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Palliative Care and Hospice Education and Training Act (S. 693 / H.R. 1676)

Background:

Rapid changes in the health care delivery system - among them a growing Medicare population, increased use of hospice care, an expanded number of palliative care programs associated with hospitals and health systems nationwide, and the Centers for Medicare & Medicaid Services' (CMS) activation of advance care planning codes under Medicare Part B - indicate that our nation's need for appropriately trained hospice and palliative care professionals will continue to grow at a fast pace. As an example of this growth, in 1998 only 15 percent of hospitals with more than 50 beds had an inpatient palliative care program; by 2013 that number had grown to 67 percent of hospitals with more than 50 beds. Unfortunately, research indicates that only one quarter of these palliative care programs meet nationally-set staffing guidelines (for funded positions). Even when unfunded positions were included, only 39 percent of programs met the guidelines.

Studies indicate that patients receiving earlier exposure to palliative care had:

- Lower rates of inpatient admissions in the last 30 days of life (33 percent vs. 66 percent)
- Lower rates of ICU use in the last month of life (5 percent vs. 20 percent)
- Fewer emergency department visits in the last month of life (34 percent vs. 39 percent)
- Fewer deaths within three days of hospital discharge (16 percent vs. 39 percent)
- Lower 30-day mortality rates post hospital admission (33 percent vs. 66 percent)

Issue/Concerns:

In 2010, the American Academy of Hospice and Palliative Medicine estimated a need for 6,000 or more full time physician equivalents to serve current needs in hospice and palliative care programs. However, the current system will produce only about 5,300 new hospice and palliative certified physicians over the next 20 years. This falls far short of the projected growing needs of the rapidly aging population and does not address the growing need for similarly trained non-physician professionals.

What Congress Should Do:

To begin to address the anticipated need for trained palliative care professionals, the Palliative Care and Hospice Education and Training Act (PCHETA) has been introduced in the House of Representatives by Reps. Elliott Engel (D-NY), Tom Reed (R-NY), and Earl Carter (R-GA), and in the Senate by Sens. Tammy Baldwin (D-WI) and Shelley Moore Capito (R-WV). PCHETA would amend the Public Health Service Act to increase the number of permanent faculty in palliative care at accredited medical, nursing, and social work schools, and other programs (including physician assistant education programs); to promote education and research in palliative care and hospice and to support the development of faculty careers in academic palliative medicine. Previous iterations of this legislation enjoyed widespread Congressional and public support.