February 20, 2014

Honorable Ron Wyden  
Chairman  
Committee on Finance  
U.S. Senate  
Washington, DC  20510  

Honorable Dave Camp  
Chairman  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC  20515  

Honorable Fred Upton  
Chairman  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC  20515  

Honorable Orrin Hatch  
Ranking Minority Member  
Committee on Finance  
U.S. Senate  
Washington, DC  20510  

Honorable Sander Levin  
Ranking Minority Member  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC  20515  

Honorable Henry Waxman  
Ranking Minority Member  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC  20515

Dear Chairmen Wyden, Camp and Upton and Ranking Members Hatch, Levin and Waxman:

On behalf of the more than 95,000 physician assistants (PAs) represented by the American Academy of Physician Assistants (AAPA), I am writing to express the Academy’s appreciation of your leadership in moving forward with “SGR Repeal and Medicare Provider Payment Modernization Act of 2014” (H.R. 4015/S. 2000). This bipartisan, bicameral legislation offers great promise to provide long-sought stability to the Medicare program, benefitting Medicare beneficiaries and the healthcare professionals who serve them. We urge you to create a pathway to enact Sustainable Growth Rate (SGR) reform before the current SGR patch expires on March 31, 2014.

AAPA is pleased the framework developed for Medicare payment reform rewards value over volume and creates incentives for healthcare professionals and medical practices to move from the fee-for-service payment system toward alternative payment models, such as medical homes, accountable care organizations, and bundled payments.

AAPA appreciates that the legislation recognizes the role of PAs in providing complex chronic care management services and includes PAs as an eligible healthcare professional for the value-based performance (VBP) payment program. It is equally important that PAs are treated in the same way as physicians and nurse practitioners (NPs) with respect to quality measures, clinical practice improvement activities, and performance assessment, and in such a way that PAs will not be disadvantaged in a meaningful use quality measure because they have not been eligible to receive Medicare electronic health record (EHR) incentive payments.
As the legislation moves forward, AAPA urges the Committees to include the following essential provisions to ensure that Medicare beneficiaries may fully benefit from the quality medical care provided by PAs and to ensure that the Medicare program may accurately track the clinical and economic performance of PAs:

**PAs and Hospice Care:** The bill fully recognizes the role of PAs in providing complex chronic care management services. However, Medicare has not yet been updated to recognize the role of PAs in providing hospice care, an integral component of care for beneficiaries with complex chronic conditions who are at the end of life. To ensure that patients may fully benefit from medical care provided by PAs, AAPA urges the committees to include in the final legislation, the Senate Finance Committee approved provision to allow PAs to provide and manage hospice care for their Medicare patients. Medicare’s current lack of inclusion of PAs as hospice care providers limits efficient utilization of the PA workforce and creates problems in access to care and continuity of care for Medicare beneficiaries and their families at a time when they are most vulnerable.

**Transparency of Medical Care, Cost, and Outcomes:** AAPA agrees it is essential to track the medical care, cost, and outcomes of care provided by all members of the healthcare team. In order to accurately track care provided by PAs, AAPA encourages the use of a modifier to track Medicare-covered medical care and cost of care provided by PAs. Additionally, it is critical that EHR systems utilized by Medicare providers, including new delivery models such as ACOs and medical homes, and established medical practices, hospitals, nursing homes, etc., are capable of tracking medical care provided by PAs. Currently, Medicare-covered services provided by PAs are not consistently attributed to the PA. Unless the SGR legislation assures transparency of medical care provided by PAs, ongoing difficulties in tracking 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 will likely be perpetuated.

AAPA strongly encourages the Committees to add these provisions to SGR reform, believing that new Medicare reform payment models should not be limited by outdated or incomplete Medicare policy. Additionally, AAPA recommends that language adopted by the Senate Finance Committee to permit PAs to supervise cardiac and pulmonary rehabilitation services in critical access hospitals be included in the final legislation.

Once again, thank you for your leadership on the progress already achieved in crafting bipartisan, bicameral policy to repeal and replace the SGR. Our nation has a unique, but time limited, opportunity to bring stability to the Medicare program. We encourage you to continue to work together to develop a balanced approach to pay for SGR reform and to create a pathway to complete this important legislation before the expiration of the current SGR patch.

We look forward to continuing to work with you to refine and pass this critically needed legislation. Please do not hesitate to have your staff 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,

Lawrence Herman, PA-C, MPA
AAPA President