American Academy of PAs

June 25, 2024

The Honorable Earl Blumenauer
1111 Longworth House Office Building
Washington, DC 20515

Dear Congressman Blumenauer:

On behalf of the more than 178,000 physician associates/physician assistants (PAs) throughout the United States, the American Academy of Physician Associates (AAPA) thanks you for your ongoing commitment to modernizing the Medicare hospice benefit to ensure the program better meets the needs of terminally ill beneficiaries and their families. AAPA is grateful for the leadership you and your staff have shown on health care issues in Congress Since 1997. The Academy is especially thankful for your work to better utilize PAs in the healthcare system and improve access to care for their patients, including your championing of the *Promoting Access to Diabetic Shoes Act*. PAs from Oregon and across the country greatly enjoyed hearing from you last September at our annual Leadership Advocacy Summit. AAPA appreciates the opportunity to submit comments in response to your draft legislation, the *Hospice Care Accountability, Reform, and Enforcement (Hospice CARE) Act* and urges you to consider additional policy updates which would bolster beneficiary access to needed care.

AAPA applauds you for your ongoing dedication to ensuring that all Americans have access to high-quality healthcare across their lifetimes. As our nation's population continues to age and the growing demand for hospice and palliative care continues to rise, we are confident that PAs are an integral part of the solution.[1] The PA profession was established in the 1960s at a time when the nation was facing a primary care shortage and was founded to improve access, especially in rural and underserved communities.[2] Today, PAs remain ready to respond to the national demand for greater access to high-quality healthcare services. PAs already possess the medical education, training, and experience to do so.

Patients with advanced or terminal illness would benefit from earlier and more available access to hospice and palliative medicine. However, an American Academy of Hospice and Palliative Medicine (AAHPM) task force, projecting potential supply and demand for specialist hospice and palliative medicine physicians through 2040, predicted that the need will range from 10,640 to 24,000 physicians and supply will range from 8,100 to 19,000. The task force concluded that current training capacity will not keep up with demand for services. Numerous other studies suggest provider numbers will fail to meet demand by a large margin. PAs can help to close that gap. With a solid medical background and skills necessary for palliative and hospice medicine, PAs have much to contribute.[3]

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[1] "The Growing Demand for Hospice and Palliative Medicine Physicians: Will the Supply Keep Up?," Pubmed, April 2018, doi: 10.1016/j.jpainsymman.2018.01.011.
[2] Cawley JF, Cawthon E, Hooker RS. Origins of the physician assistant movement in the United States. JAAPA. 2012 Dec;25(12):36-40, 42.
[3] "PAs in Hospice and Palliative Medicine," *AAPA*, August 2020, https://www.aapa.org/download/37398/.

CMS and healthcare policy experts have recognized that there are ongoing barriers to accessing care that result in hospice services being an underutilized benefit. Underutilization of hospice can lead to a prolonged patient usage of expensive and ineffective care. The causes of postponement in electing hospice care are numerous and may include the difficulty of a provider concluding a patient's prognosis is terminal and the difficulty with people confronting and accepting mortality. With so many factors delaying the use of hospice care, as well as creating access delays for those undergoing hospice care, unnecessary policy barriers create additional challenges. While AAPA does not claim that outdated Medicare hospice policies pertaining to PAs and their patients are the primary reason for the underutilization of hospice, the Academy believes that greater utilization of PAs has the potential to reduce care barriers and move toward ameliorating the problem of eligible beneficiaries not sufficiently accessing hospice services. Proper utilization of PAs will help ensure that hospice organizations are appropriately staffed with health professionals who can provide a broad array of services, increasing capacity and bolstering the benefit to patients.

Background: What is a PA?

PAs are medical professionals who diagnose illness, develop, and manage treatment plans, prescribe medications, and are often a patient's primary healthcare provider. PAs are highly trained professionals with thousands of hours of medical education and training who practice in all medical and surgical specialties in all 50 states, the District of Columbia, U.S. territories, and in the uniformed services. The typical PA education program provides students with an intensive, master's degree level, medical education over approximately three academic years, or 27 continuous months.[2] However, PA education does not end with graduation. To practice, PAs must pass the PA National Certifying Examination and obtain state licensure. To maintain certification, PAs must also complete 100 hours of continuing medical education (CME) every two years and pass a comprehensive examination every ten years.[3]

For more than 50 years, PAs have provided high-quality, cost-effective healthcare services to patients across the nation. However, barriers remain at the state and federal levels that prevent PAs from practicing to the full extent of their education, training, and license. These barriers diminish the value PAs can bring to the healthcare workforce and local communities, including rural communities suffering from ongoing shortages of qualified healthcare providers and limited access to hospice and palliative care.[4]

Barriers to PA practice in hospice and palliative medicine

In 2018, *the Medicare Patient Access to Hospice Act*, which was cosponsored by Representative Blumenauer, was included in *the Bipartisan Budget Act of 2018* and broadened the Medicare definition of hospice "attending physician" to include PAs. This inclusion took effect in January of 2019 and was a necessary step in ensuring adequate access to hospice care for Medicare patients, especially those in rural and underserved areas.

Removing additional barriers to ensure PAs can practice to the top of their license should be viewed as an important solution to the shortage of providers along with adequate access to primary, hospice and palliative care in rural and underserved areas. PAs regularly function as a patient's primary healthcare provider. Frequently, it is the primary provider, acting in the role of a Medicare hospice attending physician, who helps with a patient's transition to hospice and subsequently assists in facilitating care received.

Modernizing Medicare to ensure PAs can work to the top of their license, consistent with state law, will improve the quality and continuity of care available to patients receiving and transitioning to arbitrary restrictions on PAs

[4] Report to Congress: Medicare Payment Policy: Hospice Services, MedPAC, March 2024.

remain a significant barrier to care for patients needing hospice services and are amplified in their detrimental effects by ongoing provider shortages. ***Specifically, authorizing PAs to certify and recertify terminal illness and perform the face-to-face visits required for recertification for hospice patients – activities well within their scope and education – would significantly increase the number of highly qualified providers in the hospice workforce.***

Proposed Updates to Hospice CARE Draft Legislation

The inclusion of PAs in your hospice legislation can further the goals of matching patients and families with trusted providers who are already caring for them in their communities, and who can help hospices expand the significant role of face-to-face visits to elevate and ensure quality and integrity of care at the end-of-life. Currently, PAs and NPs are unable to certify/recertify a patient's terminal illness or admit to a hospital. In addition, PAs are not authorized to conduct a face-to-face encounter prior to recertification after a patient has been in hospice for 180 days. Removing such prohibitions would be in alignment with the goals of your proposed legislation, modernizing the Medicare hospice benefit and assuring that health professionals capable of providing such necessary services are authorized to do so.

AAPA recommendations:

- **Modify draft Sec. 2(f) to allow PAs, as well as NPs, to certify terminal illness**
- **Add a provision to modify 42 U.S.C. 1395f(a)(7)(A)(ii) to enable PAs and NPs to recertify terminal illness**
- **Add a provision to modify 42 U.S.C. 1395f(a)(7)(D)(il) to authorize PAs to perform the face-to-face encounter prior to recertification after a patient has been under the hospice benefit for 180 days**

Thank you for the opportunity to submit these recommendations and for your ongoing dedication to improving care for those under Medicare hospice. If we can be of assistance on this or any issue, please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at theuer@aapa.org.

Sincerely,

Lisa M. Gables, CPA
Chief Executive Officer