

## **ADVANCE CARE PLANNING CONSULTATIONS**

Section 1233 (pages 424-434) of the House Ways and Means Committee version of health care reform contains a new Medicare provision to allow coverage for an “Advance Care Planning Consultation”. This provision is intended to offer Medicare beneficiaries an opportunity to engage in an informed and focused conversation with their health care practitioner about advance care planning options.

This consultation would be in addition to the “Welcome to Medicare” physician consultation.

This consultation, like other consultations within the Medicare system, would be voluntary and would be reimbursable under Medicare when provided no more than once every five years, or whenever a patient undergoes a qualifying event, such as a life threatening or terminal diagnosis, chronic disease diagnosis; or admission to a long-term care facility, a skilled nursing facility, or a hospice program.

Topics that are covered, during the consultation, include:

- An explanation by a physician, nurse practitioner or physician’s assistant of advance care planning, including key questions and considerations, important steps and suggested people to talk to.
- An explanation by the practitioner of advance directives, including living wills and durable powers of attorney, and their uses.
- An explanation by the practitioner of the role and responsibilities of a health care proxy.
- The provision, by the practitioner, of a list of national and state-specific resources to assist consumers and their families with advance care planning, including the national toll-free hotline, the advance care planning clearinghouses, and State legal services organization.
- An explanation of the end-of-life services and supports available, including palliative care and hospice.

The consultation is not mandatory. No one is required to undergo the consultation.