

# American Academy of PAs

## 119th Congress – Legislative Priorities



Physician associates/assistants (PAs) are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and are often a patient's principal healthcare provider. PAs are highly trained professionals with thousands of hours of medical education and training who practice in every specialty and setting and in all 50 states, the District of Columbia, U.S. territories, and in the uniformed services. PAs are trusted healthcare professionals dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. AAPA prioritizes and strongly supports legislation that promotes and improves patient choice, healthcare quality, access to care, and favorable outcomes for patients across the nation.

**On behalf of approximately 190,000 PAs throughout the United States, AAPA urges Congress to support and cosponsor the following priorities on behalf of PAs and their patients:**

- **Improving Access to Workers' Compensation for Injured Federal Workers Act (H.R. 3170)**. This bipartisan legislation would modernize the Federal Employees' Compensation Act (FECA) to cover services provided to injured federal workers by PAs and nurse practitioners (NPs). Currently, federal employees are unable to receive treatment from PAs and NPs for care provided through FECA following injuries sustained on the job. This overly burdensome and outdated restriction has no basis in best medical practice, increases costs unnecessarily, and limits access to healthcare for federal employees. H.R. 3170 would correct this unreasonable restriction for federal employees while also saving money for the federal government. The bill was introduced by Tim Walberg (R-MI) and Joe Courtney (D-CT).
- **Promoting Access to Diabetic Shoes Act (H.R. 1616/S.1805)**. This bipartisan legislation would modernize Medicare policy to authorize PAs and NPs to certify a Medicare patient's need for diabetic shoes. Outdated and restrictive statute language prevents PAs from ordering diabetic shoes for their patients – an unnecessary restriction that disrupts access to a simple and effective treatment option for Medicare patients with diabetes. The bill was introduced by Reps. Darin LaHood (R-IL) and Nanette Barragan, (D-CA) in the House and Senators Susan Collins (R-ME) and Jeanne Shaheen (D-NH) in the Senate.
- **Increasing Access to Quality Cardiac Rehabilitation Care Act (H.R. 6894/S. 717)**. This bipartisan legislation would authorize PAs and NPs to order cardiovascular and pulmonary rehabilitation (CR/PR) services for Medicare patients in a manner consistent with state law. Currently, policy arbitrarily restricts PAs, is outdated, and reduces access to essential CR/PR services, particularly in physician shortage areas, leading to increased hospital readmissions. This increases healthcare costs. Authorizing PAs to order this type of care when it is first needed would provide access for patients who might otherwise not be able to receive it during a time of acute need for these services. CR/PR services are offered through medically directed and supervised programs designed to improve a patient's physical, psychological, and social functioning. The bill was introduced by Reps. Terri Sewell (D-AL) and Adrian Smith (R-NE) in the House, and Sens. Shelley Moore-Capito (R-WV) and Amy Klobuchar (D-MN) in the Senate.



- **More Behavioral Health Providers Act (S. 683)**. This bipartisan legislation would enhance reimbursement for non-MD/DO providers who offer services in health provider shortage areas and increase access to care for all communities. The bill extends a 10% add on payment that is currently available only to physicians, ensuring that an important incentive to provide care in underserved areas is available to an increased number of providers at a time when mental health disorder diagnoses are increasing. The bill was introduced by Sens. Gary Peters (D-MI) and Steve Daines (R-MT).

- **Modernizing Rural PA and NP Utilization Act (H.R. 5199)**. This bipartisan legislation removes outdated Federal regulation that restricts physician associate/physician assistant (PA) and nurse practitioner (NP) practice and access to care for patients at Rural Health Centers (RHCs), even when state law is more flexible. Currently, when states recognize optimal team practice for PAs that unlocks the full potential of the profession to ensure patients in all communities have access to timely, affordable, and high-quality care, Federal law prevents PAs and NPs who work at RHCs from practicing independently. H.R. 5199 would improve access to care for Americans in rural areas by removing this burdensome Federal barrier. The bill was introduced by Reps. Tracey Mann (R-KS) and Jill Tokuda (D-HI).

- **States Handling Access to Reciprocity for Employment (SHARE) Act (H.R. 2332)**. This bipartisan legislation facilitates sharing FBI background checks for interstate licensure compacts. Currently, it is unclear whether the FBI is allowed to share background checks across state lines, putting red tape between health care providers and access to care for patients. The SHARE Act would ensure that states adopting the PA Licensure Compact and other interstate compacts do not face unnecessary administrative burdens as professionals seek to practice across state lines. The SHARE Act was introduced by Reps. Tracey Mann (R-KS) and Joe Neguse (D-CO).

- **Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (S. 1261)**. This bipartisan legislation would expand coverage of telehealth services through Medicare, make COVID-19 telehealth flexibilities permanent, and expand access to telehealth by allowing more health care providers to utilize telehealth. The CONNECT for Health Act was introduced by a group of Senators led by Sens. Schatz (D-HI) and Wicker (R-MS).

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