



December 12, 2024

Patient Protection Commission
Department of Health and Human Services (DHHS)
Director's Office
1000 North Division Street
Carson City, NV 89703

Dear Nevada Patient Protection Commission,

The American Academy of Physician Associates (AAPA), on behalf of the more than 178,000 PAs (physician assistants/physician associates) throughout the United States, would like to provide comments regarding Senate Bill 29 (SB29), and the negative effect it stands to have on PAs if the language is not modified to include them.

SB29 seeks to revise provisions related to Medicaid. One such revision found in Section 5 of the bill contains language to codify reimbursement rate increases for physicians and advanced practice registered nurses (APRNs), with no mention of an equivalent increase for PAs. AAPA requests that the Nevada Patient Protection Commission support amending the language in this bill to include PAs.

PAs are state licensed medical practitioners who are similar health professionals to physicians and APRNs in both practice and outcomes. As such, adequate reimbursement rates are needed for PAs, similar to physicians and APRNs, to account for the costs of providing items and services. Raising the reimbursement rate for physicians and APRNs, but not for PAs, would create a payment discrepancy that could disadvantage PAs and the patients they provide care to. This could especially disadvantage underserved patients, whom PAs, along with NPs, are known to provide more care to.¹

Medicare and nearly all Medicaid programs pay PAs and nurse practitioners (NPs) the same rate. In addition, a growing literature of research and analyses supports further payment parity between PAs, NPs, and physicians. Analyses have also identified the benefits of payment parity between PAs, NPs, and physicians, including potential implications for better meeting care demands.² Payment parity is supported by the comparable services, quality, and outcomes among physicians, PAs, and NPs. For example, a 2019 report by the Medicare Payment Advisory Committee found similar outcomes of care, stating that, "A large body of research, including both randomized

¹ <https://www.bmj.com/content/382/bmj-2022-073933>

² <https://lawcommons.luc.edu/annals/vol33/iss1/3/>

clinical trials and retrospective studies using claims and surveys, suggests that care provided by NPs and PAs produces health outcomes that are equivalent to physician-provided care.”³

For these reasons, AAPA requests the Nevada Patient Protection Commission support payment parity between PAs, APRNs, and physicians by amending SB29 to include PAs.

Sincerely,

A handwritten signature in black ink that reads "Sondra DePalma, DHSc, PA-C". The signature is written in a cursive, flowing style.

Sondra DePalma, DHSc, PA-C
Vice President, Reimbursement and Professional Practice

³https://www.medpac.gov/wp-content/uploads/import_data/scrape_%EF%AC%81les/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf