Date

Seema Verma Administrator

Centers for Medicare & Medicaid Services (CMS)

Department of Health and Human Services

P.O. Box 8016

Baltimore, MD 21244–8016

**RE:** 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies **CMS–1715–P**

Dear Administrator Verma,

As a PA for [*# of years*] working in [*name your specialty*] in the state of [*name of state*], I am writing in support of language in the proposed 2020 Physician Fee Schedule that increases the utilization of PAs by aligning federal Medicare PA policy regarding supervision with state law. I strongly encourage the agency to finalize this concept in the final rule to assist states in meeting their healthcare workforce needs and to ensure improved access to care for Medicare beneficiaries.

PAs are authorized to provide medical and surgical care to Medicare beneficiaries in all 50 states and the District of Columbia. PAs are committed to increasing access to high quality care for all Medicare beneficiaries and we seek to work in partnership with the CMS in both the development and advancement of thoughtful policies that help in achieving that goal. To accomplish this goal, it is essential that Medicare’s policies authorize PAs to practice at the top of their education and expertise.

I have concerns about one aspect of the proposed CMS language. That language states that “In the absence of state law governing physician supervision of PA services, the physician supervision required by Medicare for PA services would be evidenced by documentation in the medical record of the PA’s approach to working with physicians in furnishing their services.” This language could suggest that such documentation would have to appear in every medical record of every patient a PA treated. This would be a tremendous additional administrative burden that would have a negative impact on the ability of PAs to deliver care. I request that in the absence of state law governing physician supervision of PA services **“a PA should document at the practice the relationship that they have with physicians to deal with issues outside their scope of practice.”**

The December 2018federal government report on healthcare competition entitled, Reforming America’s Healthcare System Through Choice and Competition, specifically recommended that “States should consider eliminating requirements for rigid collaborative practice and supervision agreements . . . that are not justified by legitimate health and safety concerns.” States are heeding that message and it is essential that the federal Medicare program promote regulations that closely align with those state actions to ensure continuity of care for Medicare beneficiaries.

I appreciate your consideration of my comments.

Sincerely,

Name of individual, title, organization

**How to submit comments – due on September 27, 2019**

Electronically: You may submit electronic comments on this regulation to <http://www.regulations.gov>. Follow the ‘‘Submit a comment’’ instructions.

By regular mail: You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1715–P, P.O. Box 8016, Baltimore, MD 21244–8016