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March 26, 2024

The Honorable Jason Smith Chairman,
House Committee on Ways and Means
U.S. House of Representatives
1139 Longworth House Office Building
Washington, DC 20101

RE: Hearing on Enhancing Access to Care at Home in Rural and Underserved Communities

Dear Chairman Jason Smith and Members of the Committee:

The National Hospice and Palliative Care Organization (NHPCO) appreciates the opportunity to submit comments for the *Hearing on Enhancing Access to Care at Home in Rural and Underserved Communities*. We appreciate your continued efforts on ensuring patients are able to receive care at home.

NHPCO is the nation's largest membership organization for hospice providers and professionals who care for people affected by serious illness. NHPCO 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 thousands of professionals and volunteers.

Hospice and palliative care are philosophies of care addressing the whole person, not just physical aspects of health or illness. Both types of care employ an interdisciplinary approach to care with assessments of multiple domains of the human experience (physical, psychological, spiritual, cultural, practical). In addition, hospice and palliative care providers are stalwarts in their community. Hospice is the only Medicare benefit requiring volunteers to be used in day-to-day administrative and direct patient care roles in an amount of at least 5% of the total patient care hours of all paid hospice staff. Incorporating community into caring for the most sick and vulnerable is a core pillar of hospice.

With Medicare accounting for the overwhelming majority of hospice payments, hospice care is at the mercy of the Federal government to continue providing high quality care. [Recent research estimates](#) hospices save Medicare \$3.5 billion annually when comparing beneficiaries who use hospice and those who do not in their last year of life. Thus, there is a strong financial incentive and the benefits of allowing beneficiaries to access care in their community to invest in and support rural providers.

Congress should embrace and hold up hospice and palliative care as shining examples of delivering the care and attention their communities need, directly into the home. But all of this is at risk. We hear from countless community providers and state association leaders that rural hospices are in financial trouble. We need your help and support!

Hospice and palliative care providers are innovators in the space of care in the home – these providers deliver individualized care to patients and their families, regardless of where the patient is located. Hospice and palliative care providers engage the patient and their loved ones in the care planning process to address pain and symptoms negatively impacting a person’s quality of life. Hospice and palliative care empower a patient to take charge of their care and respects the significant role families and caregivers play in supporting and maintaining health and well-being.

Hospice and palliative care providers are advocates and partners with their patients and families. The best way to understand this is through their stories:

- In Texas, [a nurse provides care](#) in a county that has not had access to hospice care in decades. She provides the supplies and medical equipment the families need. Nurse Ramirez, who has spent decades living in the county, provides care for her community which would not be served otherwise. Hospice providers are already covering areas of this country underserved by the healthcare system.
- In Iowa during a blizzard, [a nurse walked through the storm](#) after a patient’s wife called saying there was a change in his condition. Despite the snow being up to her knees, Tiffany made her way to the home then called the sheriff’s department to ensure the road was cleared so other members of the family were able to say their goodbyes. Hospice providers are dedicated to their patients and will show up for them when needed.
- In Missouri, a [hospice provider understands](#) the importance of being able to access their patients regardless of weather conditions. When they see dangerous weather in the forecast, they activate their emergency plan. They begin to check on patients to ensure they are comfortable and set with supplies. Hospice providers are agile in the care they provide and are ready for whatever is sent their way.
- During the unprecedented fires in Hawaii, [hospice providers utilized their expertise](#) in bereavement and caring for the community to support those impacted by the fires. When a community is experiencing terrible loss, hospice providers are equipped to care for them.
- In Minnesota, the [interdisciplinary team made sure their patient was able to go to his grandson’s wedding](#). Hospice providers learn patient’s goals of care and support the individual and the family in achieving this regardless of the goal being medical, spiritual, or personal.

- In Connecticut, a nurse made sure her patient could [reconnect with her beloved horse before passing away](#). The patient mentioned her wish and the hospice was able to make it happen. The nurse was able to adjust the care the patient needed in order to achieve this final wish. This is holistic, patient-centered care.
- In Arizona, [Ryan’s House is meeting the need](#) for one of the most underserved patient groups, children with serious illness. Ryan’s House is a place for families to receive respite care. Respite care allows families to have a break from round-the-clock home care, spend time with other children in the home, and allow children with serious illness an opportunity to be kids. Hospice providers understand the struggles and needs of caregivers and work to support them.
- Across the country, [hospices honor those who have served our nation](#). Hospices acknowledge the unique needs of Veterans and their families, with some providers even offering Veteran to Veteran volunteer program to honor their patients’ service through tailored care and even offering pinning and remembrance ceremonies as they near the end of life.

