



October 31, 2017

Economic Liberty Task Force
Federal Trade Commission
600 Pennsylvania Avenue, NW
Washington, DC 20580

In Re: Public Comments on Empirical Research to the FTC’s Economic Liberty Task Force

On behalf of the American Academy of PAs (AAPA), we would like to submit comments to the task force on the topic of state licensing requirements as they pertain to the PA (physician assistant) profession. We sincerely appreciate the task force’s interest and attention to the issue of licensing requirements. We believe streamlining and reforming licensure requirements for PAs can help to increase PAs in areas of need and expand access to care for underserved populations. The Academy actively looks for ways to effectively remove anticompetitive restraints that limit consumer access to healthcare. One of these areas is licensing procedures. Many of those restraints lie in antiquated licensure requirements and procedures.

AAPA is the national professional organization for PAs representing more than 115,000 PAs practicing across all medical and surgical specialties. In addition, AAPA has an affiliate structure with over 100 PA constituent organizations, which include state chapters, federal service chapters, specialty organizations, caucuses, and special interest groups.

PAs are healthcare providers who are nationally certified and state licensed to practice medicine and prescribe medication in every medical and surgical specialty and setting. PAs practice and prescribe in all 50 states and the District of Columbia. PAs are educated in the medical model at Master’s level accredited programs. The typical PA program extends over 27 continuous months and is broken into two phases – didactic and clinical. The didactic (classroom) phase consists of courses in anatomy, physiology, pharmacology, physical diagnosis, behavioral sciences and medical ethics. The clinical phase consists of rotations in medical and surgical disciplines including family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry. Students graduate with approximately 2,000 hours of supervised clinical practice.

PA program graduates are eligible to take the PA National Certification Examination (PANCE) administered by the National Commission on Certification of PAs (NCCPA).¹ Required for PA licensure in all jurisdictions, PANCE functions as the *de facto* PA licensing exam. In order to maintain national certification, PAs are required to recertify by examination as medical generalists every ten years and complete 100 hours of continuing medical education every two years. The recertification examination, the PA National Recertifying Exam (PANRE), is a high-stakes examination that 18 states currently require for license renewal. No other medical profession ties continued licensure to the passage of a recertification exam.²

The Centers for Medicare and Medicaid Services (CMS) recently attested to the quality of PA education through a proposed rule published in the June 16, 2016 Federal Register.³ In justifying a recommended change CMS stated, “PAs are trained on a medical model that is similar in content, if not duration, to that

¹ There is no direct relationship between AAPA and NCCPA. While AAPA is the national professional society for PAs, NCCPA is the sole certifying organization for PAs in the United States.

² *NCCPA Lobbies State Legislatures*, AM. ACAD. PHYS. ASSISTANTS, <https://www.aapa.org/nccpa-lobbies-state-legislatures/> (last visited July 20, 2017).

³ Medicare and Medicaid Programs; Hospital and Critical Access Hospital (CAH) Changes To Promote Innovation, Flexibility, and Improvement in Patient Care, 81 Fed. Reg. 39448, 39452 (proposed June 16, 2016).

of physicians. Further, PA training and education is comparable in many ways to that of APRNs (advance practice registered nurses), and in some ways, more extensive.”

The rigorous and comprehensive nature of PA education allows PAs to be extremely versatile providers, with nearly 48% of PAs opting to change specialties at least once during their career.⁴ This versatility allows the PA profession to respond to provider shortages and fill gaps where needed. Unfortunately, the burdensome process of licensure in some states can delay and even deter PAs from practicing in those states. Below, are comments regarding the importance of PA licensing and data on PA licensing requirements and procedures.

The Licensure of PAs

The Academy believes that licensure is the appropriate regulatory term and scheme for PAs and has long advocated having all 50 states and the District of Columbia license PAs rather than certify or register them. In 2015, this goal was accomplished when Ohio became the final state to issue PAs licenses (Ohio had previously issued a “Certificate of Registration”). Licensure is the preferred regulatory term because it denotes the highest level of scrutiny of professional qualifications and means that authorizing PAs to practice is a direct responsibility of the state. Use of “licensure” also “creates credential parity with other healthcare providers.”⁵ In addition, this term ensures PAs are included in state laws that refer broadly to “licensed health professionals,” such as laws that require all licensed health professionals to report certain injuries to law enforcement and governors’ emergency executive orders allowing “licensed health professionals” from other states to help provide emergency care.

