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January 17, 2020

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The Honorable Seema Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Submitted electronically to PatientsOverPaperwork@cms.hhs.gov

Re: Scope of Practice

Dear Administrator Verma,

On behalf of the more than 9,000 physiatrists of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), we greatly appreciate the opportunity to provide feedback addressing the scope of practice considerations raised in the President’s Executive Order (EO) #13890 on Protecting and Improving Medicare for Our Nation’s Seniors. AAPM&R is the national medical specialty organization representing physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disability and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life.

AAPM&R previously submitted comments on the CY 2020 Physician Fee Schedule proposed rule addressing scope of practice considerations. We also noticed CMS’s acknowledgement of the comments submitted to the 2019 Request for Information (RFI) on Reducing Administrative Burden, to which AAPM&R did submit comment. We appreciate CMS’s consideration of those comments and the following comments as well.

The EO mandates HHS to propose several reforms to the Medicare program, including ones that eliminate supervision and licensure requirements for professionals, such as Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs), of the Medicare program that are more stringent than other applicable federal or state laws and that limit such professionals from practicing at the top of their profession. CMS, through regulatory changes in the Physician Fee





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Schedule, has already redefined the physician supervision requirement for PA services.

AAPM&R objected to the CMS change, which does not provide for adequate oversight of PAs and which we believe is not in the best interest of patient care. Similarly, AAPM&R opposes the above directive of the EO and discourages CMS from further weakening the current Medicare supervision requirements of nonphysician professionals, which are critical safeguards for patient health and safety.

AAPM&R considers PAs and APRNs to be a vital part of the caregiving team. However, we strongly oppose the independent practice of advanced practice providers (APPs) in the provision of rehabilitation care or the broader practice of medicine. We are concerned that further changes to eliminate Medicare supervision and licensure requirements would dynamically impact the widely adopted team-based approach to health care, and more specifically physical and rehabilitation medicine, and move PAs and APRNs one step closer towards independent practice. It is our firm belief that this shift increases patient safety concerns. Team-based care has a proven track record of success in improving the quality of patient care, reducing costs, and allowing all health care professionals to spend more time with their patients.

We also note that there is a significant disparity in the education and training that exist between physicians and PAs and APRNs, with many physicians spending over 11 years in medical training and more than 10,000 hours of clinical experience in order to ensure they are properly trained and educated to diagnose and treat patients. The skills, knowledge, and abilities of PAs and APRNs and physicians are not equivalent, and it is this difference that makes physicians uniquely qualified to lead the health care team. Indeed, appropriate physician oversight is necessary to promote high quality patient care and safety.

Before imposing broad changes to Medicare's supervision and licensure requirements, we encourage the Administration to carefully review and consider fact-based resources, including a thorough review of the vast differences in education and training of nonphysician health care professionals relative to physicians and the impact on the overall cost and quality of care.

Thank you for the opportunity to comment on this important issue. If the Academy can be of further assistance to you on this or any other topic, please contact Reva Singh at 847-737-6030 or by email at rsingh@aapmr.org for further information.

Sincerely,

aaPM&R

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A handwritten signature in black ink, appearing to read "Thiru Annaswamy". The signature is fluid and cursive, with a large, stylized final flourish.

Thiru Annaswamy, MD, MA, FAAPMR
Chair, Quality, Practice, Policy & Research Committee