



October 29, 2015

Honorable Jonathan Woodson, MD  
Assistant Secretary  
Office of the Assistant Secretary of Defense for Health Affairs  
U.S. Department of Defense  
Room 3E1070  
1200 Defense Pentagon  
Washington, DC 20301-1200

Dear Dr. Woodson:

On behalf of the more than 104,000 nationally certified physician assistants (PAs) represented by the AAPA, I am writing to request a meeting to discuss AAPA's concerns regarding pay disparity experienced by civilian PAs, many of whom are veterans, employed in Department of Defense (DOD) medical facilities.

PAs and nurse practitioners (NPs) in the U.S. Army Medical Command (MEDCOM) perform nearly identical functions and are used in the same manner. In most cases, both PAs and NPs in MEDCOM hold masters degrees. However, it is not uncommon for NPs' compensation to exceed their civilian PA colleagues by more than \$20,000 annually in some DOD facilities where they perform the same staffing roles. It is also not uncommon for a discrepancy in pay to exist among PAs who are civilian DOD employees and PAs who are VA employees employed at a joint facility or active duty PAs.

In some cases, PAs in MEDCOM have received retention incentives and bonuses to attempt to address the salary disparity. However, bonuses and incentives do not contribute to the overall salary, resulting in significant losses in retirement compensation, nor can they be consistently relied upon to make up the salary differential.

Although some DOD medical facilities compensate civilian PAs at GS levels of 13 and 14, there are others that appear to arbitrarily cap PA positions at GS 11 and/or GS 12. For example,

- Civilian PAs at Madigan Army Medical Center continue to be classified at GS 11 and GS 12 levels, despite numerous attempts to work within the DOD Human Resources system to elevate their pay to the level of NP colleagues who are providing the same medical services at the facility;
- Likewise, civilian PAs at Walter Reed and Fort Belvoir medical facilities are frustrated by their attempts to achieve parity with their NP colleagues at the GS 13 level. At one point, the GS level of PAs at Walter Reed and Fort Belvoir was adjusted to GS 13. However, it was later retracted for administrative reasons.

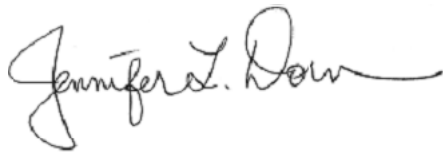
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Given the high demand for PAs and attractive compensation available to them in the private healthcare market, we believe DOD will face increasing challenges in recruiting civilian PAs into medical facilities that have not adjusted compensation for PAs to match that of NPs. In fact, we have heard of several PAs in the civilian DOD workforce who have recently left for more rewarding employment opportunities. This is unfortunate for veterans receiving care, as well as returning veterans who want to serve their fellow service members.

AAPA would like to be a resource to the DOD in resolving the PA pay disparity issue. If outdated or incorrect information on the PA profession contributes to the issue, AAPA stands ready to provide comprehensive information on PAs and their work as healthcare providers.

We request a meeting with you to discuss ways in which AAPA may assist you in addressing the pay disparity issues of PAs employed as civilians in DOD medical facilities. Please do not hesitate to have your staff contact Sandy Harding, AAPA senior director, federal advocacy, at 571-319-4338 or [sharding@aapa.org](mailto:sharding@aapa.org) to arrange a meeting.

Sincerely yours,

A handwritten signature in black ink that reads "Jennifer L. Dorn". The signature is fluid and cursive, with the first name being the most prominent.

Jennifer L. Dorn  
Chief Executive Officer