Variance in Licensing Procedures of PAs from State to State

While the Academy can’t speak to licensure processes or frameworks of other professions, AAPA has done extensive review and research of licensure procedures for PAs in all 50 states and the District of Columbia.⁶ PAs applying for a license must typically submit an application, official copies of educational transcripts and test scores, proof of national certification, information regarding prior practice (if applicable), and associated fees. In addition, the majority of states require additional actions before a license is issued. As such, there is significant variation in the time it takes for state licensing boards to process and approve a PA’s request for licensure.

The Academy, over the last two years, has specifically tracked the following issues for all 59 boards that issue PA licenses (as with physicians, there are a number of jurisdictions which license PAs through allopathic and osteopathic boards, depending on the type of physician with whom the PA collaborates):

Average time required to process a PA license—the shortest time is two weeks, and the longest is 90 days. However, we have been informed that the process may take much longer in certain situations depending on administrative staffing issues.

Personal interviews—six licensing boards require all applicants to undergo a personal interview. Five of these boards require that the interview be conducted in-person.

Physician identification—fifteen licensing boards require applicants to identify their supervising physician or collaborating physician prior to licensure.

Required letters of recommendation or other supplemental forms (excluding transcripts)—nineteen licensing boards require each applicant to provide at least one letter of recommendation or a form other than a transcript to be filled out and returned by a school, instructor or former employer. Two additional states require letters in specific circumstances.

Practice agreement approval by a regulatory agency—eight licensing boards require an applicant’s practice agreement to be approved by a regulator agency before a license is granted.

⁴ AM. ACAD. PHYS. ASSISTANTS, 2015 AAPA NATIONAL SURVEY, (2015).

⁵ Alfred M. Sadler & Ann Davis, *How PAs became licensed to practice in the United States*, 46 J. AM. ACAD. PHYSICIAN ASSISTANTS 46, at 48 (2017).

⁶ AM. ACAD. PHYS. ASSISTANTS, CHART: PA LICENSURE PROCEDURES AND NUMBER OF PA LICENSES BY STATE, (updated August 2017).

Eight other states require board approval of a practice agreement before a PA begins practice, but the PA may become licensed before this occurs.

Jurisprudence examinations—ten licensing boards require the passage of an additional jurisprudence exam before licensure.

Licensure requires direct board action—thirty-six licensing boards require PA licenses to be approved through direct board action (as opposed to administratively).

In total, only 11 licensing boards impose none of these additional requirements. The Academy believes these additional requirements serve no public safety purpose, and do little more than delay deployment of PAs seeking to gain licensure and care for patients. States with burdensome licensure requirements can potentially deter PAs from practicing in those states. A requirement for an in-person interview for a PA who is looking to practice via telemedicine in a state, but does not live in the state, could keep the PA from pursuing a license in that state. Perhaps the most onerous of the above requirements is identification of a physician prior to licensure. This requirement can create a situation where PAs who are moving to a new state may not be able to initiate or complete the licensure process prior to moving, because they are unable to secure a collaborating physician. Consistent requirements among states would make it easier for a PA to be licensed in multiple jurisdictions. It has even been stated that variation in licensure frameworks from state to state limits the ability of PAs to practice in certain settings.⁷ An example is retail clinics, which have been hesitant to hire PAs because of additional requirements in licensure laws, such as licensure being tied to an identified physician.

Burdensome and prolonged licensing processes can potentially create unintended and negative economic consequences for states. These ramifications include lost or reduced income from licensure fees since the onerous processes are unappealing to potential new licensees and employers. Additional unnecessary licensure requirements may also result in significant administrative processing costs in a time when many regulatory boards have limited resources and staff. Data similar to that collected by the Academy, which compares and contrasts the licensure requirements of states within the same profession, could go a long way in demonstrating to policymakers that current processes are too burdensome for prospective licensees and licensing board staff.

The Academy once again thanks the FTC's Economic Liberty Task Force for reviewing processes that potentially do more harm than good to the health of the public by delaying and deterring PA licensure. As the nation struggles to address a healthcare provider shortage, this issue has a direct impact on consumers, who may be waiting for care while a potential licensee is subjected to prolonged processes for licensure. We look forward to the discussion of the Task Force and panelists during the next roundtable.

AAPA welcomes and encourages more studies and research into the types of licensing requirements that serve a public safety purpose, versus those which can be eliminated from current schemes to ensure qualified providers, such as PAs, can optimally practice without unnecessary delay or deterrence.

Sincerely,



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⁷ Deborah Bachrach, et al., *The value proposition of retail clinics: building a culture of health*, ROBERT WOOD JOHNSON FOUNDATION AND MANATT HEALTH, at 13 (2015).