October 15, 2013

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
Attn: Strategic Plan Comments
200 Independence Avenue, SW, Room 446F.8
Washington, DC 20201

RE: HHS Strategic Plan FY 2014-2018

On behalf of the more than 93,000 physician assistants (PAs) represented by the American Academy of Physician Assistants (AAPA), thank you for the opportunity to submit comments on the Department of Health and Human Resources' Strategic Plan FY 2014-2018 Draft for Public Comment.

The formulation of the HHS Strategic Plan is particularly relevant given the rapid changes occurring in the healthcare market, including:

- Movement to a healthcare system that will measure and require value
- Increased understanding and emphasis on the critical role of care coordination, from primary care to highly specialized care
- Growing concern about the cost of healthcare and provider shortages, and a new focus on population health, prevention, and wellness; and
- Greater emphasis on the consumer's role in healthcare.

AAPA believesthe PA profession is central to all of these themes, models, and roles and is well positioned to increase access to quality medical care and provide cost-effective healthcare in communities throughout the nation.

Goal I: Healthcare

PAs are key to the goal's focus on health insurance coverage, healthcare quality, cost and safety, connecting primary and preventive care, access to care, disparities, and health information technology.

Recommended Statutory Changes to Increase PAs Ability to Provide Quality Medical Care

In order to utilize PAs to the top of their education, experience, and license, AAPA believes legislative changes must be made to Medicare, Medicaid, and other federal health programs to remove unnecessary barriers to the quality medical care provided by PAs. AAPA recommends HHS support the following statutory changes to federal health programs to increase access to medical care provided by PAs and to add greater efficiency to the nation's healthcare delivery system:

- Revisions to Medicare and Medicaid to fully enroll all PAs
- Modernize Medicare to allow PAs to provide hospice care for Medicare beneficiaries, as well as to certify the need for hospice and home healthcare
- Include PAs in Medicare and Medicaid electronic health records (EHR) incentives
- Update the Federal Employees Compensation Act to allow PAs to diagnose and treat federal workers who are injured on the job
- Amend the HITECH Act to fully extend the Medicaid EHR incentive to PAs providing the 30% requisite requirement of medical care to medically needy patients.

Recommended HHS Regulatory Changes to Increase PAs' Ability to Provide Quality Medical Care

AAPA is appreciative of the HHS initative to remove unnecessary federal regulatory barriers to care provided by PAs. We are pleased with HHS proposals that provide flexibility in supervision for PAs and other healthcare practitioners who provide care in rural health clinics and other rural settings;allow PAs to order portable x-rays and fecal occult blood tests for their patients who are Medicare beneficiaries; andallow PAs to assess, diagnose, and admit patients into opioid treatment programs.

Still, numerous Medicare regulations continue to impede PAs ability to provide quality medical care. Among them are:

- Use of the term "Licensed Independent Practitioner (LIP)," (42 CFR, 482.13(e)(5) and other references), a term that is not used in the Social Security Act or any federal statute. AAPA recommends the word, "independent," be struck from any term describing qualified healthcare professionals. "Independence" is not a measure of a healthcare professional's educational preparation, competency, or ability to provide quality medical care. Additionally, the LIP terminology is inconsistent with the movement toward team-based healthcare delivery, as well as the need to fully utilize the healthcare workforce.
- PA ownership of medical practice and Medicare reimbursement (as the Centers for Medicare and Medicaid Services (CMS)) current interpretation restricts PA ownership of medical practices to 99%). AAPA recommends that a regulation be developed to allow PAs to own medical practices in accordance with state law, thereby allowing PA-owned practices to be reimbursed for care provided to Medicare beneficiaries. Virtually every other healthcare professional who is fully enrolled and authorized to provide professional medical services through Medicare is eligible to receive direct payment – except for PAs. This payment restriction (and the CMS interpretation of ownership) has created patient access problems as the PA profession has

matured and as healthcare systems and new models of care have become increasingly dependent upon PAs. For example, medical practices solely owned by PAs in medically underserved communities may not be reimbursed for covered services provided to Medicare beneficiaries – even if state law allows PAs to own corporations, and the state desperately needs additional Medicare providers.

