

March 10, 2020

President Donald Trump
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Vice President Mike Pence
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear President Trump and Vice President Pence:

On behalf of the National Hospice and Palliative Care Organization (NHPCO), I would like to thank you for your leadership of the COVID-19 Task Force and for your staff's recent collaboration with the hospice and palliative care community on Wednesday, March 4 at the White House. I appreciated the opportunity to help inform the Administration's Coronavirus preparedness efforts on behalf of hospice and palliative care providers and look forward to continued dialogue with you, Administrator Verma and Ambassador Birx on the development of guidance that will help meet the needs of the hospice and palliative care providers offering community-based care to vulnerable Americans across the nation.

NHPCO is the largest membership organization representing the entire spectrum of not-for-profit and for-profit hospice and palliative care programs and professionals in the United States, comprised of over 4,000 hospice locations with more than 57,000 hospice staff and volunteers, as well as 46 state organizations.

Our provider community has informed us of a variety of issues that impact hospice and palliative care providers as the COVID-19 outbreak becomes more widespread.

We request an immediate declaration of a national disaster or emergency under the Stafford Act or National Emergencies Act. NHPCO requests that hospice be an included provider in any 1135 blanket waiver that is issued. If that declaration is issued, the following Medicare Hospice Conditions of Participation should be relaxed to minimize

COVID-19 transmission virus spread to elderly and vulnerable populations. **The additional flexibility for the following Conditions of Participation (CoPs) will allow hospice providers to continue caring for patients in their location of care, including private homes and facilities, reducing risk of exposure to them, their caregivers and the public.**

§418.54(a) Standard: Initial Assessment

The federal hospice regulations require this assessment be completed within 48 hours from the effective date of the hospice election. Screening of the patient and family for contact and symptoms needs to be completed prior to patient/family contact. NHPCO is requesting additional flexibility on the timeframe for the initial assessment.

§418.54(b) Standard: Time Frame for Completion of the Comprehensive Assessment

The federal hospice regulation requires this assessment be completed within 5 calendar days from the effective date of the hospice election. Screening of the patient and family for contact and symptoms needs to be completed prior to patient/family contact. NHPCO is requesting additional flexibility on the timeframe for the comprehensive assessment.

§418.54(d) Standard: Update of the Comprehensive Assessment

The federal hospice regulations require that the comprehensive assessment be updated with any change in patient condition or minimally every 15 days. Updates to the comprehensive assessment could be compromised if home visits are not allowed or are restricted by a quarantine or isolation situation. NHPCO is requesting additional flexibility on the timeframes for the updates to the comprehensive assessment, due to compromised access to patients in their location of care.

§418.56(d) Standard: Review of the Plan of Care

The federal hospice regulations require that the plan of care be reviewed and updated with any change in patient condition, minimally every 15 days. Updates to the plan of care could be compromised if home visits are not allowed or are restricted by a quarantine or isolation situation related to presence of COVID-19 in the home. NHPCO is requesting additional flexibility on the timeframes for the review of the plan of care, due to compromised access to patients in their location of care.

§418.64 Condition of Participation: Core Services

The federal hospice regulations require nursing, social work, spiritual care counseling, bereavement counseling, and dietary counseling to be provided by hospice employees. It is anticipated that hospice staffing will be reduced related to COVID-19 surge and anticipated quarantine. NHPCO is requesting that contracting for core staff positions be allowed, as these positions are critical to ensure continued hospice care for patients and their families.

§418.78(e) Standard: Level of Activity

The federal hospice regulations require the use of volunteers for day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. It is anticipated that hospice volunteer availability and use will be reduced related to COVID-19 surge and anticipated quarantine. NHPCO requests additional flexibility for the 5 percent requirement for volunteers.

We appreciate your leadership and the opportunity to follow up on our discussions with the COVID-19 Task Force with written recommendations. Hospice and palliative care providers stand ready to continue to offer expert advice on how to support to patients and families in the community. Your adoption of a disaster declaration will allow hospice and palliative care providers to continue to provide uninterrupted care while promoting safety and health for all Americans.

Sincerely,



Edo Banach, President & CEO
NHPCO

CC:

Vice President Mike Pence
Secretary Alex Azar
Administrator Seema Verma
Ambassador Deborah Birx