



January 10, 2012

The Honorable Kathleen Sebelius
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Comments on Essential Health Benefits Bulletin

Dear Secretary Sebelius:

The National Hospice and Palliative Care Organization (NHPCO) would like to this opportunity to provide our views on the Institute of Medicine (IOM) report as well as the bulletin issued by your Department in December 2011.

As the oldest and largest leadership organization representing the interests of the hospice and palliative care providers as well as the patients and families they serve, we would like to offer some insights as to the necessary components for a meaningful and effective essential health benefits package from the hospice perspective.

Hospice is a comprehensive model focused on providing quality and compassionate care to patients facing life threatening and terminal conditions. Hospice provides expert medical care, pain management along with emotional and spiritual support expressly tailored to the patient's needs and wishes. While hospice services are typically provided in a patient's home, they may also provided in inpatient facilities, nursing homes or other long-term care facilities.

Although hospice was not specifically enumerated in the list of 10 categories of coverage under Section 1302 of the Affordable Care Act (ACA), it is an integral component in the healthcare continuum. Patients receiving hospice services at the end of life are less likely to be hospitalized during the final 30 days of life, are more likely to receive pain management, and families have higher overall satisfaction rates with the care their loved one has received.

The IOM Committee review of federal health insurance programs notes that hospice is a covered service under the Medicare statute. Moreover, the Department of Labor (DOL) survey of employer plans notes that hospice is also widely offered under private health insurance plans. According to the DOL report, hospice care in mentioned in 66 percent of large employer plan materials and in 69 percent of small employer plan documents. Additionally, Mercer reported 91 percent of employers were offering hospice and all 3 large insurers polled by the IOM committee (CIGNA, United and Wellpoint) indicated it was covered service.

The IOM Committee concluded that the typical employer plan includes items that go beyond the 10 categories specified in the ACA, such as hospice. The recent HHS bulletin notes that essential health benefits (EHB) offered through the benchmark typical employer plan will be supplemented with those services in the 10 benefit categories enumerated in Section 1302 of the ACA. While States will have the option to select different benchmark options under the regulatory approach proposed in the HHS bulletin, we strongly believe that hospice will likely be included in the EHB since it is already covered by a wide range of federal, state and private health insurance plans.

In several States, hospice services are required to be covered by individual and small group plans. The IOM report notes that 12 states had a mandate requiring coverage of hospice care in 2010 (Bunce and Wieske). We appreciate the fact that a number of States have taken this step to ensure that consumers will have access to end-of-life care. Under the approach proposed by HHS, States may choose from one of the three largest small group plans as their EHB benchmark plan.

While we were disappointed that hospice was not specifically mentioned in the HHS bulletin or in the supporting research briefs produced by the Office of the Assistant Secretary for Planning and Evaluation (ASPE), we are confident that HHS and States will work to ensure that patients will continue to have access to hospice care through plans offered within and outside of the new state Health Insurance Exchanges.

On behalf of our 3,800 provider members and the 1.5 million patients and families served by hospice each year, NHPCO greatly appreciates your consideration of our views and looks forward to working in partnership with you to ensure that the standard set forth through the essential health benefits package reflects the needs and respects the wishes of patients and families at the end of life.

Sincerely,

A handwritten signature in black ink, reading "J. Donald Schumacher". The signature is written in a cursive style with a large, stylized initial "J".

J. Donald Schumacher, PsyD

President and CEO

Cc: Sherry Glied, HHS Assistant Secretary for Planning and Evaluation