

COALITION MEMBERS December 7, 2022

American Academy of Hospice
and Palliative Medicine
(AAHPM)

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

Association of
Professional Chaplains
(APC)

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representative
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

The Catholic Health Association
of the United States
(CHA)

Center to Advance
Palliative Care
(CAPC)

HealthCare
Chaplaincy Network™
(HCCN)

Hospice and Palliative
Nurses Association
(HPNA)

National Association for Home
Care & Hospice
(NAHC)

National Hospice and
Palliative Care Organization
(NHPCO)

National Palliative
Care Research Center
(NPCRC)

Palliative Care Quality
Collaborative
(PCQC)

Physician Assistants in Hospice
and Palliative Medicine
(PAHPM)

Social Work Hospice &
Palliative Care Network
(SWHPN)

Society of Pain & Palliative
Care Pharmacists
(SPCCP)

Re: Opposition to Medicare hospice benefit policy changes that threaten access to care

Dear Speaker Pelosi, Leader Schumer, Leader McConnell, & Leader McCarthy:

On behalf of the thirteen member organizations of the National Coalition for Hospice and Palliative Care, we write to express our **concerns about the prospects of disruptive Medicare hospice benefit (MHB) policy changes that are being considered for inclusion in a year-end legislative package.** A specific change that would be especially problematic is a reduction of the hospice aggregate payment cap. At a time when the demand and need for high-quality end-of-life (EOL) care has never been greater, we are concerned an untargeted hospice payment cut would reduce access to compassionate care for some of the most at-risk patients and families. The mission of the Coalition is to improve the care of people with serious or life-limiting illnesses by convening the field, advocating for equitable policies and improved health outcomes, establishing best practices, and sharing resources.

Even though we know that only about half of Medicare beneficiaries who die each year access *any* hospice, we are aware that in recent years some stakeholders have focused on patients who are on hospice for what they consider to be “too long”. An example of this focus is MedPAC’s recommendation to wage-adjust and reduce the hospice aggregate payment cap by 20% across-the-board, first put forward in 2020.

This particular policy change would potentially make it harder for hospices to serve many appropriate and eligible patients, particularly those with neurological conditions and other non-cancer diagnoses. These patients, who we know benefit greatly from hospice services, have more unpredictable disease trajectories, which makes it more difficult to determine with certainty when they will die, a task that is especially difficult for individuals with Alzheimer’s Disease and

related dementias (ADRD). A blunt reduction in the hospice cap could create major disincentives to serve these patients, threatening access to care. Particularly for the ADRD population, research has shown that hospice improves their quality

of life and that of their caregivers¹, with one researcher arguing recently that it is important to ensure that hospice payment reform policies “... *do not result in more burdensome transitions for persons with dementia and that persons with dementia still have access to high-quality end-of-life care,*”, especially because “...*other [non-hospice] services to support persons with dementia who are approaching end of life and their caregivers are still often piecemeal, insufficient, or not available nationwide.*”²

As the number of people who could benefit from the comprehensive, person-and-family centered care of the MHB grows rapidly in the coming years, it is important that policymakers take action to *increase* access to this kind of care, while pursuing targeted program integrity solutions that reduce instances of Medicare fraud. To that end, we urge you to strongly reject any attempts to cut hospice payments in an end-of-year legislative package. If you would like to discuss this with leaders of the Coalition, please contact Executive Director, Amy Melnick, amym@nationalcoalitionhpc.org 202-306-3590. Thank you very much for your consideration.

Sincerely,

Coalition Signatories

NCHPC Member organizations:

American Academy of Hospice and Palliative Medicine
Association of Professional Chaplains
Health Care Chaplaincy Network
Hospice Action Network
Hospice & Palliative Nurses Association
National Association of Home Care & Hospice
National Hospice and Palliative Care Organization
National Palliative Care Research Center
Physician’s Assistants in Hospice and Palliative Medicine
Social Work Hospice and Palliative Care Network
Society for Pain and Palliative Care Pharmacists

State Affiliate Organizations:

NAHC Forum of State Associations
NHPCO Council of States

¹ *Hospice Improves Care Quality for Older Adults With Dementia In Their Last Month Of Life* (June 2022): <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01985>

² *Impact of Comorbid Dementia on Patterns of Hospice Use* (March 2022): <https://www.liebertpub.com/doi/full/10.1089/jpm.2021.0055>