

NHPCO Health Reform Side-by-Side
 NHPCO preferences are indicated in bold

HOSPICE PROVISION	HOUSE: H.R. 3962 Affordable Health Care for America Act	SENATE: H.R. 3590 Patient Protection and Affordable Care Act
Curative and Palliative Care for Children in Medicaid and CHIP	No Provision.	Sec. 2302 (p. 451). Allows children who are enrolled in either Medicaid or CHIP to receive hospice services without foregoing curative treatment related to a terminal illness. (NHPCO supports)
Hospice Value Based Purchasing/Promoting High Value Health Care	Section 1160 (p. 516). Secretary shall submit an implementation plan to Congress with proposed changes to Medicare payments based on IOM study recommendations. Hospice among providers under consideration. (NHPCO supports)	Sec. 10326 (of managers amendment). Provides the Secretary of HHS the authority to test value-based purchasing programs for long-term care providers, including hospice providers, no later than January 1, 2016.
Recognizing Attending Physician Assistants as Attending Physicians to Serve Hospice Patients	Sec. 1114 (p. 399). Recognizes physician assistants as attending physicians to serve hospice patients under Medicare. (NHPCO supports)	No Provision
Medicare Hospice Concurrent Care Demonstration Program	No Provision	Sec. 3140 (p. 850). Directs the HHS Secretary to establish a three-year demonstration program that would allow patients who are eligible for hospice care to also receive all other Medicare covered services while receiving hospice care. The demonstration would be conducted in up to 15 hospice programs in both rural and urban areas and would undergo an independent evaluation of its impact on patient care, quality of life and spending

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		<p>in the Medicare program. <i>(NHPCO supports)</i></p>
Hospice Payment Reforms	No Provision	<p>Sec. 3132 (p. 822). This provision would require the Secretary to collect data and update Medicare hospice claims forms and cost reports by 2011. <i>(NHPCO supports)</i></p> <p>Based on this information, the Secretary would be required to implement changes to “implement revisions to the methodology for determining the payment rates for routine home care and other services included in hospice care” no earlier than FY 2013. <i>(NHPCO opposes)</i></p> <p>After January 1, 2011, a hospice physician or nurse practitioner must have a face-to-face encounter with each hospice patient to determine continued eligibility for hospice care prior to the 180th-day recertification and each subsequent recertification, and attest that such visit took place. In addition, the Secretary will medically review certain patients in hospices with high percentages of long-stay patients. <i>(NHPCO supports)</i></p> <p><i>[Note: NHPCO supports data collection and certification but does not support the payment reform provision.]</i></p>
Market Basket Cuts & Productivity	Sec. 1103 (p. 384). Incorporates a productivity	Sec. 3401(p. 969) and its amendment Sec. 10319 (p.

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	<p>adjustment reduction into the market basket update for hospice care beginning in 2010.</p>	<p>2209). Incorporates a productivity adjustment reduction into the market basket update beginning in fiscal year 2013, as well as a market basket reduction of .3 percent for hospice providers from fiscal years 2013-2019. (NHPCO prefers this approach)</p>
<p>Nationwide Program for National and State Background Checks on Direct Patient Access Employees of Long-term care Facilities and Providers</p> <p><i>[Note: NHPCO is generally supportive of this concept and has no preference among the provisions.]</i></p>	<p>Sec 1417(p. 834). Establishes a national program for long- term care facilities and providers to conduct screening and criminal and other background checks on prospective direct access patient employees.</p>	<p>Sec. 6201 (p.1601). Establishes a national program for long- term care facilities and providers to conduct screening and criminal and other background checks on prospective direct access patient employees.</p>
<p>Advancing Research and Treatment for Pain Care Management</p> <p><i>[Note: NHPCO is generally supportive of this concept and has no preference among the provisions.]</i></p>	<p>Sec. 2561(p. 1507). Requires the Secretary to enter into an agreement with the Institute of Medicine to convene a Conference on Pain. Authorizes \$500,000 for each of FY 2011 and FY 2012 to carry out the conference.</p> <p>Sec. 2562(p. 1509). Encourages the NIH Director to authorize the Pain Consortium, a program of basic and clinical research on pain, including research on the treatment of pain.</p> <p>Sec. 2563(p. 1514). Requires the Secretary to establish and implement a national education outreach and awareness campaign on pain</p>	<p>Sec. 4305 (p. 1235). Authorizes an Institute of Medicine Conference on Pain Care to evaluate the adequacy of pain assessment, treatment, and management; identify and address barriers to appropriate pain care; increase awareness; and report to Congress on findings and recommendations. Also authorizes the Pain Consortium at the National Institutes of Health to enhance and coordinate clinical research on pain causes and treatments. Establishes a grant program to improve health professionals' ability to assess and appropriately treat pain. Authorizes such sums as may be necessary for programs</p>

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	management. Authorizes \$2 million for FY 2011 and \$4 million for each of FY 2012 through FY 2015 to carry out the campaign.	from FY 2010 through 2012.
Education and training programs in pain care	No provision.	Sec. 759 (p.1240) Secretary may make grants available to hospices and others to develop and implement pain care education and training programs for health care professionals. Authorizes such sums for FY 2011 and 2012. (NHPCO supports)
Budget Neutrality Adjustment Factor (BNAF)	Sec. 1113 (p. 399). Extends the hospice BNAF regulatory moratorium through October 1, 2010. (NHPCO supports)	No Provision
Enhanced Hospice Program Safeguards for Medicare/Medicaid/CHIP	Sec. 1614(p. 961). Requires the Secretary of HHS to take immediate action to remedy any deficiency in a hospice facility that jeopardizes the health and safety of patients. Allows intermediate sanctions such as civil monetary penalties, suspension or partial payments, appointment of temporary management to oversee operation, plans of correction, or in-service staff training for violations that do not endanger patients. (NHPCO supports)	No Provision
Voluntary Advance Care Planning Consultation	Sec. 1233 (p. 649). Provides coverage for Medicare optional consultation between beneficiaries and practitioners to discuss the availability of palliative and hospice services, and orders for life sustaining treatment, and other	No Provision

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	options for advance care planning. (NHPCO supports)	
Dissemination of Advance Care Planning Information, Including Hospice, in QHBP	Sec. 240 (p. 134). Health insurers in the Exchange must present enrollees with information about resources available for advanced care planning. Participation is voluntary to the enrollee. (NHPCO supports)	No Provision
Independent Payment Advisory Board	No Provision (NHPCO supports the House position)	<p>Sec. 3403 (p. 982). Creates an independent Payment Advisory Board tasked with presenting Congress with comprehensive proposals to reduce excess cost growth and improve quality of care for Medicare beneficiaries as well as the private health system.</p> <p>When Medicare costs are projected to be unsustainable, the Board's proposals will take effect unless Congress passes an alternative measure that achieves the same level of savings. Congress would be allowed to consider an alternative provision on a fast-track basis.</p> <p>Sec. 10320 (p. 2210). Requires the Board to make non-binding Medicare recommendations to Congress in years in which Medicare growth is below the targeted growth rate. Beginning in 2020, requires the Board to make binding biennial recommendations to Congress if the growth in overall health spending exceeds growth in</p>

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		Medicare spending
Quality Reporting	No Provision.	Sec. 3004 (p. 654) Requires hospice to report on quality measures determined by the Secretary (endorsed by the new quality measure consensus-based entity) or face a 2 percent reduction in their market basket update. Measures published in 2012 for reporting to begin in 2014. (NHPCO supports)
Indian Health Care	Section 212 (p. 1776) Ensures funding for long-term care services, including hospice, for eligible individuals. (NHPCO supports)	No provision.