

AAPA: HR 1052 | Physician Assistant Direct Payment Act

ALEXANDRIA, Va. (Feb. 7, 2019)-Today, the American Academy of PAs (AAPA), the professional organization representing more than 131,000 PAs (physician assistants) across the country, applauds members of the U.S. House of Representatives, Terri Sewell (D-AL) and Adrian Smith (R-NE), for introducing H.R. 1052, the Physician Assistant Direct Payment Act, to authorize PAs to receive direct payment under Medicare.

Currently, PAs are the only health professionals who are authorized to bill Medicare for their services but are not able to receive direct payment. Medicare permits all health professionals-physicians, advanced practice registered nurses (APRNs), physical therapists, psychologists, podiatrists, social workers, and others-to receive direct payment under their own name and National Provider Identifier number.

When PAs cannot be paid directly by Medicare, they are unable to reassign their payments in a manner similar to physicians and APRNs. The inability to be paid directly further hinders PAs from fully participating in the increasing number of innovative value-based payment arrangements and emerging models of healthcare delivery. For example, the restriction means PAs are often unable to work for healthcare staffing companies or group practices, which are increasingly used by hospitals to deliver care, because they cannot reassign their Medicare payments to their employer.

"When enacted, this legislation will improve access to care for patients. By removing unnecessary administrative burdens and restrictions, it will enhance the ability of PAs to bring their proven clinical competence and skill sets to patients in need," said Jonathan E. Sobel, DMSc, MBA, PA-C, DFAAPA, FAPACVS, president and chair of the AAPA Board of Directors. "We look forward to continue working with Congresswoman Sewell and Congressman Smith to improve access to healthcare."

"Our country is facing a significant shortage of healthcare providers, and this needed legislation will help ensure that PAs are a part of the solution" Sobel continued. According to the U.S. Bureau of Labor Statistics, the number of PAs is expected to increase by 37 percent from 2016 to 2026.

Enactment of this legislation will not change how PAs currently practice and it will not change PA scope of practice.

HCA Update: WSMA seeks delay in potentially burdensome HCA change to home health and DME orders

The WSMA is seeking to delay the Jan. 1 effective date of a new state Health Care Authority Apple Health (Medicaid) policy regarding home health services and durable medical equipment that threatens to increase the administrative burden on physicians.

As reported in the [Nov. 28 Membership Memo](#), the HCA has amended its rules for home health services and medical equipment to align with federal law. Under the new policy,

starting Jan. 1, only physicians will be authorized to order home health services and medical equipment for Apple Health patients—advance registered nurse practitioners and physician assistants wishing to place a home health or DME order will be required to have a physician's signature.

WSMA's concerns over these changes are essentially twofold:

- A requirement to have physicians review home health and DME orders by ARNPs and PAs to confirm medical necessity is administratively burdensome, adding more tasks for busy physicians to absorb, even if there is a mechanism whereby physicians can bill for that activity. This requirement impedes the delivery of care and appears contrary to the spirit of the current administration's "[Patients Over Paperwork](#)" initiative.
- The requirement does not appear to address the reality that here in Washington, ARNPs have independent practice authority, and in many practice settings, ARNPs in independent practice have little or no oversight by a physician and therefore are not positioned to comply with this requirement.

The WSMA is seeking an opportunity with HCA leadership to, at least, forestall temporarily the Jan. 1 implementation of these policy changes. This would allow time to explore with both the Centers for Medicare & Medicaid Services and the HCA the feasibility of addressing these two concerns in a more reasoned manner and timeframe, particularly in view of the holiday period when communications among parties will be impeded by vacation schedules.

We will keep you apprised of further developments.

**NEW: January 29, 2019 | State of Washington Health Care
Authority Clarification on Home Health Services**