



June 24, 2019

The Honorable Chuck Grassley  
Chairman  
Committee on Finance  
United States Senate

The Honorable Richard Neal  
Chairman  
Committee on Ways and Means  
United States House of Representatives

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate

The Honorable Kevin Brady  
Ranking Member  
Committee on Ways and Means  
United States House of Representatives

The Honorable Lamar Alexander  
Chairman  
Health, Education, Labor and Pensions  
Committee  
United States Senate

The Honorable Frank Pallone  
Chairman  
Committee on Energy and Commerce  
United States House of Representatives

The Honorable Patty Murray  
Ranking Member  
Health, Education, Labor and Pensions  
Committee United States Senate

The Honorable Greg Walden  
Ranking Member  
Committee on Energy and Commerce  
United States House of Representatives

Dear Committee Chairmen and Ranking Members:

We, the undersigned hospice and palliative care organizations, respectfully request your support of the Rural Access to Hospice Act (H.R. 2594/S. 1190).

The Rural Access to Hospice Act would fix a gap in current law that negatively impacts seriously-ill patients in rural and traditionally under-served communities served by Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC). RHCs and FQHCs 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 provide primary care to over 27 million Americans. For many people, RHCs and FQHCs are their only source for primary care.

RHCs and FQHCs are paid through bundled payment systems that unfortunately do not include payment for hospice attending physician services. So, when a seriously-ill patient elects the Medicare Hospice Benefit, they cannot use their trusted RHC or FQHC provider and must find a new one to serve as their hospice attending physician. This is an undue burden for seriously-ill patients and their families.

The Rural Access to Hospice Act will allow RHCs and FQHCs to receive payment for the services their physicians (and in some states, nurse practitioners and physicians' assistants) render while acting as hospice attending physicians for their patients. This would allow RHCs and FQHCs to bill and be paid for hospice attending physician services the same way they are currently paid for other services they provide.

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. In practice, for many in rural areas, their RHC provider may be the only provider for miles around. The Medicare Hospice Benefit guarantees the patient the right to choose their own physician, however current law prohibits patients of RHCs and FQHCs from exercising that right.

The specific statutory change proposed by the Rural Access to Hospice Act reflects the technical assistance provided by the Centers for Medicare and Medicaid Services, and is similar to a fix provided to Skilled Nursing Facilities (SNFs) in 2003. Prior to 2003, RHC physicians did not provide services to patients residing in SNFs. In 2003, Congress passed legislation that allowed RHC and FQHC physicians to bill Medicare separately for their services in a SNF. The Rural Access to Hospice Act takes a similar approach and would allow RHCs and FQHCs to receive payment for their providers serving as the hospice attending physician.

We greatly appreciate the committees' work in promoting access to quality serious-illness and end-of-life care for all Americans. We believe the Rural Access to Hospice Act would help ensure Americans in rural and traditionally under-served areas are able to access this important care and are not shut out simply because of a statutory oversight in current law. We believe that all Americans deserve to face the end-of-life on their terms, with the physician of their choosing, in the matter that best suits them, their families, and their beliefs. We thank you for your consideration in this matter and are committed to assist Congress as you work to promote sustainable access to high-quality hospice care.

Sincerely,

**National Hospice and Palliative Care Organization**  
**National Coalition for Hospice and Palliative Care**  
**American Academy of Hospice and Palliative Medicine**  
**National Association for Home Care & Hospice**  
**LHC Group, Inc.**  
**Amedisys**  
**Compassus**  
**National Partnership for Hospice Innovation**  
**Coalition to Transform Advanced Care**