MEDICAL SOCIETY OF THE STATE OF NEW YORK
EXECUTIVE HEADQUARTERS

January 16, 2020

Seema Verma
Administrator
Center for Medicare and Medicaid Services
US Department of Health & Human Service
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

Thank you for your request for feedback regarding Section 5 of the President's October 3, 2019 Executive Order.

To begin with, we appreciate the goal of the President's Executive Order (EO) to protect and strengthen the Medicare program for the tens of millions of seniors enrolled in the program who depend upon its coverage to meet their health care needs. It is imperative to maintain the stability of the program. We certainly support aspects of this initiative to reduce the administrative burdens associated with facilitating needed care for our patients.

However, at the same time we are very concerned with a number of the policy directions this Executive Order appears to advance, including expansion of private insurance within Medicare at the expense of the traditional Medicare fee for service program, expansion of cumbersome value-based payment systems and the threat of inappropriate scope of practice expansion.

With regard to proposed scope of practice expansion, we note that there are many different types of health care professionals, each of which provide essential care for patients. Indeed, patient care is enhanced by having an array of care providers available to help to meet their care needs. However, patients benefit most from the combined care of a team headed by a physician whose education and training enables them to oversee the actions of the rest of the team, in order to provide the patient with optimal medical treatment.

This proposed policy to eliminate supervision requirements and create "pay parity" fails to recognize the duration and intensity of a physician's medical education, as compared to training of non-physicians, and the significant differences in their clinical acumen. Medicare patients are some of the most medically vulnerable patients in our population, often suffering from multiple chronic conditions or other complex medical needs. As such they deserve care led by physicians - the most highly educated, trained and skilled health care professionals. Patients agree and overwhelmingly want physicians leading their health care team. In fact, four out of five patients prefer a physician to lead their health care team and 86% of patients said patients with one or more chronic conditions benefit when a physician leads their health care team.

865 Merrick Avenue, Westbury, NY 11590 Phone: (516) 488-6100 FAX: (516) 281-3096

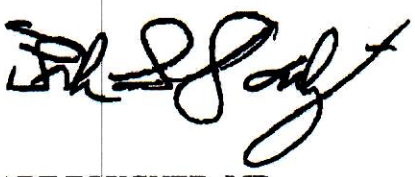
While the number of nurse practitioners has steadily increased over the past 20 years, we caution CMS to use this fact as a reason to weaken physician supervision since much of this growth has come with the proliferation of nurse practitioner programs, including online programs that boast completion in as little as 18-24 months and which typically require students to secure their own internship to complete their 500-720 hours of clinical training. This is in sharp contrast to the 10,000-16,000 hours of standardized clinical training physicians must complete during their four years of medical school and 3-7 years of residency training in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). This lack of uniformity and standardization in nurse practitioner education is a primary example why there needs to be physician supervision of nurse practitioners in the delivery and management of patient care.

While the Executive Order appears to recognize the applicability of state laws that govern the limitation of the scope of practice of certain health care practitioners, we remain very concerned with the perpetuation of a false narrative that promotes equivalency of non-physicians despite the lack of similar education and training. Indeed, we are particularly concerned by disturbing reports across the country where scores of physicians practicing at hospitals have been replaced by nurse practitioners, threatening the availability of the best possible care for patients. Rather than increasing access to needed care, such scope expansions and replacement could instead lead to an increase in the "siloing" of care delivery.

We further note that a common argument for expanding the scope of practice of various non-physician professionals is it will increase access to care. However, in reviewing the actual practice locations of nurse practitioners and primary care physicians, the data shows that nurse practitioners and primary care physicians tend to work in the same large urban areas.

Thank you for your attention to our comments. To paraphrase a famous commercial "There's physicians and there's not exactly." We appreciate your efforts to take steps to ensure the sustainability of the Medicare program. However, we must make sure that reform is achieved in a way that enhances, not diminishes, patient access to needed care from an appropriately trained and skilled physician. Again, out patients are best served by the combined care of a team led by a physician.

Sincerely,



ART FOUGNER, MD
MSSNY President

865 Merrick Avenue, Westbury, NY 11590 Phone: (516) 488-6100 FAX: (516) 281-3096

January 16, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Scope of Practice

Dear Administrator Verma:

The undersigned organizations represent the hundreds of thousands of physicians who treat our nation's Medicare patients every day. We are committed to working with the Administration to improve the program, particularly with efforts to reduce administrative burden. We are writing to provide input on your request dated December 26, 2019. Consistent with our letter dated October 29, 2019, the undersigned organizations are concerned with the broad scope and far reaching implications of CMS' request. Since the Administration specifically identified Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) in their request for information, our comments focus on these health care professionals.

The undersigned organizations have long supported physician-led health care teams, with each member drawing on his or her specific strengths, working together, and sharing decisions and information for the benefit of the patient. In reviewing recommendations to change Medicare regulations that would weaken or eliminate physician supervision of nonphysician professionals, we strongly urge the Administration to rely on fact-based resources, including a thorough review of the education and training of nonphysician health care professionals and the impact on the overall cost and quality of care. We also urge the Administration to carefully review the true impact of state scope of practice laws on access to care across the country. As background, we offer some basic information below and look forward to the opportunity to discuss in more detail with the Administration.

