

March 20, 2023

**COALITION MEMBERS**

American Academy of Hospice  
and Palliative Medicine  
(AAHPM)

Association of  
Professional Chaplains  
(APC)

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  
(SPPCP)

The Honorable Bernie Sanders  
Chairman  
Senate Health, Education, Labor  
and Pensions Committee  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Bill Cassidy, MD  
Ranking Member  
Senate Health, Education, Labor  
and Pensions Committee  
428 Dirksen Senate Office Building  
Washington, DC 20510

**RE: Request for Information from Stakeholders on Workforce Shortages – Hospice & Palliative Care**

Dear Chairman Sanders and Ranking Member Cassidy:

The National Coalition for Hospice and Palliative Care commend your leadership of the Senate Health, Education, Labor and Pensions (HELP) Committee and your decision to focus on the critical issue of health care workforce shortages. We appreciate your focus on the growing workforce crisis facing all Americans as they struggle to access healthcare, especially those with serious illness. Our comments focus on the root causes of the palliative care workforce shortage and potential bipartisan ways to address it. The Coalition’s mission is to convene the field, advocate for equitable health care policies and improved health outcomes and work together to create and share best practices to improve serious illness care. Our Coalition encourages you to focus on the following bipartisan solutions that have been previously introduced in Congress and could be seamlessly incorporated into any future Senate legislation to help ameliorate the health care workforce crisis.

**Palliative Care and Hospice Education and Training Act (PCHETA, [S. 4260](#), 117th Congress)**

- Passed the US House of Representatives in the 115th and 116th Congress. This legislation would help train the health care workforce in critical palliative care skills and help train more interdisciplinary members of the hospice and palliative care team such as physicians, nurses and social workers.

**Provider Training in Palliative Care Act ([S.2890](#), 117th Congress)**

- This bipartisan legislation allows participants in the National Health Service Corps to defer their obligated service in order to receive training in palliative care services.

**Root Causes of the Hospice and Palliative Care Workforce Shortages**

***Even before*** the pandemic, there was published literature that the palliative care field was facing current and severe upcoming shortages due to the

- 1) aging of the field,
- 2) lack of training opportunities, and
- 3) increased levels of burnout.<sup>1</sup>

<sup>1</sup> <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00018> , Kamal et al

The COVID-19 pandemic led to an increased demand and recognition that palliative care teams are essential to care for patients with serious illness.<sup>2</sup> Interdisciplinary palliative care teams (physicians, registered nurses, physician assistants, advanced practice providers, chaplains, social workers and pharmacists) help overwhelmed families and patients cope with the stresses of living with serious illnesses, while also, through the provision of an added layer of support, alleviating some of the capacity burden other providers caring for these patients face. These teams treat patients with a variety of serious illnesses by addressing both physical and psychosocial pain, a multitude of symptoms, and the distress of a serious illness. Palliative care is beneficial at any stage of a serious illness, delivered by an interdisciplinary care team and designed to anticipate, prevent, and manage physical, psychological, social, and spiritual suffering to improve quality of life for patients, their families, and caregivers. Palliative care can be delivered in any care setting through the collaboration of these many types of care providers. Through early integration into the care plan of seriously ill people, palliative care improves quality of life for both the patient and the family.<sup>3</sup>

Other root causes of the palliative care workforce shortage include:

- **Lack of research into the workforce capacity and growth of nonphysician palliative care clinicians.** Specialty palliative care is most effectively delivered by an interdisciplinary team, and policy solutions must address workforce needs across all disciplines.<sup>4</sup> The Coalition recommends support for additional research to accurately describe the size and composition of these disciplines and clearly define their workforce needs.
- **Inadequate reimbursement for the palliative care team:** While outside of Senate HELP's jurisdiction, the Coalition recommends that the Senate HELP Committee encourage the Senate Finance Committee to explore legislation such as the bipartisan "*Expanding Access to Palliative Care Act*". This bill, introduced in the 117th Congress, encourages testing new Medicare payment and delivery models for palliative care that focus on providing adequate financial resources and support for interdisciplinary teams from a variety of provider types to deliver this critical care.
- **Insufficient evidence-based strategies to address burnout and build resilience:** The Coalition urges the Senate HELP Committee to support research and strategies that address the worsening of the burnout rate and support authentic workforce resilience efforts. The impact of COVID-19 cannot be underestimated, as thousands of health care workers, including those providing hospice and palliative care, paid the ultimate sacrifice with their lives in combatting this deadly pandemic.<sup>5</sup>

### **Potential Bipartisan Solutions**

**Palliative Care and Hospice Education and Training Act (PCHETA):** PCHETA is bipartisan legislation that has already passed the US of House of Representatives in the 115th and the 116th Congresses and was introduced in the 117th Congress by Sens. Tammy Baldwin and Shelley Moore Capito and raised during last month's hearing. PCHETA ([S. 4260](#)) seeks to address shortages in the interdisciplinary serious illness care workforce.

