronounce death and are authorized to bill discharge management services (CPT 99238 or 99239) to Medicare. PAs have the statutory authority in SSA Sec. 1861(s)(2)(k)(i)) to provide "physicians' services" they are authorized to perform by the State. Modifying the language will improve workforce adequacy, decrease inefficiencies, and remove administrative burden.

- **Revise Section 30.6.7 of Chapter 12 of the Medicare Claims Processing Manual and/or claims processing methods to improve the efficiency of payment for Office or Other Outpatient Evaluation and Management Services.** Medicare policy related to "new versus established patients" and "same day services", as well as all PAs being recognized by the same taxonomy on claims forms, leads to the inappropriate denials of claims and subsequent overturning of those denials through the appeals process. Policies and/or processes should be modified to improve efficiency and administrative burden.
- **Revise policies to allow for the payment of minor procedures performed by PA students under the direct supervision of a billing practitioner (e.g., a PA or physician).** There is no authorization for the payment of minor procedures (e.g., sutures, excisional biopsy, and injections) performed by PA students under the direct supervision of a licensed practitioner (after the need for the procedure is determined appropriate by a licensed practitioner) as there is for minor procedures performed by medical residents under the direct supervision of "teaching physicians". Policies should be amended to ensure appropriate training for PAs to improve workforce adequacy.

AAPA and the PA profession stand ready to work with HHS to improve the health of the patients we serve. For any questions you may have regarding the mentioned policies, please do not hesitate to contact Sondra DePalma, AAPA Vice President of Reimbursement & Professional Practice, at sdepalma@aapa.org.

Sincerely,

Lisa Gables, CPA
Chief Executive Officer