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Care Pharmacists
(SPPCP)

May 29, 2019

Seema Verma Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Dear Administrator Verma,

We, the undersigned organizations, are writing to express our concern regarding an issue that is creating serious barriers to care for some of the Medicare program's most vulnerable beneficiaries – terminally ill hospice patients. More than a year after the enactment of legislation authorizing Physician Assistants (PAs) to serve as hospice attending physicians to Medicare patients who have elected hospice, the Medicare hospice Conditions of Participation at §418.106(b) do not allow PAs to order medications for hospice patients. We ask for your assistance in helping to remedy this situation.

Until recently, Medicare policy was restrictive regarding the ability of PAs to provide hospice care. PAs were prohibited by statute from providing care that was directly related to a hospice patient's terminal illness. Other health professionals, physicians and nurse practitioners (NPs), could provide and be reimbursed for most services furnished in their capacity as a hospice "attending physician." Changes in federal legislation (the Medicare Patient Access to Hospice Act as part of the Bipartisan Budget Act of 2018) and, subsequently, in CMS regulation as a part of the FY2019 Hospice Wage Index final rule, have broadened the Medicare definition of hospice "attending physician" at 42 CFR §418.3 to include PAs. As of January 1, 2019, PAs are permitted to provide and manage care for hospice beneficiaries and have hospice services as an attending physician reimbursed by Medicare.

Despite the statutory and regulatory changes authorizing PAs to serve as a hospice patient's attending physician, there is one section of the Medicare Hospice Conditions of Participation (CoP), 42 CFR §418.106(b), which does not allow a PA to order medications for hospice patients. Now that PAs are authorized, by federal statute, as attending physicians for hospice, there is no reason they should be excluded from being able to order medications. PAs are authorized to prescribe in all 50 states and the District of Columbia and have been prescribing to Medicare beneficiaries outside of the hospice benefit for decades. PAs function as much needed physician extenders and could do so by serving as a hospice patient's attending physician. However, without the ability to prescribe, the role for PAs is



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extremely limited and most hospices are not able to take advantage of this additional healthcare professional.

We request that CMS take steps to allow PAs to fulfill their patient responsibilities as attending physicians. We also request that CMS identify opportunities in the rulemaking process to make adjustments to the Medicare Hospice CoPs in order to include PAs in official CoP language at 42 CFR §418.106(b), which identifies the list of practitioners who are authorized to prescribe medication to Medicare hospice patients.

Thank you for the opportunity to share our concerns regarding language contained in Medicare's Hospice CoPs which prohibits PAs from prescribing medications to terminally ill hospice patients. We welcome further discussion with appropriate staff at CMS regarding our concerns. For any questions you may have regarding our comments please do not hesitate to contact Amy Melnick at amym@nationalcoalitionhpc.org or Jeff Myers at myerje@ohsu.edu.

Sincerely,

Handwritten signature of Amy Melnick in black ink.

Amy Melnick, MPA
Executive Director
National Coalition for Hospice and
Palliative Care
amym@nationalcoalitionhpc.org
www.nationalcoalitionhpc.org

Handwritten signature of Jeff Myers in black ink, with "PAE" written above it.

Jeff Myers, PA-C, MMSc, MIH
President, Physician Assistants in
Hospice & Palliative Medicine
myerje@ohsu.edu
www.PAHPM.org

Signatories from the National Coalition for Hospice and Palliative Care:

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