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<sup>2</sup> <https://magazine.medlineplus.gov/article/new-research-on-palliative-care-and-covid-19>

<sup>3</sup> National Consensus Project for Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care, 4th edition. Richmond, VA: National Coalition for Hospice and Palliative Care; 2018.

<https://www.nationalcoalitionhpc.org/ncp>.

<sup>4</sup> Kamal et al.

<sup>5</sup> <https://www.chiefhealthcareexecutive.com/view/the-u-s-reaches-1-million-covid-19-deaths-how-many-are-healthcare-workers->

Widespread reports from our [Coalition Members](#) indicate that physicians, physician assistants, nurses, social workers, aides, and chaplaincy professionals continue to leave the health care workforce at greater numbers than new clinicians are entering it. If passed and funded, PCHETA would:

- Train physicians (and encourage them to train others) through palliative care academic career development awards, which are modeled on the federally-funded Geriatrics Academic Career Award (GACA) Program. These competitive awards would provide salary support for early-career physicians to develop clinical, educational, and research expertise and grow into leadership roles in their institutions, communities, and the field. Based on the GACA model, it has been projected that 9,300 additional health professionals would receive palliative care education and training through palliative care academic career development awards if PCHETA was passed and funded.<sup>6</sup>
- PCHETA also provides career incentive awards for nonphysician clinicians, such as nurses, who commit to practicing and teaching palliative care, as well as funding for training centers to provide short-term, intensive training to build both clinical and educational skills in caring for people with serious illness.
  - Currently there are less than ten palliative fellowship positions for advanced practice registered nurses, six graduate schools of nursing that have palliative care as an additional specialty focus; and eight programs that offer master’s degrees or certificates in palliative care. The nursing shortage was well documented during the February Senate HELP hearing, “Examining Health Care Workforce Shortages: Where Do We Go From Here?” PCHETA is one solution that could help address the nursing shortage.
- PCHETA not only works to address the critical shortage of health professionals by bolstering palliative care training, but it also emphasizes the need to build the evidence base for serious illness care and educate all clinicians who care for seriously ill patients.

**Coalition Recommendations:** The Coalition and our thirteen member organizations request the following legislation be included in any forthcoming health care workforce package:

***Palliative Care and Hospice Education and Training Act ([S. 4260](#); 117th Congress)***

PCHETA has garnered broad bi-partisan support in recent years. PCHETA is also [supported](#) by more than 60 national and state organizations. We urge you to ensure that all Americans facing serious illness have access to palliative care and to support the development of needed training programs for our health care professionals.

***Provider Training in Palliative Care Act ([S.2890](#), 117th Congress)***

This bipartisan legislation would modestly expand the National Health Service Corps (NHSC) to allow participants to defer their obligated service to receive training in palliative care. As was expressed during the Senate HELP hearing last month, expanding the NHSC is an effective (though not completely sufficient) way to support more than 20,000 primary care medical and behavioral health providers through scholarships and loan repayment programs. This modest program modification would enable these clinicians to gain the palliative care training that is so desperately needed in rural and underserved areas.

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<sup>6</sup> Kamal et al.

The National Coalition for Hospice and Palliative Care thanks you for the opportunity to provide stakeholder input into the Committee's deliberations. As you seek solutions to the health care workforce crisis facing our nation, the Coalition and our Member organizations welcome the opportunity to discuss our views with you. If you have any questions or would like to discuss these recommendations in more detail, please contact Amy Melnick, Executive Director, at [amym@nationacoalitionhpc.org](mailto:amym@nationacoalitionhpc.org) or 202.306.3590.

Sincerely,

***ENDORISING ORGANZATIONS***

**American Academy of Hospice and Palliative Medicine**

**Association of Professional Chaplains**

**Center to Advance Palliative Care**

**HealthCare Chaplaincy Network**

**Hospice and Palliative Nurses Association**

**National Association for Home Care & Hospice**

**National Hospice and Palliative Care Organization**

**National Palliative Care Research Center**

**Palliative Care Quality Collaborative**

**Physician Assistants in Hospice and Palliative Medicine**

**Social Work Hospice and Palliative Care Network**

**Society of Pain and Palliative Care Pharmacists**