



January 14, 2026

The Honorable Abe Sutton  
Director of the Center for Medicare and Medicaid Innovation (CMMI)  
Centers for Medicare & Medicaid Services (CMS)  
200 Independence Ave., S.W.  
Washington, DC 20001

CC: Chris Klomp, Director of Medicare and Deputy Administrator of CMS; Gary Bacher, Chief Strategy Officer, CMMI

Dear Director Sutton,

On behalf of the American Academy of Physician Associates (AAPA), thank you for your commitment to expanding access to high-quality, technology-enabled care and chronic disease management and prevention. We appreciate the Innovation Center's efforts to modernize care delivery and accelerate the transition to value-based payment models.

AAPA applauds the launch of models that strengthen chronic disease management and technology-supported care – such as the Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) Model, and the announcement that future Accountable Care Organization (ACO) models such as the Long-term Enhanced ACO Design (LEAD) Model aim to better support healthcare providers and expand participation in ACOs, including through benefit enhancements like broader access to Medical Nutrition Therapy (MNT). These efforts reflect our shared commitment to improving outcomes, supporting prevention, and enabling providers to deliver care efficiently across settings. We strongly support CMS's work to reduce barriers to participation in alternative payment models.

CMS has appropriately emphasized that allowing providers to practice at the top of their license is essential to increasing health care supply – particularly in rural and underserved areas.<sup>1</sup> CMS's implementation of the Rural Health Transformation (RHT) Program, for example, recognizes modernized practice environments for PAs and workforce flexibility as drivers of access to high-quality care in rural areas. Continuing to advance federal policy to ensure PAs can work to the top of their license further advances our shared goals while improving cost-effectiveness.

Federal policy has long supported removing unnecessary barriers to PA practice. During President Trump's first term, *Reforming America's Healthcare System Through Choice and Competition* – authored jointly by HHS, Treasury, and Labor – recommended eliminating rigid supervision and collaboration requirements to improve

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<sup>1</sup> Centers for Medicare & Medicaid Services (CMS). *Rural Health Transformation (RHT) Program Overview*. Retrieved from <https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>.

overall health system capacity and enhance competition.<sup>2</sup> These recommendations reflect substantial evidence that PAs deliver high-quality care comparable to that provided by physicians.

As CMS refines existing Innovation Center models and plans future models, AAPA urges the agency to explicitly recognize and adopt policies and model designs that ensure PAs can be full participants. Attribution methodologies, benefit enhancements, and participation requirements should be designed to reflect current PA practice and maximize access for beneficiaries. Promoting optimal PA and workforce policies will improve Innovation Center models and patient outcomes while advancing strategic pillars of evidence-based prevention, patient empowerment and competition and choice.

AAPA has additional recommendations for CMMI to develop models to promote value-based care.

## **Recommendations for Innovation Center Models**

### ***1. Modernize assignment methodologies***

CMS and the Innovation Center should ensure assignment rules do not exclude PAs when they provide the plurality of primary care services in ACO-type models. For example, current Medicare Shared Savings Program (MSSP) claims-based attribution requires an initial physician visit – even when a PA functions as the beneficiary’s principal primary care provider. Future models should permit attribution based on PA-delivered primary care. We also urge CMS to engage Congress on statutory barriers, including support for the ACO Assignment Act, which would modernize MSSP assignment methodology.<sup>3</sup> Expanded use and clearer communication regarding voluntary alignment would also further improve assignment accuracy.

### ***2. Expand benefit enhancements for prevention and chronic disease management***

The Innovation Center should continue building on waivers and benefit enhancements (e.g., waivers for diabetic shoes, cardiac and pulmonary rehabilitation, home infusion therapy, medical nutrition therapy, and hospice certification) to increase provider flexibility, improve care coordination, and expand access to evidence-based care. Many of these benefit enhancements address barriers to care, which AAPA has identified as needing a permanent statutory or regulatory fix (see full list in appendix). In the interim, we urge CMS to consider how to address these in its model design as it moves toward permanency. Some additional benefit enhancements we believe are salient for inclusion in future models, aimed at increasing access to chronic disease management, prevention, and wellness are:

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<sup>2</sup> U.S. Department of Health and Human Services, Department of the Treasury, and Department of Labor. *Reforming America's Healthcare System Through Choice and Competition*. Retrieved from <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>.

<sup>3</sup> U.S. Senator John Barrasso. *Barrasso, Whitehouse Introduce Legislation to Expand Access to Quality-Driven Health Care*. Retrieved from <https://www.barrasso.senate.gov/barrasso-whitehouse-introduce-legislation-to-expand-access-to-quality-driven-health-care/>.

