

2021 Public Policy Priorities



Hospice Action Network (HAN) is the advocacy affiliate of the National Hospice and Palliative Care Organization (NHPCO). NHPCO is the largest membership organization representing the entire spectrum of hospice and palliative care programs and professionals in the United States. NHPCO represents over 4,000 hospice locations with more than 57,000 hospice staff and millions of volunteers, as well as 48 state hospice and palliative care organizations.

NHPCO is working with our members, state organizations, other national health care organizations, and all relevant stakeholders to advance our legislative and regulatory agenda amid the challenges brought on by the COVID-19 pandemic.

We urge Congress and the Administration to support the following policies that will promote access to high quality hospice and palliative care for patients and families in need across our communities and make improvements to the U.S. healthcare system.

PROTECT CARE FOR PATIENTS AND FAMILIES DURING COVID-19 PANDEMIC

- **PPE, Testing, Vaccines:** Provide adequate supplies of PPE, testing and vaccines to ensure the priority and safety of frontline hospice workers and caregivers and the patients and families they serve while mitigating risk of infection in communities. This enables providers to focus their resources on ensuring uninterrupted care for all Americans facing serious illness.
- **Flexibilities:** Extend and expand upon flexibilities issued through legislation and waivers that allow services to be provided through telehealth, allow flexibility in training and assessment, and add flexibility in therapeutics administration. *
- **Expand Bereavement Services:** Expand coverage of bereavement services by hospice and palliative care providers for communities in need including veterans and COVID-19 survivors and families.*
- **Increase Respite Care Services:** Provide additional flexibility on the location and duration of respite care for hospice providers.*
- **Economic Support and Provider Relief Fund:** Provide economic support through CARES Act, sequestration moratorium, and other legislative and regulatory vehicles. Ensure reporting requirements do not improperly penalize providers seeking economic relief through the CARES Act Provider Relief Fund.*
- **Audits during PHE:** Suspend routine audits during the public health emergency (PHE) to allow already stretched providers to direct all needed resources to patient care.

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

- **Equity and Inclusion:** Reduce racial disparities in access to hospice and palliative care and promote health equity by educating providers and offering culturally-appropriate outreach resources to beneficiaries.
- **Eligibility:** Reform six-month prognosis barrier to tie hospice eligibility to need, not an arbitrary time limit.*
- **Hospice Access Issues in Rural and Underserved Areas:** Expand access to hospice care in rural areas and underserved areas through implementation of new billing rules for rural health clinics (RHCs) and federally qualified health centers (FQHCs) under the Rural Access to Hospice Act.
- **Strengthen Workforce:** Increase education and training programs that help stem health care professional shortages in the hospice and palliative care fields.*

INNOVATION IN SERIOUS ILLNESS CARE DELIVERY AND PAYMENT

- **Concurrent Care:** Avoid having patients in need of hospice care make “the terrible choice” between continuing disease-directed therapies like chemotherapy and dialysis and accessing person-centered, interdisciplinary care services provided by hospice and palliative care providers. Expand upon the CMS Innovation Center’s Medicare Care Choices Model which improved quality and produced cost savings when testing concurrent care in hospice.*
- **Create a Community-Based Palliative Care Benefit:** Determine the scope of required services that define “Community-Based Palliative Care” which is offered by an interdisciplinary team. Improve care delivery across the care continuum by covering needed community-based palliative care further upstream from hospice.*
- **MA VBID Hospice Carve-In Delay:** Halt the 2021 CMMI Value-Based Insurance Demonstration model until community-based palliative care is defined, proper quality measures are developed, and operational concerns are addressed. As currently structured, beneficiaries participating in the model risk their access to high quality hospice care.*

ENSURE PROGRAM INTEGRITY

- **Improve survey process and promote smart oversight:** Through implementation of the Consolidated Appropriations Act, 2021, improve hospice surveyor training and reporting of survey findings, offer remedies for poor-performing hospices and provide education about sanctions and the 4% payment withhold for hospices not participating in hospice quality reporting.

* Indicates a policy priority that may require federal legislation.