



June 26, 2020

Committee on Health, Education, Labor and Pensions  
U.S. Senate  
Washington, DC 20510

From: American Academy of PAs

Re: Response to the Senate Committee on Health, Education, Labor and Pensions Request for Information on  
“Preparing for the Next Pandemic”

The American Academy of PAs (AAPA), on behalf of more than 140,000 PAs (physician assistants) throughout the United States, appreciates the opportunity to provide comments to the Senate Committee on Health, Education, Labor and Pensions regarding our nation preparing for the next pandemic.

PAs, along with physicians and advanced practice registered nurses, provide services to Medicare and Medicaid beneficiaries in all 50 states and the District of Columbia. PAs are medical professionals who conduct physical exams, order and interpret tests, diagnose illness, develop and manage treatment plans, prescribe medications, assist in surgery, and counsel on preventative healthcare. PAs often serve as a patient’s principal healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

Ensuring there are no federal barriers to PAs practicing to the full extent of their education and training, and ensuring they are fully included in all appropriate healthcare programs, will improve our response to both future pandemics and the current COVID-19 pandemic.

### **Protecting our Nation’s Healthcare Workforce**

First and foremost, AAPA calls on Congress to prioritize the safety of our nation’s healthcare workforce by taking steps to ensure there is an adequate strategic stockpile and U.S. manufacturing capacity for personal protective equipment (PPE), as well as the ability to rapidly stand up testing capacity for patients and healthcare workers delivering care in and outside the hospital setting. According to the Centers for Disease Control (CDC), healthcare workers make up a significant percentage of all COVID-19 cases, which demonstrates the need to ensure these essential workers have access to lifesaving protective equipment. In order to guarantee our healthcare system is able to provide treatment during a future pandemic or other emergency, we must protect those who protect us.

### **Telehealth**

AAPA fully supports the expansion of telehealth services and the advancement of telehealth technology. Expanding the availability of telehealth services to patients will improve access to cost-effective, quality healthcare. During health emergencies, such as a pandemic, access to telehealth becomes more critical, cutting down on unnecessary travel and in-person interactions for health services that can be handled remotely.

AAPA encourages the full inclusion of PAs as eligible providers of telehealth services to ensure the greatest possible access as telehealth expands and its usage by patients and facilities grows. Properly including PAs in the expansion of telehealth services will help these programs to meet the objectives of improving patient outcomes and expanding access to care, while lowering the spread of disease.

Authorizing PAs to practice telehealth to the full extent of their training and experience will also make more cost-effective healthcare options available to patients, the healthcare system, and federal programs, including Medicare. PAs have consistently demonstrated the ability to provide cost-effective care with similar outcomes to other comparable providers.

AAPA also requests that telehealth services be reimbursed at a rate that encourages their continued adoption and utilization.

AAPA also urges Congress to pass the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (S. 2741/H.R. 4932), in order to improve access to telehealth. The CONNECT Act would expand the use of telehealth and remote patient monitoring services in Medicare toward the goal of cost savings and quality care, of particular importance during the time of COVID-19 as we seek to limit exposure and transmission and make the best use of our healthcare workforce and PPE.

### **Removing Barriers to Practice**

Congress should encourage or incentivize states to remove unnecessary practice barriers that limit a PA's ability to deliver essential healthcare services that are within their scope. The Departments of Health and Human Services, Treasury and Labor, along with the Federal Trade Commission and other administration stakeholders, issued a report in December 2018 entitled *Reforming America's Healthcare System Through Choice and Competition*, which suggests that, in order to develop a better functioning healthcare market and improve the health of Americans, states should consider eliminating requirements for rigid collaborative practice and supervision agreements between physicians and PAs, and statutes and rules that unnecessarily limit services PAs and other professionals can offer.

Encouraging states to remove unnecessary and burdensome restrictions will reduce legal, administrative, and financial barriers to PA practice, increasing opportunities for PAs and physicians to engage in direct patient care. Examples of restrictive requirements at the state level may which limit PA practice include requiring a PA to have an agreement with a supervising physician, restricting the scope of a PA's practice to that of his or her supervising physician, imposing geographic proximity requirements to a supervising physician, or adding administrative burdens, such as outdated physician co-signature requirements. Some state supervisory agreements currently leave a PA susceptible to temporary interruption of clinical practice for routine scenarios such as a supervisory physician's illness, retirement, or other absence, scenarios that would be increasingly likely during a pandemic.

