



The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representative
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

Re: Opposition to major hospice policy changes that will impact access to care in end-of-year package

Dear Speaker Pelosi, Leader Schumer, Leader McConnell, & Leader McCarthy:

On behalf of the National Hospice and Palliative Care Organization (NHPCO), the National Association for Home Care & Hospice (NAHC), the National Partnership for Healthcare and Hospice Innovation (NPHI), and LeadingAge, we strongly urge you to reject efforts to use major Medicare hospice benefit (MHB) policy changes as an offset in any year-end legislative package being negotiated. One specific policy change to avoid is a reduction of the hospice aggregate payment cap. We object to the prospect of any savings from such a policy being used to pay for activities that would not be focused on improving care for patients on hospice. At a time when the population is aging rapidly and the demand for high-quality end-of-life care is increasing, the MHB should not be used as a “piggybank” to stave off payment cuts for other Medicare providers or for other unrelated policies.

While over 50% of beneficiaries have hospice stays that are 18 days or less¹, in recent years the number of patients with much longer lengths of stay has increased. This is in part a result of the changing nature of the population choosing hospice, with many more people with non-cancer diagnoses utilizing the MHB. To this end, MedPAC in 2020 first put forward their recommendation to wage-adjust and reduce the hospice aggregate payment cap by 20% across-the-board. Wage adjustment and a reduction of the aggregate cap are complex policy issues and should be considered through regular order rather than as a bucket of available money that can be used as a “pay for.” There needs to be a full understanding and accounting of the potential impact of an across-the-board cap cut on patients, families, and providers. This is especially true of individuals facing Alzheimer’s Disease and related dementias (ADRD), who make up a large portion of those hospice patients with longer lengths of stay. It is important to ensure that hospice payment reform policies, as one prominent hospice researcher has written, “... do not result in more burdensome transitions for persons with dementia and that persons with dementia still have access to high-quality end-of-life care,” especially because “...other services to support persons with dementia who are approaching end of life and their caregivers are still often piecemeal, insufficient, or not available nationwide.”²

¹Medicare Payment Advisory Commission, March 2022 Report to Congress, Chapter 11.

https://www.medpac.gov/wp-content/uploads/2022/03/Mar22_MedPAC_ReportToCongress_Ch11_SEC.pdf

² *Impact of Comorbid Dementia on Patterns of Hospice Use* (March 2022): <https://www.liebertpub.com/doi/full/10.1089/jpm.2021.0055>

Congress has also already taken action in recent years to reduce hospice spending through policy that lowers the aggregate cap. In the *Improving Medicare Post-Acute Care Transformation Act of 2014* (IMPACT Act), Congress changed the methodology for how the aggregate cap is calculated each year³. That methodology change has been extended twice now and accrued savings; should this change be extended, we would ask that the savings it generates be used to fund additional targeted hospice program integrity efforts that will hone in on truly abusive behavior while not punishing the vast majority of high-quality providers.

We thank you for your longstanding support to protect hospice and improve the care and quality of life for seriously ill individuals and their families. As increasing numbers of people utilize the MHB, it is critical that Congress commit to both improving the benefit and maintaining access to high-quality end of life care. To that end, we urge you to strongly reject any attempts to cut hospice payments in an end-of-year legislative package.

Sincerely,

National Hospice and Palliative Care Organization
National Association for Home Care & Hospice
National Partnership for Healthcare and Hospice Innovation
LeadingAge

CC: Senate Finance Chairman Wyden and Ranking Member Crapo; House Ways and Means Chairman Neal and Ranking Member Brady

³*The Improving Medicare Post-Acute Care Transformation Act of 2014* (P.L. 113-185). Section 3(d): <https://www.congress.gov/113/plaws/publ185/PLAW-113publ185.pdf#page=19>