

HOSPICE BENEFIT

EXPAND SERVICES TO ENSURE ACCESS & CAREGIVER SUPPORT

Hospice policy has not significantly changed since its inclusion in the Medicare program in 1982. Reforms will ensure greater access and better support for beneficiaries and their families.

ENSURE EARLIER ACCESS TO CARE & SUPPORT FOR BENEFICIARIES AND FAMILIES:

- Pay for palliative therapies (e.g., palliative radiation, palliative dialysis) sustainably and consistently, which would increase timely enrollment in hospice.
- Expand access to inpatient hospice care by creating a residential level of hospice care in the Medicare program, allowing patients to “step down” from more intensive services without a disruptive move and for those who prefer to die outside their home to do so with more supports.
- Expand hospice to include a home-based respite level of care so caregivers can access respite even if they do not want to move their loved one to an inpatient respite bed.

ENSURE THE INTEGRITY OF THE HOSPICE BENEFIT

Hospice care is a target for fraud and abuse within the Medicare program, and CMS has taken action to stop its proliferation in the hospice community. CMS should ensure no further beneficiary harm occurs by enhancing its oversight by making it better targeted and transparent.

ENACT TARGETED REFORMS TO ENSURE APPROPRIATE OVERSIGHT

- Congress should put a targeted moratorium on new hospices and authorize CMS to target hospices that meet certain red-flag criteria.
- Congress should require CMS audit contractors to be transparent in their process and better target oversight resources.

FORTIFY THE HOSPICE WORKFORCE

ENACT LEGISLATION TO EXPAND THE HOSPICE WORKFORCE:

- Enact the Improving Care and Access to Nurses (ICAN) Act (H.R. 2713 / S. 2418). This bill expands the scope of practice for APRNs, allowing them to certify terminal illness in hospice and to bill for physician services under the hospice benefit even when they are not the attending physician.
- Enact the Palliative Care and Hospice Education and Training Act (PCHETA) (S. 2243). The bill would support the training of interdisciplinary health professionals in hospice and palliative care and authorize grants to develop and implement programs and initiatives to train and educate individuals in providing palliative care in hospital, hospice, home, or long-term care settings.