



August 27, 2014

Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-1611-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

RE: CMS-1611-P; RIN 0938-AS14

On behalf of the more than 100,000 certified physician assistants (PAs) represented by the American Academy of Physician Assistants (AAPA), thank you for the opportunity to submit comments to the CMS proposed rule regarding CY 2015 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Requirements; and Survey and Enforcement Requirements for Home Health Agencies. AAPA's comments are specific to the need to authorize PAs to order home healthcare, manage Medicare beneficiaries' home healthcare, and meet Medicare's face-to-face home health requirement. AAPA encourages CMS to explore all administrative avenues to enable PAs to order and manage needed home healthcare for Medicare beneficiaries.

The 1997 Balanced Budget Act (BBA) broadly authorizes PAs to deliver physician services to Medicare beneficiaries as allowed by state law. The BBA makes clear that state law, not federal coverage policy, determines the conditions of PA practice. Modernizing Medicare to authorize PAs to order home healthcare, manage home healthcare, and meet the face-to-face home health requirement, as permitted by state law, is overdue and will move the Medicare delivery system towards greater efficiency and increased transparency.

#### Role of PAs in Healthcare Delivery and Complex Care Management

PAs are one of three healthcare professions (along with physicians and nurse practitioners) named in the Affordable Care Act (ACA) who provide primary care. PAs have their own patient panels and often serve as Medicare beneficiaries' principal healthcare professional. In rural and other medically underserved communities, a PA may be the only healthcare professional in the community.

Results from the 2013 AAPA Annual Survey of the profession indicate that the expanding PA role reflects evolving demands on the healthcare system brought about by the ACA and the ever-changing healthcare market place. The survey reveals –

Every year, a typical PA treats 3,500 patients.

- 80 percent of PAs provide acute care management

- 64 percent of PAs provide chronic disease management (most PAs see patients with multiple chronic diseases) Thirty-seven percent of PAs work in medically underserved counties in the U.S.
- PAs report, on average, 23 percent of their patients are enrolled in Medicaid and 14 percent are dual eligible
- Additionally, 6 percent of their patients are uninsured.

PAs currently provide complex medical care and care coordination for Medicare beneficiaries and the dual eligible population. States are increasingly providing greater authority for PAs to practice to the top of their education and experience. Updating Medicare to permit PAs to certify the need for home healthcare will encourage the Medicare program to do the same.

#### Authorizing PAs to Certify Home Health Increases Access to Care, Efficiency, and Transparency

AAPA believes the current requirement for a physician, who may have never seen the Medicare patient, to certify the patient's need for home healthcare and manage the home health plan, adds unnecessary steps, providers, and cost to patient care. At best, the certification requirement misuses the time of the PA and physician to obtain the physician's signature to order home healthcare. At worst, it results in delays to and disruption of necessary patient care. Additionally, the provision may obfuscate the identity of the healthcare professional that actually provides the Medicare-covered service.

As management of complex medical conditions becomes increasingly important for the management of the growing number of Medicare beneficiaries with chronic disease, it is increasingly important the full array of medical services in non-acute settings be made available to the healthcare professionals, including PAs, who are managing complex medical conditions. AAPA asserts the ability of PAs to order home healthcare for Medicare beneficiaries will increase timely access to needed care and promote continuity of care. Furthermore, the ability of PAs to conduct the required face-to-face home health visit promises greater efficiency and reduced costs within Medicare's healthcare delivery system. Cost-benefit studies conducted by Dobson DaVanzo and Associates and the Lewin Group estimate that permitting PAs to order home healthcare and meet the face-to-face requirement will result in cost savings to the Medicare program.

It is for all of these reasons – timely and coordinated patient care, cost savings, increased efficiency, and greater transparency - AAPA urges CMS to explore every opportunity to find an administrative pathway to authorize PAs to order home healthcare, manage home healthcare, and meet the home healthcare face-to-face requirement for Medicare beneficiaries.

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Please do not hesitate to contact Sandy Harding, AAPA senior director of federal advocacy, at 571-319-4338 or [sharding@aapa.org](mailto:sharding@aapa.org) for additional information regarding the PA profession and AAPA's recommendation.

Sincerely yours,

A handwritten signature in black ink, appearing to read "John McGinnity". The signature is stylized with loops and a long tail stroke.

John McGinnity, MS, PA-C, DFAAPA  
President