



April 3, 2020

Honorable Robert Wilkie
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

The Honorable Richard A. Stone, M.D.
Executive in Charge
Veterans Health Administration
810 Vermont Avenue NW
Washington, DC 20420

Dear Secretary Wilkie and Dr. Stone,

On behalf of the more than 140,000 PAs (physician assistants) throughout the United States and the more than 2,200 PAs currently employed full-time by the U.S. Department of Veterans Affairs (VA), the American Academy of PAs (AAPA) respectfully requests the VA take action to ensure the VA's PA workforce is empowered to practice to the top of their education, training and experience in order to respond to the ongoing COVID-19 pandemic and to also make long-term improvements to access to quality healthcare across VA facilities.

Moving expeditiously to remove physician collaboration requirements and grant full practice authority to PAs working at the VA will allow the federal government to fully mobilize these highly educated and trained providers and increase access to high-quality healthcare to the veterans who receive their care through the VA. Such a change would include PAs being considered licensed independent practitioners under the terminology used by the VA.

PAs are highly qualified medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications and often serve as a patient's principal healthcare provider. PAs work across all practice settings at the VA and are front-line healthcare providers. And they are already a significant part of the on-the-ground efforts to diagnose and treat COVID-19. PAs are an army of qualified, well-trained medical providers ready to deliver care — but they need more flexibility to step up and serve, particularly at the VA where PAs frequently treat aging patients and those with chronic or complex underlying conditions who are more susceptible to COVID-19.

Prior to the onset of the COVID-19 pandemic, numerous states were pursuing legislative changes to modernize PA practice. In 2019, North Dakota eliminated the requirement for a PA to have a written agreement with a physician to practice in most healthcare settings, and West Virginia eliminated the requirement that PAs who work in hospitals have practice agreements with specific physicians. In 2020, Maine removed the term supervision from state law and authorized a majority of PAs with more than 4,000 hours to practice without a written agreement. These efforts have gained momentum as states look at how best to respond to the current healthcare crisis. Twelve states have waived physician supervision requirements related to disasters and emergencies through prior legislation, while Maine, Michigan, New Jersey, New York, and Tennessee have waived physician supervision requirements for PAs through executive orders related to COVID-19, and more are expected to follow suit.

In July of 2019, the Indian Health Service (IHS) made significant updates to its Indian Health Service Manual which modernize PA practice within the agency, changes that will improve access to care for patients. The updates at IHS included removing requirements for supervision of PAs and specifying PAs “exercise autonomous decision-making and take full responsibility for the patient care they provide.”

Granting full practice authority to PAs working in the VA would align with efforts by President Trump to improve healthcare for all Americans, outlined in the Administration’s December 2018 report “[Reforming America’s Health Care System Through Choice and Competition](#)” and the October 2019 Executive Order (EO) titled “[Protecting and Improving Medicare for Our Nation's Seniors](#).” The 2018 competition report recommended that states “consider changes to their scope-of-practice statutes to allow all healthcare providers to practice to the top of their license, utilizing their full skill set.” The report also urged policymakers to consider “eliminating requirements for rigid collaborative practice and supervision agreements” between physicians and PAs. The 2019 EO signed by President Trump provided instructions for the Secretary of Health and Human Services to propose a regulation to eliminate burdensome regulatory billing requirements such as “supervision requirements” for providers, including PAs, that are “more stringent than applicable federal or state laws require and that limit professionals from practicing at the top of their profession.” Now more than ever, granting full practice authority and removing physician collaboration requirements within the VA will allow PAs to practice at the top of their education and training and utilize their full skill set when patients need them most.

AAPA appreciates the letter Secretary Wilkie sent to Congressman Jack Bergman (R-MI-01) last year stating that the “VA fully supports the idea of giving PAs full practice authority that would enable Veterans Health Administration PAs to practice medicine as licensed independent practitioners.” The letter also noted that granting such status to PAs would “increase Veterans’ access to care” as well as decrease burdens across the VA enterprise resulting from PAs not having full practice authority. These points are all valid during normal times; they are even more compelling as our nation’s healthcare systems struggle to respond to COVID-19.

An effectively mobilized and comprehensive COVID-19 response requires all hands on deck. In the coming weeks and months, many providers in a variety of settings and specialties will be called to serve in ways they have never been called on before. PAs are able and are ready. This, after all, is what PAs signed up to do — care for people and save lives. These are unprecedented times — getting through them will require every healthcare provider’s full attention and ability.

AAPA stands ready to assist the VA in implementing full practice authority for PAs and updating policies to help recruit and retain PAs which are necessary for the VA to live up to its mission to honor America’s veterans by providing exceptional healthcare that improves their health and well-being.

If there is a problem preventing us from working together to ensure the VA can provide better care to patients by making certain PAs are used to their full potential, we would be honored to meet and discuss it as well as answer any and all questions pertaining to PA practice, education and clinical training.

Should you have any questions or require additional information, please do not hesitate to reach out to Tate Heuer, AAPA Vice President, Federal Advocacy, at 571-319-4338 or at theuer@aapa.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Mittman", with a long horizontal flourish extending to the right.

David E. Mittman, PA, DFAAPA
President and Chair of the Board