

1 **RESOLUTION NO. *** (Mississippi A)**

2
3 **Allowing PAs to Perform Face-To-Face Exam for Hospice Recertification as NPs Perform**

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5 Introduced by the Mississippi Chapter

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7 Referred to the Reference Committee on ***

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10 WHEREAS, The more than 5,000 members of the American Academy of Hospice and
11 Palliative Medicine (AAHPM), have requested that the Centers for Medicare and Medicaid
12 Services (CMS) allow physician assistants (PAs) to perform face-to-face visits given the
13 workforce challenges facing the field, and

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15 WHEREAS, currently nurse practitioners (NPs) can perform mandatory face-to-face
16 recertification visits for hospice care, but PAs are not, despite similar status and training as
17 physician extenders, and

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19 WHEREAS, in Mississippi and other states, PAs are overseen by Medical Boards of
20 Licensure, while NPs are not, and

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22 WHEREAS, hospice physicians who work with PAs rather than NPs are not allowed to
23 utilize their preferred extender in their work due to the exclusion of PAs from hospice face-
24 to-face visits, and

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26 WHEREAS, using both PAs and NP) would ease the burden on hospices and hospice
27 physicians when it comes to making mandatory face-to-face recertification visits, and

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29 WHEREAS, this would be particularly helpful for small and rural hospices and physicians in
30 medically underserved areas, now, therefore, be it

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32 RESOLVED, That the American Academy of Family Physicians urge the Centers for
33 Medicare and Medicaid Services to allow both physician assistants (PAs) and nurse
34 practitioners (NPs) to satisfy the requirement for hospice face-to-face visits for
35 recertification with appropriate physician oversight or collaboration.

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37 (Received 8/9/17)

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39 **Fiscal Impact:** None

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41 **Background**

42 The resolution asks that the AAFP urge the Centers for Medicare and Medicaid Services
43 (CMS) to allow both physician assistants (PAs) and nurse practitioners (NPs) to satisfy the
44 requirement for hospice face-to-face visits for recertification with appropriate physician
45 oversight or collaboration. The CMS defines "[hospice care](#)" in terms of items and services
46 provided to a terminally ill individual by, or by others under an arrangement made by, a
47 hospice program under a written plan that is established and periodically reviewed by the
48 individual's attending physician and by the medical director of the program. The overall
49 goal for hospice is to provide quality, compassionate support and care for the terminally ill
50 patient.

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52 The AAFP's policy on [Team-Based Care](#), notes the central goal is to provide the most
53 effective, efficient, and accessible evidence-based care to the patient. Family physicians

1 and their staff adapt their care to the unique needs of their patients and communities.
2 Patients that reside in Health Professional Shortage Areas, Medically Underserved Areas,
3 and rural areas may lack sufficient health care providers to meet the health care needs of
4 the population. Thus, it may be difficult to satisfy the requirement for hospice face-to-face
5 visits for recertification by physicians alone.

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7 Current AAFP policy on [Non-Physician Providers](#) (NPP) stipulates that these providers
8 should always function under the "direction and responsible supervision" of a practicing,
9 licensed physician though in many states nurse practitioners have independent practice
10 authority. Additionally, AAFP policy on [Nurse Practitioners](#) indicates that the nurse
11 practitioner should only function in an integrated practice arrangement under the direction
12 and responsible supervision of a practicing, licensed physician.

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14 To provide an enduring relationship with patients and adapt care to meet the unique needs
15 of the patient population living in underserved, rural, or physician shortage areas by
16 expanding the NPP role in hospice with the appropriate physician oversight or collaboration
17 may allow the needs of the terminally ill patient to be met.

18 **Current Policy**

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21 [Guidelines on the Supervision of Certified Nurse Midwives, Nurse Practitioners, and](#)
22 [Physician Assistants](#)

23
24 [Hospice Care](#)

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26 [Nurse Practitioners](#)

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28 [Team-Based Care](#)

29 **Prior Congress Action**

30 None

31 **Prior Board Action**

32 None