NHPCO
National Hospice and Palliative Care Organization

1731 King Street
Alexandria, VA 22314
nhpco.org

tel. 703.837.1500
fax. 703.837.1233

December 22, 2020

President-elect Joseph R. Biden, Jr.
Washington, DC

CC: Biden Transition Team & COVID-19 Task Force
Re: Access to Community-Based Palliative Care and Hospice

Dear President-elect Biden:

On behalf of the National Hospice and Palliative Care Organization (NHPCO), we write to congratulate you and Vice President-elect Harris on your election as our next President and Vice president of the United States. We look forward to working closely with you and your administration to support our health care providers as we continue to face these incredibly challenging times.

NHPCO is the largest membership organization representing the entire spectrum of hospice and palliative care programs and professionals in the United States. NHPCO is comprised of over 4,000 hospice locations with more than 57,000 hospice staff and millions of volunteers, as well as 48 state hospice and palliative care organizations.

Access to Community-Based Palliative Care & Hospice

For over 40 years, hospice and palliative care organizations have provided comfort and dignity to millions of Americans, allowing the seriously ill at the end of life to spend their final months in peace and surrounded by loved ones. This has become more important than ever as we continue to battle COVID-19, one of the worst and most deadly pandemics in our nation's history.

Hospice and palliative care providers have been on the front lines of the COVID-19 pandemic, offering care and counseling to patients and their families during this difficult time. COVID-19 has taken a toll on seriously ill patients and their families, as well as the hospice and palliative care staff that care for them. In many communities, hospice and palliative care providers are caring for the elderly and most vulnerable Americans in the home to keep patients and families safe. They also provide care in freestanding hospice facilities, hospitals, nursing homes and other long-term care facilities or wherever patients choose to call home.

NHPCO recognizes that there are serious racial disparities in palliative care and hospice access among Americans. Of all Medicare decedents in 2018, 50.7% were enrolled in hospice at the time of death and over 82% of those beneficiaries were white.[1] We recognize the urgent need to make hospice and palliative care more equitable for all patients with serious illness and we are

[1] https://www.nhpco.org/wp-content/uploads/NHPCO-Facts-Figures-2020-edition.pdf

committed to advancing policies that support our community as they do all they can to provide high quality, comprehensive and holistic care.

Specifically, NHPCO supports racial and ethnic diversity in the hospice and palliative care workforce because a program must foster a culture of inclusion both internally and externally to reach the whole community. We have developed many tools and educational resources to promote this goal, while also encouraging more individuals to pursue a profession in hospice and palliative care.

Given the importance of caring for our most vulnerable communities, we believe that prioritizing access to palliative care and hospice is a worthy focus area for the incoming administration and suggest the following:

Immediate needs

NHPCO has identified three hospice and palliative care policy priorities for your administration to consider: COVID-19 relief, implementation of a Community-Based Palliative Care Demonstration Model and delaying the implementation of the Medicare Advantage Value-Based Insurance Design Model.

Prioritize COVID-19 Relief for Hospice and Palliative Care Providers

Like other health care providers, hospice and palliative care providers have been severely impacted by the COVID-19 pandemic. Extending the Public Health Emergency will provide essential support to hospices and palliative care providers as they continue to serve patients safely and effectively, as communities continue to grapple with COVID-19.

Extend the Public Health Emergency

The Hospice community has benefited from flexibilities provided during the Public Health Emergency. HHS, through waiver authority granted during the Public Health Emergency, effective January 27, 2020 and extended effective April 26 and October 23, 2020, has provided the hospice and palliative care community with necessary resources and flexibilities through approved Section 1135 waivers for hospice providers, allowing critical services to be provided via telehealth, and flexibility for some Medicare Hospice Conditions of Participation. The waivers have enabled hospice and palliative care providers to respond effectively to the urgent and complex needs of our patients and their families and to limit the exposure to COVID-19 by patients, families, and staff.

Therefore, at the outset, we urge immediate action to extend the PHE, which was last renewed for another 90 days, beginning on October 23 and extending through January 20, 2021.