PA ownership of rural health clinics (RHCs) and the ability to bill Medicare for non-RHC covered Medicare services. The statute provides that RHCs may be owned by PAs. However, a CMS interpretation restricts PA ownership of medical practices to 99% for purposes of obtaining an NPI and billing for Medicare covered services. PA-owned RHCs receive payment for RHC cost-based expenses, but the PA owner/practitioner may not bill for certain other covered services, which the clinic is required by law to provide and that would otherwise be separately billable under Medicare, unless he/she establishes a separate corporation that meets the CMS' interpretation of the law's current payment restriction. Allowing PA-owned clinics, in accordance with state law, to obtain an NPI for purposes of billing Medicare for required services would resolve the problem.

- AAPA recommends that other Medicare regulations that unnecessarily restrict the ability of PAs to provide care, such as ordering diabetic shoes and medical nutritional therapy, and supervising diagnostic tests, be revised to allow PAs to provide needed medical care.

Flexibility Needed throughout CMS' Physician Certification Requirements

Recently, whether the issue is related to home health, durable medical equipment, or hospital admissions, the default HHS/CMS response to concerns regarding increased utilization of a healthcare cost or service has been to limit the number of healthcare practitioners who can order the care and/or to require a physician certification for the order. AAPA believes that requiring physician certification for these services has become counter intuitive in today's healthcare delivery system. Our current healthcare system relies heavily on PAs to provide medical care, and PAs are the principal healthcare professional for many patients, particularly patients in rural and medically underserved communities. We believe that the physician certification requirement adds an unnecessary administrative burden, and likely added cost, for physicians to certify care for patients.

The ultimate goal is a revision in law to allow PAs and other healthcare practitioners to be accountable for the orders they initiate, not a third party. And the movement toward bundled payment may eventually eliminate the perceived need for additional certification. In the meantime, AAPA encourages CMS to make every effort to implement any physician certification requirement in a way that does not disrupt timely access to needed patient care, nor impose costly add-on reporting systems for medical systems. AAPA would like to work with CMS to explore workable solutions to the physician certification requirement.

Goal 4: Management

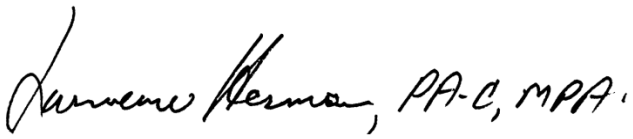
AAPA believes that PAs play a key role in Goal 4's focus on using data to improve health and encourages HHS to explore ways to better track the medical care provided by PAs.

Need for Transparency in the Medicare Care and Reimbursement for Care Provided by PAs

PAs play a unique role as part of medical teams in virtually all medical specialties and healthcare systems. However, the contribution of PAs and the physician-PA team are not always captured in reporting systems. The AAPA strongly encourages HHS to encourage the development of patient-centered comparative effectiveness research to require that all public and private healthcare reporting systems identify medical services and payment for medical services provided by PAs. The Academy believes that a requirement of Medicare and Medicaid data systems to track medical care provided by PAs is essential to track the clinical and economic performance of PAs for issues related to cost-effectiveness, quality, and outcomes research; practice patterns; and to determine the volume of patient care services delivered for workforce projections.

Again, thank you for the opportunity to provide comments on the HHS Strategic Plan FY 2014-2018. AAPA looks forward to continuing to work with the Department toward the goals outlined in the strategic plan. Please do not hesitate to contact Sandy Harding, AAPA senior director of federal advocacy at sharding@aapa.org or 571-319-4338 with questions regarding the PA profession or the Academy's comments.

Sincerely,



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