



AAPA Statement for the Record to the House Committee on Veterans Affairs on Subcommittee on Health Hearing: “Breaking Down Barriers: Getting Veterans ACCESS to Lifesaving Care”

April 4, 2025

Dear Chairman Bost, Ranking Member Takano, Subcommittee Chairwoman Miller-Meeks, Subcommittee Ranking Member Brownley, and Members of the Committee:

On behalf of the more than 168,000 physician associates/physician assistants (PAs) throughout the United States and the more than 2,500 PAs currently employed full-time by the U.S. Department of Veterans Affairs (VA), the American Academy of Physician Associates (AAPA) thanks the Committee for your commitment to ensuring veterans have timely access to urgent mental health care, substance use disorder treatment, and residential rehabilitation treatment programs. AAPA appreciates the opportunity to submit comments for the record on the Committee’s March 25 hearing on Breaking Down Barriers: Getting Veterans ACCESS to Lifesaving Care.

PAs are licensed clinicians who practice medicine in every specialty and setting at the VA, and throughout America. PAs diagnose illness, develop and manage treatment plans, manage their own patient panels, and often serve as a patient’s primary healthcare provider. PAs practice medicine in every state, the District of Columbia, and all U.S. territories. Scope of practice for PAs is determined by their education and experience, state law, facility policy, and the needs of patients. Studies reinforce that PAs provide high-quality care, and patients have consistently indicated high-levels of satisfaction with PAs, comparable with care delivered by physicians.¹ Patients have also already demonstrated confidence and trust in the PA profession by indicating the type of health professional who provides care is less important than when they obtain access to quality care.² The VA is also the largest employer of PAs.

PAs at the VA are critical to the Committee’s work towards better access to care. We agree with the goals of the Veterans’ Assuring Critical Care Expansions to Support Servicemembers Act of 2025 (ACCESS Act) to reduce bureaucratic barriers to access to care for veterans, and with Chairwoman Miller-Meeks’s emphasis on VA’s goal of there being “no wrong door” at the VA for veterans seeking care.

¹ Hooker RS, Moloney-Johns AJ, McFarland MM. Patient satisfaction with physician assistant/associate care: an international scoping review. *Hum Resour Health*. 2019 Dec 27;17(1):104.

² Dill MJ, Pankow S, Erikson C, Shipman S. Survey Shows Consumers Open To A Greater Role For Physician Assistants And Nurse Practitioners. *Health Affairs*. 2013 Jun; 32 (6).

However, language in the ACCESS Act may inadvertently overlook the importance of the increased access to care PAs can provide. Specifically, Section 203, Improvements to Department of Veterans Affairs Mental Health Residential Rehabilitation Treatment Program, includes the following among the assessments of providers' quality of care delivered required of the Secretary of the VA:

- (3) the ratio of **licensed independent practitioners** per resident;
- (4) the rate of completion of training on military cultural competence by **licensed independent practitioners**...

AAPA recommends that “licensed independent practitioners” be replaced with “licensed practitioners” to ensure that these assessments of quality do not inadvertently exclude PAs.

In other contexts, some hospital administrators and personnel have been confused as to whether PAs were included among those professionals who authorized to order certain care due to the word “independent” appearing in regulatory language. However, the term “licensed independent practitioner” is a phrase that is not used in the Social Security Act or commonly used in any federal statute. “Independence” is not a measure of a healthcare professional's educational preparation, competency, or ability to provide quality medical care. Eliminating this term, which has limited the ability of PAs to deliver needed care to patients, supports patient access to care, moves further toward a team-based healthcare delivery model and recognizes the need to fully utilize the healthcare workforce.

In fact, the Centers for Medicare and Medicaid Services (CMS) removed this confusing language in a 2019 regulation which also prompted the Joint Commission to make the same change to conform with CMS.³

AAPA thanks the committee for the opportunity to submit this recommendation and for your ongoing dedication to the health of our nation's veterans. We are committed to working with Congress to advance our shared mission of improving access to health care for veterans. If we can be of assistance on this or any issue, please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at theuer@aapa.org.

³ AAPA. [Joint Commission Removes “Licensed Independent Practitioner” Term from Restraint and Seclusion Standards](#). 2020.