

Congress of the United States
Washington, DC 20515

March 7, 2014

The Honorable Dave Camp
Chairman
House Ways and Means Committee
1102 Longworth HOB
Washington, D.C. 20515

The Honorable Fred Upton
Chairman
House Energy and Commerce Committee
2125 Rayburn HOB
Washington, D.C. 20515

The Honorable Sander Levin
Ranking Member
Ways and Means Committee
1109 Longworth HOB
Washington, D.C. 20515

The Honorable Henry Waxman
Ranking Member
Energy and Commerce Committee
2322 A Rayburn HHOB
Washington, D.C. 20515

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

As you consider legislation to reform and repeal the Sustainable Growth Rate (SGR) and extend other health policies, we are writing to respectfully request that you give strong consideration to including provisions similar to those contained in Section 251 of the *SGR Repeal and Medicare Beneficiary Access Improvement Act* (S. 1871) in a final bill. This provision would allow small but important changes to the Program of All Inclusive Care for the Elderly (PACE).

As you know, PACE is a comprehensive, fully-integrated, provider-based health plan for the frailest and most costly 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.

PACE currently serves more than 30,000 participants through 99 programs in 31 states, but with additional flexibilities, could expand to allow even more high risk, high need individuals stay in their homes and communities. Section 251, which was offered as a bipartisan amendment by Senators Tom Carper (D-DE), Patrick Toomey (R-PA), and Michael Bennet (D-CO), would allow the Center for Medicare and Medicaid Services (CMS) to apply its waiver authority under Section 1115 Research & Demonstration Projects and through the Center for Medicare and Medicaid Innovation (CMMI) to PACE programs. It also includes a provision stating that it is the sense of the Senate that CMS should provide PACE organizations with increased operational flexibility.

If enacted, this amendment will provide CMS and PACE organizations the flexibility they need to expand and innovate the PACE model of care to individuals with disabilities, people with multiple chronic conditions, and others who require a fully integrated care model. Moreover, the amendment would allow for operational flexibilities that currently inhibit PACE growth.

We recognize that your committees have a large task as you seek permanent repeal of the SGR and extension of various policies and remain hopeful that you will use this opportunity to build on the proven, bipartisan, high-quality program we have in PACE. Accordingly, we respectfully request that you carefully review the Senate language and retain Section 251 in any final version brought to the floor of the House for a vote.

Thank you for your time and consideration of this request and we stand ready to provide any additional information or assistance on this matter.

Sincerely,

Aimee Smith

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Paul Torka

Anthony Depina

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