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January 17, 2020

Seema Verma

Administrator

Centers for Medicare & Medicaid Services,  
Department of Health and Human Services,  
Washington, DC 20001

Submitted via email: [PatientsOverPaperwork@cms.hhs.gov](mailto:PatientsOverPaperwork@cms.hhs.gov)

**Re: Feedback of Scope of Practice**

Dear Administrator Verma:

Established in 1943, the AAAAI is a professional organization with more than 6,700 members in the United States, Canada and 72 other countries. This membership includes allergist/immunologists (A/I), other medical specialists, allied health and related healthcare professionals—all with a special interest in the research and treatment of patients with allergic and immunologic diseases. We appreciate the opportunity to provide input and recommendations on scope of practice, particularly in the context of care delivery for A/I patients. In addition, we support the comments of the American Medical Association (AMA) with respect to scope of practice.

According to the Medicare Payment Advisory Commission (MedPAC), “Medicare beneficiaries are increasingly reliant on advanced practice nurses (APRNs) and physician assistants (PAs) for their care,” particularly as “[t]he number of nurse practitioners (NPs), one type of APRN, and PAs billing Medicare has grown rapidly.” In fact, the Commission’s analysis shows that, since 2010, the number of NPs and PAs that billed Medicare more than doubled, reaching 212,000 in 2017. More importantly, the Commission notes that NPs and PAs have historically been concentrated in primary care, but are increasingly practicing in specialty fields.

According to the American Association of Nurse Practitioners (AANP), “[a]lmost all NPs (89 percent) are prepared in a primary care focus, e.g., adult, family, gerontological, pediatric or women’s health.” More importantly, APRNs and PAs do not have any specialty training

**(More)**

as part of their graduate education, nor does their training include a specialty medicine residency. Indeed, any “specialty” training that APRNs and PAs receive is “on-the-job” under the supervision of a specialty medicine physician.

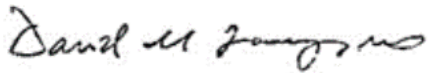
The A/I specialty depends on APRNs and PAs to support A/I physicians who are responsible for diagnosing, treating and managing a broad patient base with chronic and complex illnesses ranging from allergic rhinitis to asthma to primary immune deficiency (PID) diseases. Nevertheless, we are deeply concerned about the growth in “independent,” and “stand-alone” practice by these non-physician practitioners, especially in specialty medicine, including A/I.

Again, we recognize the importance of APRNs and PAs in addressing workforce shortages and improving beneficiary access to care, particularly in rural areas. However, efforts to expand scope of practice by eliminating important requirements in Medicare’s regulations will not effectively address this challenge. Instead, CMS should continue its efforts to improve payments under the Medicare physician fee schedule (MPFS), allowing physicians to employ APRNs and PAs in their practices to work under their supervision.

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We appreciate the opportunity to provide comments on the aforementioned issues of importance to our members. Should you have any questions, please contact Sheila Heitzig, Director of Practice and Policy, at sheitzig@aaaai.org or (414) 272-6071.

Sincerely,

A handwritten signature in cursive script that reads "David M. Lang".

David M. Lang, MD FAAAAI  
AAAAI President