



American Academy of PAs Legislative Priorities

PAs (physician assistants) provide high quality, cost effective medical care in virtually all health settings, in primary care, and in every medical and surgical specialty. PAs in the United States have upwards of 400 million patient encounters annually, providing vital access to cost-effective, high quality care. Decades of data shows 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 116th 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 authorized to bill Medicare for their services that are not authorized to directly receive payment for these services. All other health professionals (e.g. physicians, nurses, physical therapists, psychologists, podiatrists, social workers, and many others) authorized to bill Medicare are authorized to receive payment directly under their own name. This inability to be directly paid often leads to increased administrative burden and necessitates unnecessarily complex billing arrangements for hospitals, medical groups and healthcare organizations hiring and utilizing PAs.

- **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 Unfortunately, outdated Medicare law does not list PAs as being authorized to order diabetic shoes for these patients, in spite of the fact that PAs are able to perform numerous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. With the aging U.S. population and increasing prevalence of diabetes, this legislation is needed to remove barriers to care for Medicare patients.

- **Cosponsor H.R. 900, the ACO Assignment Improvement Act. This bipartisan legislation would assure assignment of patients treated by a PA or an NP 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.

- **Cosponsor S. 2842 / H.R. 3911, the Increasing Access to Quality Cardiac Rehabilitation Care Act. This bipartisan legislation would authorize PAs and NPs to order cardiac and pulmonary rehabilitation services, as well as begin supervising these programs earlier than 2024, the date currently set in law.**

PAs routinely care for patients who have cardiovascular or pulmonary diseases. Authorizing PAs and other advanced practice providers to order, direct, and supervise cardiac and pulmonary rehabilitation services under Medicare would provide access to patients who might otherwise not be able to receive this care.

- **Cosponsor S. 2074 / H.R. 2482, the Mainstreaming Addiction Treatment Act. This bipartisan legislation would remove the requirement for practitioners to apply for a separate waiver to prescribe buprenorphine for opioid use disorder treatment.**

Medical professionals are currently required to obtain a DEA waiver in order to prescribe buprenorphine to treat opioid use disorder, which leads to treatment bottlenecks and a lack of providers. This waiver requirement is in place even though many medical professionals, such as PAs, can prescribe the same medication for pain without jumping through these bureaucratic, unnecessary requirements.

- **Continue oversight of the Department of Veterans Affairs and its implementation of legislation passed during the 115th 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 frontline healthcare providers, however they frequently face compensation levels at the VA that do not come close to matching what they could earn in the private sector and are often 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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