



June 26, 2015

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1629-P
Mail Stop C4-26-05
7500 Security Boulevard,
Baltimore, MD 21244-1850

RE: FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements

The American Academy of Physician Assistants (AAPA), on behalf of the more than 100,000 Physician Assistants (PAs) throughout the United States, appreciates the opportunity to provide comments on the Medicare Program; FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements. As this proposed rule deals, in part, with hospice payment reform research and analyses we must again point out that current Medicare hospice rules do not allow for the utilization and coverage of medically necessary hospice services delivered by PAs to patients receiving hospice care. PAs clearly possess the education and expertise to treat hospice patients, and it is within that context that we draw your attention to our concerns surrounding Medicare's hospice policy which, as presently structured, denies the ability of PAs to deliver hospice services and has a negative impact on patient access to hospice care.

Patient Access to Hospice Services

Patients who receive a diagnosis of terminal illness should be able to focus on working with their healthcare professional(s) to manage their disease, deal with pain control, concentrate on the quality of their life and other end-of-life matters without having to face unnecessary barriers to accessing hospice care. Medicare's current coverage policy excluding PAs from certifying the need for hospice and providing and managing hospice services makes hospice care more difficult to obtain for many Medicare beneficiaries.

PAs play an integral role in delivering primary care services in the United States, a fact explicitly acknowledged by the Affordable Care Act. Many of the patients to whom PAs provide primary care services are Medicare beneficiaries. However, when patients require hospice care PAs are not allowed to certify the need for or provide that hospice care. These outdated policies cause Medicare patients who rely on PAs for their care to face unnecessary hurdles in securing hospice care.

Additional factors magnify the negative impact of policies which fail to allow PAs to provide hospice care. Many rural communities rely heavily on PAs, with a PA often being the only provider of care in that locality. Because PAs are not authorized by Medicare to certify terminal illness or the need for hospice care, patients who had been treated by PAs for many years may now be required to travel out of their community and be treated by a physician who may have never met or treated the patient. An aging population coupled with a shortage of available physicians will only make matters worse as more patients who require hospice services seek care.

In addition to the inability of PAs to certify the need for hospice care, Medicare rules limit a PA from performing the required face-to-face visit prior to hospice certification further limiting the patient's timely and appropriate access to care.

Recommendation

AAPA recommends that CMS work with Congress to eliminate outdated restrictions that prevent PAs from: certifying terminal illness, certifying and recertifying the need for hospice care, and providing and managing hospice care services to Medicare beneficiaries. Modifying the current policy to permit PAs to perform these duties according to state law guidelines would reflect Medicare's policy established by the Balanced Budget Act of 1997. This would also bring the program more in line with current expectations of PA practice and the capacity of PAs to improve patient access to care. CMS should concurrently seek

modifications to include PAs under the definition of an 'attending physician' for hospice, which currently includes allopathic and osteopathic physicians and nurse practitioners. Such modifications would make care more accessible and efficient for patients who deserve comprehensive care coordination during an already difficult time.

Thank you for the opportunity to provide feedback on the proposed rule. AAPA would welcome further discussion with CMS on the issue of hospice. For any questions you may have in regard to our comments and recommendations please do not hesitate to contact Michael Powe, AAPA Vice President of Reimbursement & Professional Advocacy, at 571-319-4345 or michael@aapa.org.

Respectfully,

A handwritten signature in black ink, appearing to read "John McGinnity". The signature is stylized and cursive.

John McGinnity, MS, PA-C, DFAAPA
AAPA President