Further, removal of these barriers would expand opportunities for PAs to engage in telehealth practice, thereby increasing the number of healthcare providers available to reach patients in rural and underserved areas. Currently, many telehealth companies do not hire PAs due to the burdensome supervisory requirements which vary from state-to-state and increase costs and red tape for such companies.

AAPA also strongly recommends the federal government immediately institute permanent full-practice authority for all PAs working at all federal agencies that operate under a federal scope of practice. Due to the nature of the COVID-19 crisis, the pressing need to effectively utilize our healthcare workforce is particularly acute at the Department of Veterans Affairs (VA) and the Bureau of Prisons (BOP). More than 6,000 VA patients have been diagnosed with COVID-19, and more than 2,000 VA healthcare workers have gotten the coronavirus, with 20 deaths. Given the impact of COVID-19 on the federal workforce, there is a need to make certain PAs are fully utilized within the VA and BOP systems. AAPA specifically recommends Congress pass legislation providing full-practice authority for all federally employed PAs. This action will ensure PAs can be fully utilized to set up emergency response centers, streamline care, provide increased access, and allow the VA to meet its fifth mission of taking care of overflow patients from civilian hospitals.

AAPA also encourages the Committee and Congress to encourage states to ensure greater state license portability for PAs, which would ease the lengthy and complicated current process of obtaining licenses to practice in multiple states. The task of obtaining licenses in multiple states is frequently prohibitive and the task is arduous, often taking several months or longer to complete. The ability of PAs to more efficiently obtain licensure in multiple states would allow for greater flexibility in future pandemics.

### **Existing Legislation**

AAPA encourages Congress to pass the Physician Assistant Direct Payment Act (S. 596 / HR 1052), legislation which would authorize PAs to receive direct reimbursement from Medicare Part B. PAs are the only health professionals who are authorized to bill Medicare for their services, but are not authorized to receive direct payment for those services. The inability to be directly paid often leads to additional administrative burdens for hospitals, medical groups and healthcare organizations utilizing PAs when the facility does not directly employ medical providers who deliver care at the facility. Removing this barrier to practice would allow for greater utilization of PAs during a pandemic.

AAPA also urges Congress to pass the Cardiac and Pulmonary Rehabilitation and Care Act (S. 2842, HR 3911). This bipartisan legislation would authorize PAs and NPs to order cardiac and pulmonary rehabilitation services; it would also authorize PAs and NPs to begin supervising these programs earlier than 2024, the date currently set in law. COVID-19 demands that we take steps to increase the capacity to provide these services and minimize unnecessary additional patient visits to a physician to receive authorization, resulting in a more efficient healthcare workforce. For the current pandemic, early research indicates many COVID-19 patients may face lasting heart and lung problems, necessitating greater utilization of cardiac and pulmonary rehabilitation programs.

AAPA urges Congress to pass the Promoting Access to Diabetic Shoes Act (S. 237, HR 808) as soon as possible. This bipartisan bill would authorize PAs to order diabetic shoes for Medicare patients, which they are currently unauthorized to do despite being authorized to provide care to diabetic patients that is significantly more complicated. This would eliminate unnecessary paperwork and the cost of an additional physician visit while also removing a barrier for diabetic Medicare patients to receive a low-cost preventative diabetic shoe, limiting the potential for more costly, dangerous conditions such as foot ulcers, diabetic neuropathy or amputations. Diabetic patients frequently suffer from multiple comorbidities, making them more vulnerable during a pandemic.

Thank you for the opportunity to provide comments on the upcoming white paper. Ensuring that PAs, a rapidly expanding part of the healthcare workforce, are properly included and able to practice to the full extent of their education and training in federal legislation will pay dividends in the future when responding to a health crisis.

AAPA looks forward to working with the Committee and Congress as we move forward with improving our nation's healthcare system and making preparations for future pandemics. 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,

Tillie Fowler  
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