- **Allowing medical nutrition therapy (MNT) to be ordered/certified by the most appropriate provider.** Medicare only covers MNT if it is ordered/certified by a physician.
- **Allowing medication therapy management (MTM) by the most appropriate provider.** PAs (and NPs) may perform MTM services in Medicare, but an MTM Program must be developed with pharmacists and physicians.
- **Optimizing supervision requirements for staff performing components of the Annual Wellness Visit (AWV).** PAs (and NPs) can perform AWVs but cannot supervise medical professionals/staff performing AWVs.
- **Allowing PAs and NPs to perform colonoscopies.** Medicare only covers colonoscopies performed by a physician.

CMS data show only 63% of Medicare beneficiaries received an AWV in 2024, dropping to 56.4% in non-metro areas.<sup>4</sup> Expanding the provider workforce eligible to deliver preventive services is essential to closing these gaps. Similarly, Medicare’s continued limitation on payment for colonoscopies performed only by physicians conflicts with statutory authority and ignores evidence demonstrating that PA-performed colonoscopies achieve comparable outcomes while improving screening and early detection.<sup>56</sup>

*See attached a full list of federal PA barriers to be considered for future benefit enhancements.*

### ***3. Ensure specialty participation requirements are inclusive of PAs***

Where models rely on specialty codes, the Innovation Center should ensure requirements do not unintentionally exclude PAs. Because Medicare systems do not assign specialty codes to non-physician providers, CMS should permit secondary specialty designations or attestation pathways for PAs participating in specialty-focused models (e.g., the Ambulatory Specialty Model).

### ***4. Test waivers of supervision and “incident to” requirements***

In states that have eliminated physician supervision requirements, the Innovation Center could test waiving federal supervision and “incident to” billing requirements within models. Limiting these flexibilities to states with

<sup>4</sup> Centers for Medicare & Medicaid Services. (2024). Use of preventive care services among Medicare beneficiaries: Early release public use file. Retrieved from <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-tables/2024-use-preventive-care-services-among-medicare-beneficiaries-early-release-puf>.

<sup>5</sup> Centers for Medicare & Medicaid Services (CMS). *Medicare Claims Processing Manual, Chapter 18 – Preventive and Screening Services*. Retrieved from <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c18pdf.pdf>.

<sup>6</sup> Walker, A. T., et al. *Performance of Physician Assistants in Screening Colonoscopy: A Comparative Study*. PubMed. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32217907/>.

modernized practice laws would respect state authority while aligning federal payment policy with contemporary practice and improving team-based care.

### ***5. Strengthen rural access through targeted payment policy***

The Innovation Center should also continue to remove barriers to PA practice in rural and underserved areas, such as through:

- Extending the Health Professional Shortage Area (HPSA) payment bonus to PAs, and
- Considering targeted incentives or enhanced payment rates for providers delivering primary care in rural or underserved communities.

Expanded utilization of PAs not only increases access to high-quality providers but supports cost-effective care delivery. Medicare reimburses PA services at 85% of the physician rate for equivalent services, and multiple studies demonstrate that PA-provided care yields outcomes comparable to physician-provided care.

We appreciate your partnership and welcome the opportunity to discuss these recommendations. Please contact Sondra DePalma, AAPA Vice President of Reimbursement & Professional Practice, at [sdepalma@aapa.org](mailto:sdepalma@aapa.org).

Sincerely,



Sondra M. DePalma, D.H.Sc., PA-C

Vice President, Reimbursement and Professional Practice

## Federal PA Barriers

Issue	Description	Level of Barrier	Statute, Regulation, or Policy
ACO Attribution	Patients treated by an ACO physician, but not an ACO PA (or NP), are automatically attributed to the ACO through the claims process.	Statutory	<a href="https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-425/subpart-E/section-425.402">https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-425/subpart-E/section-425.402</a>
Annual Wellness Visit	PAs (and NPs) can perform AWVs but cannot supervise medical professionals/ staff performing AWVs (direct supervision of a physician is required).	Statutory	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1861.htm">https://www.ssa.gov/OP_Home/ssact/title18/1861.htm</a>
ASC Limitations	Several limitations on PAs (and NPs), including surgical procedures and administrative burdens.	Regulatory	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_1_ambulatory.pdf">eCFR :: 42 CFR Part 416 Subpart C -- Specific Conditions for Coverage</a>  <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_1_ambulatory.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_1_ambulatory.pdf</a>
Blood Products - Emergency Use Of, Infusions, and Therapeutic Bleedings	<p>A physician must sign (before or after) for the emergency release of blood (when there is no time to for compatibility testing).</p> <p>Leukocyte and platelet transfusion for a specific donor must be ordered and supervised by a physician.</p>	Regulatory	<a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-606/subpart-I/section-606.160">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-606/subpart-I/section-606.160</a>