As the most highly educated and trained health care professionals, physicians should lead the health care team. There is a vast difference in the education and training of physicians and other health care professionals, including APRNs and PAs. The well-proven pathways of education and training for physicians include medical school and residency, and years of caring for patients under the expert guidance of medical faculty. Physicians complete 10,000-16,000 hours of clinical education and training during their four years of medical school and three-to-seven years of residency training. By comparison nurse practitioners, the largest category of APRNs, must complete only 500-720 hours of clinical training after two-three years of graduate-level education. Physician assistant programs are two-years in length and require 2,000 hours of clinical care. Neither nurse practitioner nor PA programs include a residency requirement. The difference does not stop there as physicians are required to pass a series of comprehensive examinations prior to licensure. By contrast nurse practitioners must pass a single test consisting of 150-200 multiple choice questions. Similarly, physician assistants must pass a single 300-question multiple choice exam. We encourage CMS to take a close look at the stark differences in

education and training as outlined above, which clearly demonstrates the education and training of nurse practitioners and PAs are not commensurate with physicians.

Medicare patients are some of the most medically vulnerable patients in our population, often suffering from multiple chronic conditions or other complex medical needs. As such they deserve care led by physicians - the most highly educated, trained and skilled health care professionals. We cannot and should not allow anything less. Patients agree and overwhelmingly want physicians leading their health care team. In fact, four out of five patients prefer a physician to lead their health care team and 86% of patients say patients with one or more chronic conditions benefit when a physician leads their health care team.

Supporting physician-led health care teams is also aligned with most state scope of practice laws. For example, over 40 states require physician supervision of or collaboration with physician assistants. Most states require physician supervision of or collaboration with nurse anesthetists, one type of APRN, and 35 states require some physician supervision of or collaboration with nurse practitioners, including populous states like California, Florida, New York and Texas. These states represent more than 85% of the U.S. population. Moreover, despite multiple attempts, in the last five years no state has enacted legislation to allow nurse practitioners full-immediate independent practice.

A common argument for expanding the scope of practice of nonphysician professionals is it will increase access to care. However, in reviewing the actual practice locations of nurse practitioners and primary care physicians it's clear nurse practitioners and primary care physicians tend to work in the same large urban areas. This occurs regardless of the level of autonomy granted to nurse practitioners at the state level.

While the number of nurse practitioners has steadily increased over the past 20 years, we caution CMS not to use this fact as a reason to weaken physician supervision of nurse practitioners since much of this growth has come with the proliferation of nurse practitioner programs, including online programs that boast completion in as little as 18-24 months and which typically require students to secure their own internship to complete their 500-720 hours of clinical training. This is in sharp contrast to the 10,000-16,000 hours of standardized clinical training physicians must complete during their four years of medical school and three-to-seven years of residency training in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). This lack of uniformity and standardization in nurse practitioner education is a primary example of the need for physician supervision of nurse practitioners.
Finally, the undersigned organizations caution the Administration against positioning scope of practice as an administrative burden. Doing so obfuscates the very real administrative burdens facing physicians and other health care professionals every day, where every hour they spend providing clinical care to their patients requires two hours of administrative tasks.

While all health care professionals play a critical role in providing care to patients, their skillsets are not interchangeable with that of fully trained physicians. The scope of practice of health care professionals should be commensurate with their level of education and training, not based on politics. Patients – and in this case Medicare patients – deserve nothing less.

Sincerely,

American Medical Association
Aerospace Medical Association
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association

American Academy of Emergency Medicine
American Academy of Facial Plastic & Reconstructive Surgery
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology Head & Neck Surgery
American Academy of Physical Medicine & Rehabilitation
American Association of Child & Adolescent Psychiatry
American Association of Clinical Urologists
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Allergy, Asthma & Immunology
American College of Emergency Physicians
American College of Osteopathic Internists
American College of Osteopathic Surgeons
American College of Radiation Oncology
American College of Surgeons
American Gastroenterological Association
American Medical Women's Association
American Orthopaedic Foot & Ankle Society
American Osteopathic Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery
American Society for Gastrointestinal Endoscopy
American Society for Laser Medicine and Surgery
American Society for Radiation Oncology
American Society for Surgery of the Hand
American Society of Cataract & Refractive Surgery
American Society of Dermatopathology
American Society of Interventional Pain Physicians
American Society of Neuroradiology
American Society of Nuclear Cardiology
American Society of Retinal Specialists
American Urological Association
American Vein & Lymphatic Society
Congress of Neurological Surgeons
Heart Rhythm Society
International Society for the Advancement of Spine Surgery
National Association of Medical Examiners
North American Neuro-Ophthalmology Society
North American Spine Society
Outpatient Endovascular and Interventional Society
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society of Interventional Radiology
Spine Intervention Society
Undersea and Hyperbaric Medical Society

Medical Association of the State of Alabama
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Connecticut State Medical Society
Colorado Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association Inc
Medical Association of Georgia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Indiana State Medical Association
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society
Maine Medical Association
MedChi, The Maryland State Medical Society
Massachusetts Medical Society
Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
Medical Society of New Jersey
New Mexico Medical Society
Medical Society of the State of New York
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Pennsylvania Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society