Prioritize Vaccination for Hospice Workers, Hospice Patients, and Hospice Caregivers

Like all Americans, we are heartened to see that vaccines are now being distributed throughout the country. Hospice and palliative care professionals provide services in the

patient's place of residence, including their homes, nursing homes, skilled nursing facilities, and long-term care facilities. Designation of COVID-19 vaccines to hospice and palliative care staff, their families, patients, and caregivers would quickly help prevent further spread of COVID-19 throughout different healthcare settings and surrounding communities.

We request that HHS make hospice and palliative providers and staff priority recipients of COVID-19 vaccines.

Implement a Community-Based Palliative Care Demonstration Model

COVID-19 has taught hospice and palliative care providers a great deal about the "holes" in care for seriously ill individuals and their families. We request your support for testing a new health care payment and delivery model that would improve access to community-based palliative care for patients and families facing serious illness. **Specifically, we are urging you to implement a community-based palliative care demonstration (CBPC) model which identifies and cares for seriously ill patients whose care needs can be provided in their homes in the community through the Centers for Medicare & Medicaid Services Center for Medicare & Medicaid Innovation (CMMI).**

There is a significant evidence base to support the need for a CMMI supported community-based palliative care effort that would lead to improved quality and cost outcomes for beneficiaries experiencing serious illness. In fact, a 2017 study in the Journal of Palliative Medicine found that the impact of a community-based palliative care program implemented within an Accountable Care Organization (ACO) "was associated with significant cost savings, fewer hospitalizations, and increased hospice use in the final months of life."[2] Additionally, a community-based palliative care demonstration would enable access to a specially trained interdisciplinary clinical team providing relief from symptom distress while the patient continues to pursue curative treatment. This is especially important for seriously ill patients with comorbidities who are battling conditions such as COVID-19.

The most feasible and expeditious way to test the impact of a national community-based palliative care benefit is by launching a community-based palliative care demonstration through CMMI, either by adding to an existing model or by creating a new one. NHPCO and the National Coalition for Hospice and Palliative Care (Coalition) have drafted a framework for a community-based palliative care model, and we have provided this information to the current team at CMMI. We strongly believe in the need for this type of benefit and request continued engagement as your Administration reviews plans for all future CMMI models.

Delay the Implementation of the Medicare Advantage Value-Based Insurance Design Model

Starting in January 2021, CMMI's Medicare Advantage Value-Based Insurance Design (VBID) Model will include a hospice benefit component allowing participating Medicare Advantage (MA) plans to include hospice in their Part A benefits package for the first time.

[2] Lustbader D, Mudra M, Romano C, et al. The Impact of a Home-Based Palliative Care Program in an Accountable Care Organization. *J Palliat Med*. 2017;20(1):23-28. doi:10.1089/jpm.2016.0265

Hospice care is currently "carved out" of MA, and hospice services received by plan enrollees are reimbursed under traditional Medicare Part A.

Under the hospice benefit component, participating plans can add hospice services by contracting with hospice providers in their service area and beneficiaries may select a hospice of their choice to provide care without leaving the MA plan. After two years, the plan's network narrows and only hospices who are "in-network" will be under contract with the plan and the beneficiary's hospice choice will be significantly limited. MA plans may also add palliative care as a supplemental benefit; however, palliative care services are undefined and beneficiaries may not receive the full array of palliative care services, depending on the MA plan's specific definition.

As currently designed, the launch of the hospice component of VBID in calendar year 2021 is unfeasible and is a missed opportunity to innovate in care delivery at the end of life. Additionally, the technical difficulties faced by providers and plans imperil the quality and access beneficiaries should be able to depend on for serious illness at the end of life.

Rushing a model demonstration that could pose significant harm to beneficiaries in the middle of a national public health emergency and global pandemic is reckless. **We request that your Administration halt implementation of the CY 2021 VBID model by at least one year to allow technical and operational issues to be addressed.** Hospice patients and their families deserve a demonstration that improves access to high quality care at the end of life.

Thank you for your consideration of our policy priorities. Additionally, NHPCO has policy positions to address program integrity, access, and payment. We request a meeting with your team as soon as possible to discuss these important issues. If you have questions or concerns, please contact Annie Acs, NHPCO Director of Health Policy & Innovation at aacs@nhpco.org.

Sincerely,

Edo Banach, JD
President and CEO