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WHO WE ARE

The National Hospice and Palliative Care Organization (NHPCO) is the largest membership organization representing hospice and palliative care programs and professionals in the United States. We represent over 4,000 hospice programs that care for the majority of hospice patients in the US. NHPCO is committed to improving end-of-life care and expanding access to hospice so that individuals and families facing serious illness, death, and grief will experience the best care that humankind can offer.

Rural Health Centers, Federally Qualified Health Centers, and Hospice

Background

Rural Health Centers (RHC) were created in 1977 as a response to a shortage of physicians serving Medicare patients in rural America. Through increased use of physician assistants and nurse practitioners, RHCs provide primary care in more than 4,000 communities across the country.ⁱ Fourteen years later, Federally Qualified Health Centers (FQHCs) were established to promote primary care service delivery in underserved urban and rural communities.ⁱⁱ For some patients, RHCs and FQHCs are their only source for primary care. Over 21 million Americans were served at 9,000 FQHC sites in 2013.ⁱⁱⁱ

RHCs/FQHCs and Hospice

Despite recent growth in hospice utilization, hospice care is underutilized in rural areas. A March 2015 report from the Medicare Payment Advisory Commission (MedPAC) found that 48.5 percent of Medicare decedents in an urban area utilized hospice, compared to 32.2 percent of decedents in frontier regions.^{iv}

One reason for this disparity is a statutory barrier that inhibits access to hospice in rural communities. When patients enroll in hospice, they select a physician or nurse practitioner to serve as their attending physician. The attending physician collaborates with the hospice in the development of the care plan, and is kept informed of the patient's care. Typically, the attending physician is reimbursed for these services under Medicare Part B. Unfortunately, RHCs and FQHCs do not bill Medicare under Part B; they are paid a fixed, all-inclusive payment for all services provided to Medicare beneficiaries. Unfortunately, due to a statutory oversight, hospice is not included under this all-inclusive payment.

This technical glitch keeps some patients from having their primary care physician of 20 years serve as their attending physician. The National Advisory Committee on Rural Health and Human Services notes that when rural patients discover that their primary care provider is unable to serve as their attending physician, patients choose to dis-enroll from hospice, or not to enroll at all.^v

The Solution

Skilled nursing facilities (SNFs) faced a similar prohibition from RHC physicians providing services to SNF residents. In 2003, Congress passed legislation that allowed RHC and FQHC physicians to bill Medicare separately for their services in a SNF. We believe a similar approach would ensure patient access to the hospice benefit in rural communities.

Rep. Lynn Jenkins (R-KS) and Rep. Ron Kind (D-WI) introduced this Rural Access to Hospice Act (H.R. 1828) in the House. This bill would allow RHCs and FQHCs to receive payment for serving as the hospice attending physician. A companion bill is expected to be introduced in the Senate. NHPCO and HAN urge all members of Congress to cosponsor this common-sense, non-controversial legislation, and ensure that terminally ill beneficiaries in rural communities can access the hospice benefit.

For more information on this legislation, contact Sharon Pearce at spearce@nhpco.org.

ⁱ Centers for Medicare and Medicaid Services. Medicare Certified Rural Health Clinics. August 2014. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/RuralHlthClinfctsht.pdf>.

ⁱⁱ Centers for Medicare and Medicaid Services. Medicare Certified Rural Health Clinics. January 2013. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/fqhcfactsheet.pdf>.

ⁱⁱⁱ National Association of Community Health Centers (NACHC). Key Health Center Data by State, 2013. Federally-Funded Health Centers Only. <http://www.nachc.com/client/2013%20Key%20facts%20by%20state%20data.pdf>.

^{iv} Medicare Payment Advisory Commission. Report to the Congress: Medicare Payment Policy. March 2015.

^v HRSA. Office of Rural Health Policy. National Advisory Committee on Rural Health and Human Services Policy. "Rural Implications of Changes to the Medicare Hospice Benefit." August 2013.

<http://www.hrsa.gov/advisorycommittees/rural/publications/nacrhhshospicebrief.pdf>.