November 13, 2015

Honorable Beth E. Cobert  
Acting Director  
U.S. Office of Personnel Management  
Room 5A09  
Theodore Roosevelt Federal Building  
1900 E Street, NW  
Washington, DC 20415-0001

Dear Ms. Cobert:

On behalf of the more than 104,000 nationally certified PAs represented by the AAPA, I am writing to request a meeting to discuss Office of Personnel Management (OPM) policy governing the employment of approximately 6,000 PAs in the federal government. AAPA and our members are particularly concerned that:

- **The Qualification Standard for the Physician Assistant Series GS-603 does not accurately reflect the educational preparation and qualifications of PAs.** Unfortunately, a draft qualification standard dated September 2015, which is currently circulating among federal agencies, appears to be the original 1977 qualification standard for PAs. It not only includes an incorrect title for the profession, “Physician’s [sic] Assistant” (an error that OPM corrected in 2008), but also contains egregiously incorrect information about the PA profession. The OPM qualification standard must be updated to reflect the autonomous and complex clinical decision making employed by PAs in federal service and in private sector positions throughout the nation. The outdated and erroneous OPM qualification standard continues to be used as rationale for the low GS ratings of PAs employed as civilians in several large DOD medical facilities, and makes it difficult for the federal government to improve patient access by employing PAs to deliver high quality, cost-effective medical care.

- **PAs employed by the federal government continue to lack a classification standard.** Although it may have been understandable for OPM to apply a nursing classification standard for PAs when the profession was newly formed, the PA profession will soon celebrate its 50th anniversary and is well known and utilized within the private healthcare marketplace. PAs are not nurses and do not practice nursing; PAs are trained in the medical model and practice medicine. Without a classification standard specifically designed for the PA profession, federal agencies lack guidance in how to develop and evaluate PA positions, including how to assign appropriate grade and pay systems.

- **All Federal agencies do not have direct hire authority for PAs.** The lack of direct hire authority, similar to that provided for other healthcare professionals, has limited the number of
PAs who can be hired, and unduly harms the government’s ability to provide high quality, cost-effective medical care. For example, the approximately 40 PAs employed by the National Institutes of Health (NIH) are largely limited to research roles, and are not hired through direct hire authority, as is used for physicians, nurses, and dentists hired by NIH. When AAPA inquired about these practices, the response from the NIH Office of Human Resources was, “Unfortunately OPM has not granted NIH with Direct Hire Authority for physician assistants.” OPM should provide direct hire authority for PAs to NIH and any other federal agency employing PAs.

Over the years, federal agencies have employed numerous tactics to reward PAs because traditional avenues are unavailable due to OPM’s lack of reliable PA qualification and classification standards. As a result, there is no consistency in how PAs are compensated across federal agencies. In joint Department of Defense (DOD)/Veterans Affairs (VA) medical facilities, it is not uncommon to see active duty PAs, civilian DOD PAs, and VA PAs all performing the same medical care at three different rates of compensation. The PA compensation issue becomes further complicated when comparing the pay of PAs and nurse practitioners (NPs) at the facilities. PAs and NPs are most often used interchangeably; however the NP may be compensated at an annual rate of $20,000 above the PA for the same work.

The antiquated OPM standards for federally employed PAs pose significant challenges for federal agencies interested in recruiting and retaining a PA workforce. The standards also result in a disservice to federally employed PAs, many of whom are veterans. AAPA would be pleased to serve as a resource to OPM in developing qualification and classification standards for the PA profession that accurately reflect the role and value of PAs. AAPA stands ready to provide comprehensive, up-to-date information on this dynamic and well-respected healthcare profession, and we look forward to meeting with you to discuss these matters.

Please ask your staff to contact Sandy Harding, AAPA Senior Director, Federal Advocacy, at 571-319-4338 or sharding@aapa.org to arrange a meeting at your earliest convenience.

Sincerely yours,

Jennifer L. Dorn
Chief Executive Officer