



January 3, 2017

President-Elect Donald J. Trump  
Trump-Pence Transition Team  
1717 Pennsylvania Ave, NW  
Washington, DC 20006

Dear President-Elect Trump,

On behalf of the National Hospice and Palliative Care Organization (NHPCO), our more than 4,000 hospice members, and the 1.6 million Americans who benefit from hospice care each year, congratulations on your hard-fought victory to become President of the United States. We look forward to working with you, Vice President-Elect Pence, Secretary-nominee Price, and others in your administration, as you turn to the rigorous task of governing.

As you may know, hospice is a coordinated model for quality, compassionate care for people facing a life-limiting illness. Hospices provide expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes, while also supporting the patient's family. The core of the hospice philosophy is the belief that all people have the right to die with their pain addressed and with dignity, and that families and caregivers should have the necessary support to care for their dying loved-one.

Similarly, palliative care is patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Unlike the Medicare hospice benefit—which is available only to individuals who have a terminal prognosis of 6 months or less to live, and who agree to forego more conventional, aggressive therapies—palliative care is provided throughout the continuum of illness, irrespective of whether the patient has a terminal prognosis, and can be provided concurrent with care aimed at cure or disease modification.

Hospice and palliative care are very cost-effective care models. A March 2013 study by the Icahn School of Medicine at Mount Sinai in New York City found that hospice enrollment reduces Medicare costs and improves care quality for Medicare beneficiaries. Similarly, a 2007 Duke University study found that hospice care reduces Medicare program expenditures by an average of \$2,300 in the last year of life. A 2009 study published in the *Journal of Palliative Medicine* found that patients receiving concurrent palliative and curative treatments were half as likely to visit the emergency department, and had hospitalizations and ICU days at one-third the rate of the comparator population. Investment in and expansion of hospice and palliative care models would help your Administration deliver on its promise to deliver high-quality, patient-centered health care at a cost-effective price.

Health care reform and affordability were widely discussed during the 2016 Presidential debate. As you explore policy options in the near future, we wanted to highlight the following issues of importance to the hospice and palliative care community.

## ***Hospice and Palliative Care Policy within the Affordable Care Act***

We recognize that repeal of the Affordable Care Act (ACA) is a high priority for your administration. As efforts move forward on replace, we wanted to bring to your attention several provisions of importance to our community.

- *Section 3132 (b) (2) Face-to-Face Physician or NP visit prior to 180 day recertification*  
The ACA required that a hospice physician or nurse practitioner have a face-to-face visit with each patient before the patient's third benefit period (after 180 days of care) and before each subsequent benefit period. The intent of this requirement was to ensure that hospices serve only eligible patients (i.e., patients with a terminal prognosis of six months or less to live if their disease runs its normal trajectory). NHPCO supported the addition of the face-to-face physician or nurse practitioner requirement.

However, research has shown that the face-to-face visit has no impact on whether the patient remains eligible for the Medicare hospice benefit. **NHPCO recommends elimination of this requirement.**

- *Section 2302 – Concurrent Care for Children in Medicaid and CHIP Programs.* This provision allows children who are eligible for Medicaid and CHIP and meet the hospice eligibility criteria to access hospice services without forgoing any other service for treatment of the terminal condition. Specifically, this provision allows seriously- and terminally-ill children to access pain and symptom management, family counseling, spiritual counseling, and other services -- provided by specially-trained hospice staff -- while continuing to pursue aggressive or life-prolonging treatments.

Children with serious or life-limiting illness should not have to sacrifice curative treatments in order to access much-needed pain and symptom relief and social and emotional care. **NHPCO recommends preserving this important protection.**

- *Section 3021 – Authorization for the Center for Medicare and Medicaid Innovation (CMMI)* The Medicare Care Choices Model is a demonstration under the purview of the Center for Medicare and Medicaid Innovation (CMMI). The MCCM was created to allow certain Medicare beneficiaries to receive supportive palliative care services while concurrently receiving curative care. The demonstration is intended to test whether these patients benefit from additional care coordination and support, enjoy a higher quality of life, experience fewer hospitalizations and other preventable health expenditures, and – if their health deteriorates -- are able to transition to hospice in a more timely fashion.

Currently, 140 Medicare certified hospice programs are participating in the Medicare Care Choices Model demonstration. While this initiative is still in its formative stages, it holds great promise to transform care for individuals with advanced and life-limiting illness. As the US population continues to age, initiatives such as the MCCM can inform

and lead larger delivery-system reforms that allow for greater patient choice, improve health care quality, and are more cost-effective. **NHPCO strongly supports the continuation of this initiative and other models that support earlier access to hospice and palliative care.**

### **Hospice and Palliative Care Innovation and Modernization**

Beyond the Affordable Care Act, NHPCO supports a range of policy changes that preserve and promote access to hospice and palliative care. Our agenda is guided by the belief that patients facing the end of life should have access to information regarding their choices, to ensure that they get the right care at the right time, for the right reasons, and that their decisions are honored.

As you explore reforms to the Medicare program, it is of paramount importance that we preserve and strengthen the existing Medicare Hospice Benefit. Specifically, we urge you to consider policies that:

- Ensure beneficiary access to the hospice of his or her choice
- Maintain the comprehensive design of the hospice benefit
- Preserve the autonomy of the hospice physician
- Minimize administrative and regulatory burden for hospice providers
- Assure the financial stability of hospice programs

Further, we hope you will pursue policies that expand access to community-based palliative care, bolster the hospice and palliative care workforce, and ensure strong and effective program integrity measures that appropriately target and prevent fraudulent activity.

NHPCO stands as a ready partner to identify and refine specific policy recommendations to help achieve these ends. We look forward to working with you and your Administration in the coming years, to ensure that our nation's frailest and most vulnerable populations – those with serious and life-limiting illness – receive the care they want and deserve.

Congratulations, once again, on your victory. We look forward to working with you.

Sincerely,

A handwritten signature in black ink, reading "J. Donald Schumacher". The signature is written in a cursive, flowing style.

J. Donald Schumacher  
President and CEO