

# United States Senate

WASHINGTON, DC 20510

September 17, 2014

Marilyn Tavenner  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Tavenner:

For more than 40 years, the Program of All Inclusive Care for the Elderly (PACE) has offered a comprehensive, fully integrated, provider-based option for the frailest and costliest members of our society – those who require a nursing home level of care. The PACE philosophy is centered on the belief that it is better for frail individuals and their families to be served in the community whenever possible. Although all PACE participants are eligible for nursing home care, 90 percent continue to live in the community.

PACE is in a unique position to help the Centers for Medicare and Medicaid Services (CMS) achieve its goals of better care, better health and increased cost-effectiveness for a larger and more diverse number of dually eligible individuals. However, current regulatory and statutory barriers have inhibited PACE growth and innovation.

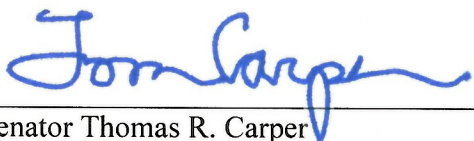
It is our understanding that CMS is currently revising 42 CFR Chapter IV, Subchapter E – Programs of All Inclusive Care for the Elderly. As the Agency considers regulatory changes, we encourage you to offer PACE the operational flexibility it needs to more effectively and efficiently serve our seniors who need long term services and supports. These flexibilities should:

1. Allow PACE organizations, as an alternative to operating a PACE Center, the option to offer services in other community settings, such as adult day health centers or senior centers, that support PACE participants interaction with one another and with the PACE interdisciplinary team members .
2. Allow PACE organizations to integrate community physicians as members of the PACE interdisciplinary team.
3. Provide operational flexibility to configure the PACE interdisciplinary team based on the needs of the individual participant, including greater flexibility in the use of nurse practitioners and physician assistants as primary care providers.
4. Conduct concurrent CMS and state agency, reviews of new PACE provider applications or service area expansion applications.

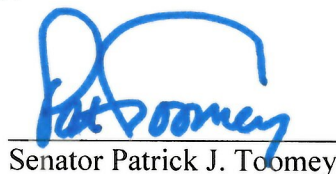
Operational flexibility is needed to ensure that PACE programs can continue to offer a high quality, cost effective option to seniors. We encourage CMS to release a revised PACE regulation and foster a regulatory environment that increases access to the proven, high-quality, cost-effective PACE model.

Thank you for your consideration of this request.

Sincerely,



Senator Thomas R. Carper



Senator Patrick J. Toomey




Senator Michael F. Bennet



Senator Richard Burr



Senator Charles E. Schumer



Senator Marco Rubio



Senator Debbie Stabenow



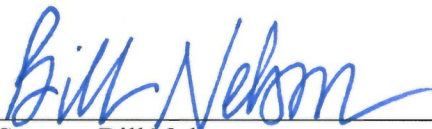
Senator Lamar Alexander



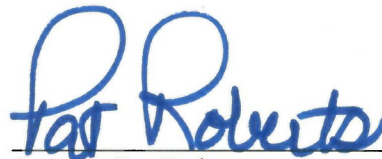
Senator Mark R. Warner



Senator Michael B. Enzi



Senator Bill Nelson



Senator Pat Roberts



Senator Cory A. Booker