



March 26, 2018

Alex Azar, Secretary  
U.S. Department of Health and Human Services  
Office for Civil Rights  
Hubert H. Humphrey Building, Room 509F  
200 Independence Avenue SW  
Washington, DC 20201

RE: Protecting Statutory Conscience Rights in Health Care; Delegations of Authority, RIN: 0945-ZA03  
Comments

Dear Secretary Azar:

On behalf of the more than 123,000 PAs (physician assistants) throughout the United States, the American Academy of PAs (AAPA) welcomes the opportunity to submit comments to the Department of Health and Human Services (HHS) regarding the recent creation of the Conscience and Religious Freedom Division, along with the release of a rule to impose additional enforcement mechanisms with regard to federal laws that grant healthcare professionals the right to decline to participate in medical procedures to which they are opposed on moral or religious grounds.

In the proposed rule, the Office for Civil Rights (OCR) seeks to strengthen enforcement of existing statutory conscience protections for healthcare providers to protect them from being coerced into participating in activities that may violate their beliefs. The proposed rule also creates a new Conscience and Religious Freedom Division within OCR.

AAPA's policy, which is contained in its Guidelines for Ethical Conduct for the PA Profession, provides guidance on how PAs should act in situations where they believe their beliefs may be compromised, and how best to manage these beliefs in relation to a PA's obligation to provide the best possible care to their patients.

AAPA is concerned that the proposal's effort to broaden the scope of conscience objection regulations and to increase related enforcement efforts could have a negative impact on access to healthcare for patients, especially those who are most vulnerable and those who may live in rural or underserved areas. AAPA is also concerned new paperwork requirements related to "Assurance and Certification of Compliance" could be excessively burdensome to healthcare providers.

### **PA Practice**

PAs are medical professionals who manage the full scope of patient care, often serving patients with multiple comorbidities. They conduct physical exams, order and interpret tests, diagnose and treat illnesses, develop and manage treatment plans, prescribe medications, assist in surgery, and counsel

patients on preventative healthcare, and often serve as a patient’s principal healthcare professional. PAs are one of three categories of healthcare professionals, including physicians and nurse practitioners, who are authorized by law to provide primary care in the United States. In addition to primary care, PAs practice in a wide range of settings and medical specialties, improving healthcare access and quality.

### **AAPA Policy on Personal Beliefs and Patient Access to Care**

The foremost value of the PA profession is respect for the health, safety, welfare, and dignity of all human beings, which requires PAs to always act in the best interest of their patients. This concept is the foundation of the patient–PA relationship, and underpins PAs’ ethical obligation to see that each of their patients receives appropriate care.

The PA profession’s policy on nondiscrimination is as follows: “PAs should not discriminate against classes or categories of patients in the delivery of needed healthcare. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.”

Importantly, our policy also holds that, “While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their healthcare. *If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider.*” [Emphasis added.]

### **AAPA View and Recommendations**

AAPA has significant concerns about the proposed regulatory changes because they put the personal beliefs of healthcare providers above each provider’s paramount responsibility to ensure that every patient has access to care. We urge the administration to be cognizant of creating new barriers for healthcare for our most vulnerable populations, which would undermine the progress made in addressing medical disparities among these groups. Doing what is best for the patient must continue to be of utmost concern.

In promulgating the final rule and undertaking new initiatives, AAPA urges the department to work with all relevant healthcare provider groups to ensure that any actions are supported by and consistent with best healthcare practices, and that every patient has access to appropriate care.

AAPA looks forward to working with Secretary Azar, HHS and all relevant parties moving forward. Please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at 571-319-4338 or [theuer@aapa.org](mailto:theuer@aapa.org), with any questions.

Sincerely,



L. Gail Curtis, MPAS, PA-C, DFAAPA  
President and Chair of the Board