

January 17, 2020

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services

Submitted electronically via PatientsOverPaperwork@cms.hhs.gov

Subject: Request for Feedback on Scope of Practice

Dear Administrator Verma:

On behalf of over 34,000 orthopaedic surgeons and residents represented by the American Association of Orthopaedic Surgeons (AAOS) and the orthopaedic specialty societies that agreed to sign on, we are pleased to provide comments in response to the Request for Feedback on Scope of Practice published on December 26, 2019.

Broadening the scope of practice for non-physician providers jeopardizes patient care. Nurse practitioners (NPs) and physician assistants (PAs) have demonstrably less training and expertise than physicians. It is for this reason that most states have stringent laws requiring physician supervision of NPs and PAs. Expanding scope of practice for physician extenders to the end of high healthcare spending would be a short-term solution with long-term negative impacts on patient safety.

NPs and PAs are trained differently from orthopaedic surgeons. The human musculoskeletal system is complex, and an orthopaedic surgeon will attend four years of medical school, serve a minimum five-year orthopaedic surgery residency, and typically take an additional year of subspecialty fellowship training. Medical Doctors (MDs) or Doctors of Osteopathic Medicine (DOs) participate in active clinical care in multi-system trauma and disease management. This is not the case for non-physician providers.

While improved physician extender education grows, it is not the same as the multi-system medical education required to become a MD or DO, nor is it the same accreditation process. They do not participate in the United States Medical Licensing Examination, which is the standard for all advanced medical care required of all physicians leading to the degree of MD and DO. We believe that the title of physician should be attained through the accreditation process, and not the rulemaking process or legislation.

The AAOS urges a judicious approach to increasing access to care. We believe that CMS is conflating the art and science of medicine with the opportunity for non-physician providers to practice at the top of their license. Alternatively, we encourage CMS to appropriately compensate NPs and PAs for their work as valuable members of physician-led care teams.

Thank you for your time and consideration of the American Association of Orthopaedic Surgeons' suggestions. We commend CMS on its continued efforts to improve care quality and access. If you have any questions on our comments, please do not hesitate to contact William Shaffer, MD, FAAOS, AAOS Medical Director by email at shaffer@aaos.org.

Sincerely,



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Alabama Orthopaedic Society
American Association for Hand Surgery
American Association of Hip and Knee Surgeons
American Orthopaedic Foot and Ankle Society
American Orthopaedic Society for Sports Medicine
Arkansas Orthopaedic Society
Arthroscopy Association of North America
Cervical Spine Research Society
Connecticut Orthopaedic Society
Delaware Society of Orthopaedic Surgeons
Georgia Orthopaedic Society
Illinois Association of Orthopaedic Surgeons
Iowa Orthopaedic Society
Louisiana Orthopaedic Association

Massachusetts Orthopaedic Association
Minnesota Orthopaedic Society
Musculoskeletal Infection Society
Musculoskeletal Tumor Society
New Hampshire Orthopaedic Society
New York State Society of Orthopaedic Surgeons
North American Spine Society
North Carolina Orthopaedic Association
North Dakota Orthopaedic Society
Oregon Association of Orthopaedic Surgeons
Pediatric Orthopaedic Society of North America
Pennsylvania Orthopaedic Society
Rhode Island Orthopaedic Society
Ruth Jackson Orthopaedic Society
Scoliosis Research Society
South Dakota State Orthopaedic Society
Tennessee Orthopaedic Society
Texas Orthopaedic Association
Utah State Orthopaedic Society
Wisconsin Orthopaedic Society