June 22, 2015

The Honorable Orrin Hatch
Chairman, Senate Finance Committee
United States Senate
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member, Senate Finance Committee
United States Senate
Washington, D.C. 20510

The Honorable Johnny Isakson
United States Senate
Washington, D.C. 20510

The Honorable Mark R. Warner
United States Senate
Washington, D.C. 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

On behalf of the more than 11,000 members of the Hospice and Palliative Nurses Association (HPNA) we wanted to thank you for your interest in improving outcomes for Medicare patients requiring chronic care, and for the formation of your working group to explore solutions to chronic care improvements. As health care providers for those patients suffering from serious illness and advanced chronic conditions, we wanted to take this opportunity to offer a few thoughts about how to improve care for this patient population.

As you are undoubtedly aware, there is a perfect storm brewing due to the increase in the growth of our aging population and the number of individuals who live with a chronic, serious illness. The gap between the number of patients requiring hospice and palliative care and the number of certified hospice and palliative caregivers is becoming critical. Unless Congress steps in to address what will soon be a critical shortage of hospice and palliative professionals, the ability for our country to adequately care for patients with serious illness will become a serious issue.

Fortunately, comprehensive legislation is expected to be introduced in the coming weeks to address this shortage in the hospice and palliative healthcare workforce. This legislation will be based largely on the legislation that was introduced by Working Group member Senator Wyden in previous Congresses, the Palliative Care and Hospice Education and Training Act. We believe having an adequate workforce is a vital component when examining how best to improve the care of those with chronic conditions. We would encourage the Working Group to closely examine the legislation when it is introduce as you further your discussions.

Advanced Practice Registered Nurses (APRNs) are a subset of nurses prepared at the graduate level to provide direct patient care with licensure and credentialing reflecting this advanced preparation. Their practice builds on the practice of registered nurses to achieve a greater depth and breadth of knowledge and an ability to synthesize complex data to develop, implement, and coordinate comprehensive holistic patient centered plans of care with goals of maximizing health, quality of life, and functional capacity.

These goals align with goals of palliative care, making APRNs uniquely qualified and positioned to address the myriad needs of individuals facing life-threatening, progressive illness. APRNs have the knowledge and clinical judgment to provide primary palliative care in all settings including advanced care planning. We believe taking measures which allow APRNs to thrive in all health care settings should be a priority of the Working Group. Specifically, we would recommend the following:

- PAYERS OF HEALTH SERVICES are called on to recognize the specialty of palliative care and provide practicing palliative APRNs with adequate and consistent compensation and reimbursement that is commensurate with APRN scope of practice, authority, and responsibility, regardless of practice setting.

- INDIVIDUAL STATE BOARDS OF NURSING are called on to work toward implementation of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education and consistently recognize the APRN scope of practice.

- HEALTH SYSTEMS OR HEALTH SERVICE PROVIDERS are called upon to develop or expand palliative care practice opportunities for APRNs across all settings.

We believe the time has come for Medicare to recognize the importance of the time spent by health care providers for coordinating the care of those with chronic conditions, and the time spent having conversations with patients about advanced care planning.

As you are aware, in its calendar year 2015 Medicare Physician Fee Schedule final rule, the Centers for Medicare and Medicaid Services (CMS) finalized a policy to create a new code to provide reimbursement for the management of chronic care services for Medicare beneficiaries. We believe this was an important first step for patients with chronic conditions. We are concerned, however, that CMS undervalued the amount of the reimbursement for the code. Care coordination often requires lengthy interactions with the patient to discuss treatment options, develop care plans, and provide follow up with multiple specialists and providers in varied settings. Beneficiaries with multiple conditions often require several hours of consultation with health care providers.

In addition to the assigned value, we are concerned with the time limit put on reimbursement for care coordination which only permits providers to seek reimbursement once every 30 days. Illness is not bound by a calendar and care coordination should be provided when needed rather than when the artificial time constraints dictate. We would also encourage the Working Group to examine the adoption of policies which would allow non-physician professionals who perform care coordination services to bill for those services. While some members of the interdisciplinary palliative care team, such as nurse practitioners and APRNs are eligible to bill directly to the Medicare program, many members of the team, including some nurses, are prohibited from directly billing Medicare. As a result, the lack of reimbursement negatively impacts the widespread use of these valuable members of the interdisciplinary team. We urge the Working Group to consider expanding reimbursement options to include non-physician professionals.

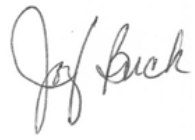
Finally, in the calendar year 2015 Medicare Physician Fee Schedule final rule, CMS indicated that it would create two new codes for Advance Care Planning (ACP), but stated that it would not provide reimbursement for either code. While we applaud the creation of these codes we are concerned that without payment the codes will not be utilized.

Patients make deeply personal and variable healthcare decisions, decisions that may change over the course of an illness or injury trajectory. Hospice and palliative nurses are uniquely positioned to have conversations with patients and families about present and future healthcare interventions, and how those interventions align with patient values, beliefs, and goals. Nurses who facilitate these discussions give the patient and family an opportunity to say the things that matter to them, including expressions of hope and meaning in life.

Advance care planning is a dynamic process of many discussions whereby patients anticipate and discuss future health states and treatment options. It should begin well before a healthcare crisis, such as at the first patient encounter, during an initial consultation, or at the disclosure of a serious or life-threatening illness or injury. The facilitation of ACP discussions, which may include the completion of an advance directive, is inherent in palliative nursing practice. It is through ACP that we provide patient advocacy, support self-determination, and develop a synthesis of patient and family values and beliefs regarding medical treatment that is integrated into the plan of care. When the process of ACP is embedded in whole systems of care, it potentiates access to palliative. We would strongly encourage the Working Group to incorporate ACP into your discussions and ensure that this is a reimbursable service.

Thank you for taking on this important initiative and thank you for allowing us the opportunity to provide you with our comments. If we can be of assistance to you in any way, please contact Chris Rorick of the Association's staff at chris.rorick@bryancave.com.

Sincerely,



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