	Therapeutic bleedings must be ordered by physicians.		
Cardiac and Pulmonary Rehab	PAs (and NPs) may supervise but not order/refer patients to cardiac and pulmonary rehab.	Statutory (Policy Interpretation of Statute)	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1861.htm">https://www.ssa.gov/OP_Home/ssact/title18/1861.htm</a>
Colonoscopy	Medicare will only cover colonoscopies performed by a physician.	Policy	<a href="https://www.cms.gov/regulation-s-and-guidance/guidance/manuals/downloads/clm104c18pdf.pdf">https://www.cms.gov/regulation-s-and-guidance/guidance/manuals/downloads/clm104c18pdf.pdf</a>
Colorectal Cancer Screening	Medicare indicates payment will only be made for Fecal Occult Blood Tests (FOBT) and Blood-based Biomarker Tests upon the order of a physician, but this contradicts the CFR.	Policy	<a href="https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCIDid=281">https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCIDid=281</a>  <a href="https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.37#p-410.37(f)">https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.37#p-410.37(f)</a>
Critical Access Hospital - Physician Co-signature	Medicare requires a physician to sign all inpatient records of PAs (and NPs) at a CAH.	Regulatory Interpretation of Statute	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf</a>
Critical Access Hospital - Physician Presence	Medicare requires a physician to provide some onsite presence at a CAH.	Regulatory Interpretation of Statute	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf</a>

Critical Access Hospital - Surgical Services	PAs (and NPs) are not expressly authorized to perform surgical procedures, perform "anesthetic risk evaluation" or required evaluation of proper anesthesia recovery in CAHs.	Regulatory	<a href="https://www.law.cornell.edu/cfr/text/42/485.639">https://www.law.cornell.edu/cfr/text/42/485.639</a>
End-Stage Renal Disease	Several provisions and requirements can only be met by a physician.	Statutory	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1881.htm">https://www.ssa.gov/OP_Home/ssact/title18/1881.htm</a>  <a href="https://www.govinfo.gov/content/pkg/CFR-1996-title42-vol2/pdf/CFR-1996-title42-vol2-sec405-2138.pdf">https://www.govinfo.gov/content/pkg/CFR-1996-title42-vol2/pdf/CFR-1996-title42-vol2-sec405-2138.pdf</a>  <a href="https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2269cp.pdf">https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2269cp.pdf</a>
EMTALA - On-Call	PAs (and NPs) may not take primary call for emergency patients.	Regulatory Interpretation of Statute	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_v_emerg.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_v_emerg.pdf</a>
EMTALA - Certification of Transfer		Statutory	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1867.htm#t">https://www.ssa.gov/OP_Home/ssact/title18/1867.htm#t</a>
Glucose Monitors	Glucose monitors require physician documentation and certification as a condition for coverage, despite PAs being authorized to order durable medical equipment.	Policy	<a href="https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=222">https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=222</a>

Hospice - Attending Physician for Patients Who Have Not Previously Selected One	If a beneficiary does not have a physician, NP, or PA who provided primary care to them prior to or at the time of terminal illness, the beneficiary is given the choice of being served by either a physician or NP who works for the hospice.	Regulatory Interpretation of Statute	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf</a> (page 29)
Hospice - Certifying Terminal Illness	Only a physician may certify terminal illness.	Statutory	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1814.htm">https://www.ssa.gov/OP_Home/ssact/title18/1814.htm</a>  <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf</a>
Hospice - Face-to-Face	The face-to-face evaluation required for hospice recertification must be completed by a physician or an NP.	Statutory	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1814.htm">https://www.ssa.gov/OP_Home/ssact/title18/1814.htm</a>
Hospice - Medications Ordered by Hospice-Employed PAs	Hospice-employed PAs are not able to order medications.	Regulatory	<a href="https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418">https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418</a>
Hospital Admission - Under the Care of a Physician	Medicare patients admitted to a hospital must be under the care of a physician.	Statutory	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1861.htm">https://www.ssa.gov/OP_Home/ssact/title18/1861.htm</a>
Hospital Admission Order	Unclear if a physician is required to co-sign a hospital admission order issued by a PA (or NP) for Medicare beneficiaries.	Policy Interpretation of Statute	<a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Do">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Do</a>

