



## American Academy of PAs Legislative Priorities

PAs (physician assistants) provide high quality, cost effective medical care in virtually all health settings and in every medical and surgical specialty. PAs are one of three types of healthcare professionals, including physicians and nurse practitioners (NPs), who provide primary medical care. Studies have shown the quality of care provided by PAs is comparable to that of physicians. PAs practicing medicine today increase patient access to care, enhance care coordination, improve health outcomes, and boost patient satisfaction.

The American Academy of PAs urges the 116<sup>th</sup> Congress to support the following priorities to ensure patients have timely access to quality care and modernize the Medicare program to bring it in line with how medicine is practiced today:

- **Cosponsor S. 596 / H.R. 1052, the Physician Assistant Direct Payment Act. This bipartisan legislation would authorize PAs to receive direct payment from Medicare Part B.**

PAs deliver a wide range of high quality medical and surgical services to Medicare beneficiaries and are recognized by Medicare as eligible providers, yet PAs are the only health professionals who are authorized to bill Medicare for their services that are not able to directly receive payment. All other health professionals (e.g. physicians, advanced practice nurses, physical therapists, psychologists, podiatrists, social workers, and many others) authorized to bill Medicare are able to receive payment directly under their own name. This inability to be directly paid often leads to increased administrative burden and necessitates complex billing arrangements for hospitals, medical groups and healthcare organizations hiring and utilizing PAs.

- **Cosponsor S. 296 / H.R. 2150, the Home Health Care Planning Improvement Act. This bipartisan legislation would authorize PAs and NPs to order home health services for their Medicare patients.**

PAs and NPs are currently unable to order home health services for Medicare patients, even though they are often able to order home health services for non-Medicare patients. In many rural or medically underserved areas a PA may be the only healthcare professional on-site. The lack of authorization under the Medicare program for PAs to order and manage home health care disrupts continuity of care and may result in Medicare beneficiaries experiencing a delay or denial in accessing needed home health care. Ensuring PAs and other advanced care providers are recognized to order home healthcare for their Medicare patients will greatly increase access to needed care, as well as promote continuity of care. Additionally, the ability of PAs to conduct the required face-to-face initial home health visit promises greater efficiency and reduced costs.

- **Cosponsor S. 237 / H.R. 808, the Promoting Access to Diabetic Shoes Act. This bipartisan legislation would authorize PAs and NPs to order therapeutic shoes for diabetic Medicare patients.**

PAs serve as primary care providers for Medicare patients suffering from diabetes and routinely prescribe insulin, manage complex conditions, and order required medical equipment (e.g. insulin pumps and wheelchairs). Unfortunately, outdated Medicare law does not allow PAs to order diabetic shoes for these patients, in spite of the fact that PAs are able to perform numerous actions that are significantly more complicated than ordering therapeutic shoes, including prescribing insulin. With the aging U.S. population and increasing prevalence of diabetes, this legislation is needed to remove barriers to care for Medicare patients and allow PAs to practice to the full extent of their education and training.

- **Cosponsor H.R. 900, the ACO Assignment Improvement Act. This bipartisan legislation would assure assignment of patients treated by a PA to Medicare shared savings ACOs.**

PAs are recognized in the Medicare Shared Savings Program (MSSP) as “ACO professionals,” yet their patients cannot be assigned to an ACO as beneficiaries. This legislation will enable Medicare beneficiaries who receive their primary care from PAs and NPs to be assigned to MSSP ACOs without arbitrarily requiring the patient to see a physician. Likewise, PAs should be recognized as leaders and full participants in the design, management, and operation of patient-centered medical homes and ACOs.

- **Continue oversight of the Department of Veterans Affairs and its implementation of legislation passed during the 115<sup>th</sup> Congress.**

There are more than 2,200 PAs currently employed full-time by the VA, in addition to several hundred serving in a contractor capacity. PAs are front line healthcare providers and are frequently the main point of contact for their patients at VA medical facilities. PAs employed by the VA frequently face compensation levels that do not come close to matching what they could earn in the private sector, and are also significantly lower than other healthcare professions performing the same role within the VA.

In July of 2017 Congress passed bipartisan legislation requiring the VA to provide competitive pay to PAs working in the Veterans Health Administration. The Congressional Budget Office had estimated the VA would be able to implement these provisions by January 1, 2018, yet this implementation has still not yet occurred.

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