Background
Hospice is a person-centered model that works to meet the unique needs of patients and families facing serious illness at the end of life. Education and training programs can stem provider shortage issues by encouraging more individuals to pursue a profession in the hospice and palliative care fields.

There is a shortage of adequately trained hospice or palliative care providers, and the current rates of educating and training medical professionals in palliative care will not be sufficient to ensure aging Americans access to quality palliative care. Estimates show that there will be no more than 1 percent growth in the palliative care and hospice physician workforce in the next 20 years, while the number of people eligible for palliative care will increase by over 20 percent. Without a boost for palliative care education and training, there will be only one palliative physician for every 26,000 seriously ill patients by 2030.¹

The Solution
The Palliative Care and Hospice Education and Training Act (PCHETA) addresses this workforce shortage by:

- Establishing Palliative Care and Hospice Education Centers which would provide in-depth and improved training for physicians, nurses, social workers, chaplains, pharmacists, and other allied specialties in palliative care. These education centers would also offer fellowship programs to provide training for faculty members in various medical institutions to enhance knowledge and care skills for patients facing life-limiting illnesses.

- Expanding Palliative Care Research by directing the National Institutes of Health to allocate existing funds for research to advance clinical practice and care delivery for patients with advanced and life-limiting illness.

- Providing Academic Awards and Career Incentive Awards to promote career development of board certified/eligible physicians in palliative medicine and offer grants and contracts for eligible healthcare professionals who agree to teach or practice in the field of palliative care for several years.

- Establishing a National Awareness Campaign which will inform the public and healthcare professionals about this important field of practice and ensure it is equipped to serve the increasing need of patients.

During the 115th Congress CBO estimated that implementing PCHETA would cost $86 million from 2018-2023. According to CBO, the legislation would not affect direct spending or revenues nor does it contain intergovernmental or private-sector mandates. CBO estimates that enacting PCHETA would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

During the 115th Congress, PCHETA passed the House and received 285 co-sponsors. This legislation is currently sponsored in the House by Representatives Eliot Engel (D-NY), Tom Reed (R-NY), Yvette Clarke (D-NY), Buddy Carter (R-GA), Frank Pallone (D-NJ), and Greg Walden (R-OR) and is led in the Senate by Senators Tammy Baldwin (D-WI) and Shelly Moore Capito (R-WV). For more information on this legislation, contact NHPCO’s Hospice Action Network Team at info@nhpcohan.org.