			<a href="#">wnloads/IP-Certification-and-Order-09-05-13.pdf</a> <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R234BP.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R234BP.pdf</a> <a href="https://www.govinfo.gov/content/pkg/FR-2018-08-17/pdf/2018-16766.pdf">https://www.govinfo.gov/content/pkg/FR-2018-08-17/pdf/2018-16766.pdf</a>
Inpatient Rehab Facilities – Face-to-face visits	A physician must complete the first 3 face-to face-visits for IRF admissions, and a PA (or NP) can only complete 1 of the 3 visits in subsequent weeks.	Regulatory	<a href="https://www.law.cornell.edu/cfr/text/42/412.29">https://www.law.cornell.edu/cfr/text/42/412.29</a>
Inpatient Rehab Facilities – Plan of Care	A physician is required to complete the plan of care for a patient admitted to an IRF within 4 days of admission.	Regulatory	<a href="https://www.law.cornell.edu/cfr/text/42/412.29">https://www.law.cornell.edu/cfr/text/42/412.29</a>
Medical Nutrition Therapy	PAs (and NPs) may not order/refer patients for MNT.	Statutory	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1861.htm">https://www.ssa.gov/OP_Home/ssact/title18/1861.htm</a>
Medical Therapy Management	PAs (and NPs) may perform MTM services but an MTM Program must be developed with pharmacists and physicians.	Statutory	<a href="https://www-origin.ssa.gov/OP_Home/ssact/title18/1860D-04.htm">https://www-origin.ssa.gov/OP_Home/ssact/title18/1860D-04.htm</a> <a href="https://www.govinfo.gov/content/pkg/CFR-2012-title42-vol3/pdf/CFR-2012-title42-vol3-sec423-153.pdf">https://www.govinfo.gov/content/pkg/CFR-2012-title42-vol3/pdf/CFR-2012-title42-vol3-sec423-153.pdf</a>
Non-Emergency	Scheduled, repetitive, non-emergency ambulance services are only covered if certified by a physician; PAs (and	Regulatory	<a href="https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-">https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-</a>

Ambulance Services	NPs) can certify non-emergency ambulance services that are unscheduled or scheduled on a nonrepetitive basis.		<a href="#">B/part-410/subpart-B/section-410.40</a>
Podiatry	Medicare will only cover routine procedures for beneficiaries with certain metabolic, neurologic, and peripheral vascular diseases when under the care of a physician.	Regulatory	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.PDF">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.PDF</a> (pg. 252)
Rural Emergency Hospitals (REHs) – Surgical Services	Several limitations, including surgical procedures and administrative burdens.	Regulatory	<a href="https://www.ecfr.gov/current/title-42/part-485/section-485.524#p-485.524(d)(1)">https://www.ecfr.gov/current/title-42/part-485/section-485.524#p-485.524(d)(1)</a> <a href="https://www.ecfr.gov/current/title-42/part-485/section-485.528#p-485.528(c)">https://www.ecfr.gov/current/title-42/part-485/section-485.528#p-485.528(c)</a> <a href="https://www.ecfr.gov/current/title-42/part-485/section-485.532#p-485.532(a)">https://www.ecfr.gov/current/title-42/part-485/section-485.532#p-485.532(a)</a> <a href="https://www.ecfr.gov/current/title-42/part-485/section-485.522#p-485.522(c)(1)">https://www.ecfr.gov/current/title-42/part-485/section-485.522#p-485.522(c)(1)</a>
Rural Health Clinics (RHCs) – Staffing and records review	“Periodic physician review” is required of clinical records of patients cared for by PAs (and NPs).	Statutory	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1861.htm">https://www.ssa.gov/OP_Home/ssact/title18/1861.htm</a> <a href="https://www.cms.gov/files/document/appendix-g-state-operations-manual">https://www.cms.gov/files/document/appendix-g-state-operations-manual</a>
Skilled Nursing Facilities (SNFs) – Initial Visit &	A physician must complete an initial comprehensive visit and admission orders for SNF patients.	Statutory	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1819.htm">https://www.ssa.gov/OP_Home/ssact/title18/1819.htm</a>

Admitting Orders			<a href="https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.30">https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.30</a>  <a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-15-.pdf">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-15-.pdf</a>
SNF – Physician Visits	At the option of the physician, required visits in SNFs after the initial visit may alternate between personal visits by the physician and visits by a PA (or NP).	Regulatory Interpretation of Statute	<a href="https://www.ecfr.gov/current/title-42/part-483/section-483.30#p-483.30(c)(4)">https://www.ecfr.gov/current/title-42/part-483/section-483.30#p-483.30(c)(4)</a>
Therapeutic Shoes for Patients with Diabetes	PAs (and NPs) cannot order therapeutic shoes for patients with diabetes or manage their care once they receive therapeutic shoes (except as “incident to” a physician).	Statutory	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1861.htm">https://www.ssa.gov/OP_Home/ssact/title18/1861.htm</a>  <a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52501">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52501</a>
10% HPSA Payment Bonus	Only applies to physicians, not PAs (or NPs).	Statutory	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1833.htm">https://www.ssa.gov/OP_Home/ssact/title18/1833.htm</a>  <a href="https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-414/subpart-B/section-414.67">https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-414/subpart-B/section-414.67</a>