



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®



THE PLASTIC SURGERY  
FOUNDATION™

Executive Office

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October 21, 2019

The Honorable Donald Trump  
1600 Pennsylvania Avenue, NW  
Washington, D.C. 20500

The Honorable Alex Azar  
200 Independence Avenue, SW  
Washington, D.C. 20201

**RE: Executive Order 13890: Protecting and Improving Medicare for Our Nation's Seniors**

Dear President Trump and Secretary Azar:

I am writing on behalf of the American Society of Plastic Surgeons (ASPS) regarding our concern with Sec. 5, titled Enabling Providers to Spend More Time with Patients, of Executive Order 13890 (EO). ASPS is the largest association of plastic surgeons in the world, representing more than 7,000 members and 93 percent of all board-certified plastic surgeons in the United States. Our members are highly skilled surgeons who improve both the functional capacity and quality of life for patients, including treatment of congenital deformities, burn injuries, traumatic injuries, hand conditions, and cancer reconstruction. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

**Expanding PA/NP scope of practice does not increase access.** ASPS recognizes that Sec. 5 seeks to expand access to healthcare in areas that have difficulty attracting physicians. However, rigorous studies conducted by the American Medical Association have consistently shown that expanding physician assistant (PA) and nurse practitioner (NP) scope of practice does not increase access to care in underserved areas.<sup>1</sup> In fact, PAs and NPs with expanded practice parameters tend to practice in the exact same areas that are served by established physician populations. Therefore, this proposal is founded on the flawed conclusion that continuing to expand PA and NP scope of practice will increase access to care. This is simply not true.

**Rather than increase access, NPs/PAs with inadequate supervision increase healthcare costs.** Studies have shown that NPs/PAs without adequate supervision costs our health system more. A recent study showed that NPs/PAs order more tests and studies, costing our health system more not less, and siphoning money that might have been spent for providing other healthcare services.<sup>2</sup>

**Furthermore, NPs/PAs in independent practice do not provide equivalent care.** It should be noted that the NP studies that have been cited to show equivalence involve patients who have an established diagnosis, so the studies only evaluate the ability of NPs to follow a protocol. There are not studies that compare diagnostic accuracy of NPs or PAs.

**Expanding PA and NP scope of practice to allow these providers to practice “at the top of their license” undermines the physician-led, team-based health care delivery model and represents a dangerous expansion of their roles in patient care.** The erosion of team-based healthcare will, in turn, negatively impact patient quality outcomes. High-quality care is best delivered by a physician-led team of health professionals. In this

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<sup>1</sup> The AMA Health Workforce Mapper, 1995-2019. <https://www.ama-assn.org/about-us/health-workforce-mapper>.

<sup>2</sup> Hughes DR, Jiang M, Duszak R. A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits. *JAMA Intern Med.* 2015;175(1):101–107. doi:10.1001/jamainternmed.2014.6349

model, PAs and NPs practice in collaboration with – and under supervision of – a physician. This allows for seamless consultation in the case that a non-physician needs advice regarding care, more effective identification when referral to a specialist is needed, faster admission to a hospital, and – most importantly – the appropriate alignment of care delivery with physicians’ and non-physicians’ training and skill.

**Physicians go through drastically different training than PAs and NPs, which is in no way equivalent.** Most PAs and NPs receive their education through two to four-year degree program. In contrast, physicians are educated through a four-year degree program at an accredited medical school after their undergraduate studies. Medical students spend nearly 9,000 hours in lectures, clinical study, lab and direct patient care. But physician training does not end with the completion of medical school.

The comprehensive physician training process continues into postgraduate medical education, where physicians are trained in accredited residency programs and receive a minimum of three additional years of structured training before becoming licensed and board certified. Some specialists train for eight years in accredited residency programs. Ultimately, physicians will train for between eight to sixteen years after their undergraduate years, as much as five-times-as-long as a PA or NP. Only this depth and duration of training prepares a provider to safely execute all the responsibilities you are seeking to grant to PAs and NPs.

Even more concerning, there are currently programs that will allow obtaining NP status completely online with minimal clinical experience (as little as 500 hours of shadowing). **While NPs and PAs can be a valuable part of a physician-led team, the top of their license was never intended to be and should not be in independent practice. They are not sufficiently trained for such a role and patients are being harmed.**

ASPS respectfully urges you not to sacrifice patient safety by upending the current team-based healthcare model and instead rescind Sections 5(a) and 5(c) of the EO. Please do not hesitate to contact Patrick Hermes, Director of Advocacy and Government Relations, at [phermes@plasticsurgery.org](mailto:phermes@plasticsurgery.org) or (847) 228-3331 with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Lynn Jeffers". The signature is written in a cursive, flowing style.

Lynn Jeffers, MD, MBA, FACS  
President, American Society of Plastic Surgeons