



WHO WE ARE

The National Hospice and Palliative Care Organization (NHPCO) is the largest membership organization representing hospice and palliative care programs and professionals in the United States. We represent over 4,000 hospice programs that care for the majority of hospice patients in the US. NHPCO is committed to improving end-of-life care and expanding access to hospice so that individuals and families facing serious illness, death, and grief will experience the best care that humankind can offer.

Rural Access to Hospice Act

Background

Rural Health Centers (RHC) and Federally Qualified Health Centers (FQHC), also known as Community Health Centers, were created in 1977 and 1991, respectively, as a response to a shortage of physicians serving Medicare patients in disadvantaged communities and parts of rural America. They are a part of the healthcare “safety net” and, through increased use of physician assistants and nurse practitioners, RHCs and FQHCs provide primary care to over 27 million Americans.ⁱ For some patients, RHCs and FQHCs are their only source for primary care.

RHCs/FQHCs and Hospice

Despite recent growth in hospice utilization, traditionally underserved minority and rural communities continue to lag behind more suburban affluent communities in hospice access and utilization. A March 2015 report from the Medicare Payment Advisory Commission (MedPAC) found that 48.9 percent of Medicare decedents in an urban area utilized hospice in 2014, compared to 32.3 percent of decedents in frontier regions.ⁱⁱ Similarly, the NHPCO 2016 Facts and Figures report, which analyzed the CMS Hospice Limited Data Set, found that while 86.8% of hospice patients identified as Caucasian, only 8.2% of patients identified as African American, and only 2.0% identified as Hispanicⁱⁱⁱ.

One reason for this disparity is a statutory barrier that inhibits access to hospice in communities served by RHCs and FQHCs. When patients enroll in hospice, they select a physician or nurse practitioner to serve as their attending physician. The attending physician collaborates with the hospice in the development of the care plan, and is kept informed of the patient’s care. Typically, the attending physician is reimbursed for these services under Medicare Part B. Unfortunately, RHCs and FQHCs do not bill Medicare under Part B; they are paid a fixed, all-inclusive payment for all services provided to Medicare beneficiaries. Unfortunately, due to a statutory oversight, hospice is not included under this all-inclusive payment.

This technical glitch keeps some patients from having their primary care physician of 20 years serve as their attending physician. For many patients, this loss of a trusted advisor at a key time in their lives is too great a burden to bear. The National Advisory Committee on Rural Health and Human Services notes that when rural patients discover that their primary care provider is unable to serve as their attending physician, patients choose to dis-enroll from hospice, or not to enroll at all.^{iv} The Medicare Hospice Benefit guarantees the patient the right to choose their own physician, however current law prohibits patients at RHCs and FQHCs from having this choice in their care provider.

The Solution

Skilled nursing facilities (SNFs) faced a similar prohibition from RHC physicians providing services to SNF residents. In 2003, Congress passed legislation that allowed RHC and FQHC physicians to bill Medicare separately for their services in a SNF. We believe a similar approach would ensure patient access to the hospice benefit in underserved and rural communities.

The Rural Access to Hospice Act (S. 980/H.R. 1828) was introduced in Senate by Senators Capito and Shaheen and in the House by Representatives by Congresswoman Jenkins and Congressman Kind. This bill will allow RHCs and FQHCs to receive payment for serving as the hospice attending physician. NHPCO and HAN urge all members of Congress to cosponsor this common-sense, non-controversial legislation, and ensure that terminally ill beneficiaries in underserved and rural communities can access the hospice benefit and the physician of their choice.

For more information on this legislation, contact Sharon Pearce at spearce@nhpco.org.

ⁱ National Association of Community Health Centers. About Our Health Centers: <http://www.nachc.org/about-our-health-centers/>

ⁱⁱ Medicare Payment Advisory Commission. Report to the Congress: Medicare Payment Policy. March 2016.

ⁱⁱⁱ NHPCO Facts and Figures: Hospice Care in America, September 2017:

https://www.nhpco.org/sites/default/files/public/Statistics_Research/2016_Facts_Figures.pdf

^{iv} HRSA. Office of Rural Health Policy. National Advisory Committee on Rural Health and Human Services Policy. "Rural Implications of Changes to the Medicare Hospice Benefit." August 2013.

<http://www.hrsa.gov/advisorycommittees/rural/publications/nacrhhshospicebrief.pdf>.