



Hospice

Overview

PAs provide high-quality, cost-effective medical care in virtually all health settings and in every medical and surgical specialty. PAs are one of three healthcare professionals that provide primary medical care. PAs manage their own patient panels, lead patient-centered medical homes, and often serve as Medicare beneficiaries' principal healthcare professional. In rural and other medically underserved communities, a PA may be the only healthcare professional in the community.

Current Medicare rules hamper beneficiaries' access to care because the rules do not authorize PAs to certify the need for hospice care or to provide hospice care. This is an outdated roadblock to the continuous, clinically appropriate care that PAs provide for Medicare beneficiaries (and their families) at a time when they are most vulnerable. PAs provide this care to patients outside of the Medicare program.

Because of this, Medicare beneficiaries who desire or need hospice care at the end of their lives face delays, disruption of care, and denial of medically necessary care covered by Medicare. The stories of Medicare beneficiaries negatively affected by the flawed policy are sad and avoidable, including for example:

- A PA in rural Wyoming, who has cared for the same patients for decades, reported that some of his patients refuse hospice care when they learn he cannot provide or manage their care
- A patient in Virginia remained in a hospital intensive care unit for three days before a PA could obtain a hospice certification from a busy surgeon.

Recommendation

AAPA recommends that sections 1861(dd)(3)(B) and 1814(a)(7)(A)(i)(I) of the Social Security Act be amended to permit PAs to provide and manage hospice care. AAPA also recommends that PAs be authorized to certify the need for hospice care.

Background

The 1997 Balanced Budget Act broadly authorizes PAs to deliver physician medical services in Medicare as allowed by state law. State law, not outdated federal coverage policies, should determine the ability of PAs to provide medical care. State laws permit PAs to provide hospice care, yet Medicare does not.

PAs currently provide complex medical care and care coordination for Medicare beneficiaries and the dual eligible population. States are increasingly providing greater authority for PAs to practice to the full extent of their education, license, and experience. Updating Medicare to permit PAs to certify, provide, and manage hospice care will enable the Medicare program to do the same. With an aging population and looming physician shortage, especially in primary care, PAs will be increasingly relied upon for medical services.