These stories highlight only a few examples of the extraordinary work hospice and palliative care providers do every day and believe is just “part of the job.” In reality, these providers go above and beyond for patients and families to ensure they can be cared for wherever they call home surrounded by the people who love them. Every day, providers show up for their patients by bringing generators to homes without power, bringing water to homes without running water, even accessing remote homes down unpaved roads.

Hospice and palliative care providers are the best of the healthcare system and must be supported and treated as the experts they are in caring for patients at home. The hospice team will show up for the patient – early mornings, late nights, weekends, holidays – to address any symptoms they are experiencing. To be able to do this, these providers must be versed in a variety of services and able to provide these services in a bedroom, living room, or wherever in their home the patient is most comfortable. These creative, innovative providers continue to lead and educate other areas of the healthcare system on how to provide care in the home.

Congress should embrace and hold up hospice and palliative care as shining examples of delivering the care and attention their communities need, directly into the home. But all of this is at risk. We hear from countless community providers and state association leaders that rural hospices are in financial trouble. We need your help and support.

Our previous letters in [October 2023](#) and [January 2024](#) highlight the best way to support these providers:

- **Provide reimbursement more reflective of the care provided**
 - [MedPAC has recommended](#) to use all-payer, occupation-level wage data with different occupation weights for the wage index of each type of provider and

reflect local area level differences in wages between and within metropolitan statistical areas and statewide rural areas.

- Medicare has acknowledged the struggles of rural providers through the Home Health Rural Add-On¹ and this should be extended to hospice providers.
- **Incentivize and support hospitals and nursing homes to utilize care in the home experts**
 - Certain Critical Access Hospitals (CAH) have the flexibility to provide swing bed services by using beds for either acute care or a skilled nursing facility (SNF) level of cares, which are paid based on cost. This flexibility is critical to CAHs' efforts to serve their communities but results in an unintended consequence of lower Medicare payments to CAHs for hospice general inpatient (GIP) care than skilled nursing care.
 - Patients are losing access to important services due to the [closure of rural providers and facilities](#) across the healthcare system. Hospice providers need to have nursing facilities and hospitals available to partner with to provide all aspects of the comprehensive hospice benefit. Congress needs to investigate the causes and impacts of these closures as well as find incentives for all providers to enter and stay in rural and frontier communities
- **Support the hospice and palliative care workforce**
 - The Palliative Care and Hospice Education and Training Act (PCHETA) (S. 2243) is crucial to provide much needed funds to expand the pipeline of doctors, nurses, social workers, and chaplains into the hospice and palliative care fields. PCHETA will give providers the support needed to serve an ever growing patient population.
 - Nurse practitioners and physician assistants are essential in covering the gap in providers in rural communities. They must be able to work at the top of their license by allowing them to complete the certification of terminal illness and the administrative face-to-face
- **Expand the use of telehealth to levels used throughout the COVID-19 public health emergency**
 - Make the temporary flexibility allowed for the use of telehealth for face-to-face visits prior to recertification for the hospice benefit allowed through the CARES Act permanent. This flexibility has been extended, including through the Consolidate Appropriations Act, 2023, through CY 2024. Telehealth is appropriate for these low-touch, administrative visits, and increases provider efficiency by reducing drive time for overworked physicians and nurse practitioners.

¹ Section 50208 of the Bipartisan Budget Act of 2018 increased Medicare payments for home health services provided in a rural area. Section 4137 of the Consolidated Appropriations Act of 2023 extended the rural add-on payment policy for calendar year 2023.

- **Support palliative care in the community.**
 - Currently there is no Medicare benefit for palliative care but innovative models such as [community based palliative care](#) and the [Medicare Care Choices Model](#) can enhance the care patients receive in the home by allowing patient with serious illness and a prognosis longer than six months to receive comprehensive services.

Hospice and palliative care providers who care for rural and underserved communities are committed to caring for their communities despite being faced with lower effective payment rates, facilities closing in the community, and workforce struggles. Congressional support is essential to address these concerns. These providers are dedicated to providing access to quality care to their communities but need partners to investigate and better understand the issues they are facing and help find creative solutions to address them.

What happens to the patient in Iowa, trapped in a snowstorm, when they no longer have access to hospice? Who provides bereavement to a community after a devastating fire in Hawaii? While we might not be located in a large medical building, by providing care and comfort to the dying, hospice is just as critical of infrastructure.

We appreciate your commitment to rural, frontier, and underserved patients, families, and providers and we look forward to collaborating with you to address these challenges to ensure Americans across the country continue to have access to high-quality hospice and palliative care in their community. For any follow up questions, please reach out to me at LHoover@nhpco.org.

Sincerely,

/s/

Logan Hoover
Vice President, Health Policy and Government Relations