HOSPICE AND PALLIATIVE CARE

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. LeadingAge supports policies that expand access to care, reduce bad actors, promote sustainable reimbursement, and ensure the viability of high-quality providers into the future. A number of policies that support that vision were included in the Hospice Care, Accountability, Reform, and Enforcement (CARE) Act (H.R. 9803 in the previous Congress).

Ensure Earlier Access to Care and 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.

Enact Targeted Reforms to Ensure Appropriate Oversight:

- Congress should put a 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.
- Congress should prohibit payment to hospices that do not submit required quality data to the Secretary, with existing exemptions remaining in place.

Fortify the Hospice Workforce

Enact Legislation to Fortify and Expand the Hospice and Palliative Care Workforce:

- Enact the Improving Care and Access to Nurses (ICAN) Act (H.R. 1317/S. 574). 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 in the previous Congress). The bill would support the training of interdisciplinary health professionals in hospice and palliative care and authorize grants to develop programs to train individuals to provide palliative care in hospital, hospice, home, or long-term care settings.
- Enact legislation like the *CONNECT for Health Act* (S. 2016 / H.R. 4189 in the previous Congress) to permenantly allow the home to be the originating site for telehealth services, removing telehealth

geographic restrictions, allowing a wider range of providers to bill for telehealth services, and allow the hospice face to face recertification to occur via telehealth.

Palliative Care

- Enact legislation instructing CMS to assign sustainable payment under Medicare Part B for outpatient and at-home palliative care services as well as defining a standard set of palliative care services for Part B. These payments and services should allow for a full, team-based approach to palliative care at a sustainable rate and be billable by the wide range of providers that engage in palliative care.