

The National Hospice and Palliative Care Organization's 2020 public policy advocacy agenda seeks to influence policies that benefit patients and families in need, communities, and the health care system. We work with our members, state organizations, national health care organizations, and all relevant stakeholders to advance our priorities during the remainder of 2020 amid the challenges brought on by the COVID-19 pandemic – and will continue our efforts advancing person-centered care in 2021.

Specifically, we urge Congress and the Administration to promote the following policies that improve access to high quality hospice and palliative care while mitigating risk of infection and enable providers to focus their resources on ensuring uninterrupted care for all Americans facing serious illness.

PROTECT CARE FOR PATIENTS AND FAMILIES DURING COVID-19 PANDEMIC

- **PPE, Testing, Vaccines:** Ensure adequate supplies of PPE, testing and vaccines, when approved, to ensure the safety of frontline hospice workers and caregivers and the patients and families they serve.
- **Flexibilities:** Extend and expand regulatory flexibilities issued through legislation and waivers to accommodate telehealth services, flexibilities with training and assessment, and therapeutics administration.
- **Economic Support and Expanded Services:** Expand respite care and bereavement services for COVID-19 survivors and families and provide economic support through CARES Act funding and the sequestration moratorium.
- **Provider Relief Fund:** Ensure reporting requirements do not improperly penalize providers seeking economic relief through the CARES Act Provider Relief Fund.
- **Hospice Carve-In Delay:** Ensure delay of the 2021 Value-Based Insurance Demonstration model which will result in beneficiary harm by hindering access to high quality hospice care if implemented prematurely as designed.
- **Audits during PHE:** Suspend widespread audits during the public health emergency (PHE) to allow already stretched providers to direct all needed resources to patient care.

COMMUNITY-BASED PALLIATIVE CARE BENEFIT

- **CBPC Model:** Implement a community-based palliative care demonstration (CBPC) model which identifies and cares for seriously ill patients whose care needs can be provided in their homes in the community.
- **Defined Benefit:** Define a clear scope of palliative care services offered by an interdisciplinary team.

ENSURE PROGRAM INTEGRITY

- **Accountability:** Identify program integrity issues and develop structures to improve accountability with appropriate oversight.
- **Surveyor Education:** Include surveyor training and competencies for oversight and review of hospice clinical care and operations.

MAKE MEANINGFUL REFORMS TO IMPROVE ACCESS, HEALTH EQUITY, AND INCLUSIVITY

- **Concurrent Care:** Improve access and care for patients and families, including allowing hospice patients to avail themselves of concurrent curative care in order to provide better and more equitable access to person-centered, interdisciplinary care services provided by hospice and palliative care providers.
- **Upstream Palliative Care:** Improve upstream access to community-based palliative care in order to provide quality serious illness care to patients and families prior to accessing hospice care.
- **Eligibility:** Reform six-month prognosis barrier in order to provide more appropriate hospice care that is tied to need, not timing.
- **Rural and Underserved Communities:** Remove barriers that limit hospice and palliative care access in both rural and underserved urban communities.
- **Equity and Inclusion:** Reduce disparities and promote health equity by educating providers and offering culturally-appropriate resources.
- **Strengthen Workforce:** Increase education and training programs that help stem health care professional shortages in the hospice and palliative care fields.

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NHPCO is the nation's largest membership organization for hospice providers and professionals who care for people affected by serious and life-limiting illness. Its broad community of members includes local hospice and palliative care providers, networks serving large regions of the United States, and individual professionals. NHPCO's members provide care in more than 4,000 hospice and palliative care locations and care for over two thirds of the Medicare beneficiaries served by hospice. In addition, hospice and palliative care members employ nearly 60,000 professionals and hundreds of thousands of volunteers.