



AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

December 6, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi, Leader McConnell, Leader Schumer, and Leader McCarthy:

On behalf of the more than 5,500 members of the American Academy of Hospice and Palliative Medicine (AAHPM), I write to respectfully request that H.R. 647/S. 2080, the *Palliative Care and Hospice Education and Training Act (PCHETA)*, be included in any year-end legislative package. AAHPM is the professional organization for physicians specializing in Hospice and Palliative Medicine. Our membership also includes nurses, social workers, spiritual care providers, and other health professionals deeply committed to improving quality of life for patients facing serious illness, as well as their families and caregivers.

AAHPM's members care for our nation's sickest and most vulnerable patients but there simply are not enough health professionals with palliative care training to meet the needs of the expanding population of patients with serious illness or multiple chronic conditions. The public health emergency created by COVID-19 has only exacerbated the need, with the pandemic shining a bright light on this palliative care [workforce shortage](#) and amplifying the importance of our nation's healthcare workforce – beyond those who will specialize in the field – to have training in basic palliative care, to ensure all patients facing serious illness or at the end of life can receive high-quality care.

The need for palliative care education and training among those on the front lines of caring for individuals infected with COVID-19 is urgent. Like so many of his peers across the states, an Academy leader who practices at the University of Michigan Health System reports, “The demand for palliative care services has quickly outstripped the ability of my team to provide it.”

As the number of hospitalizations and untimely deaths due to the coronavirus is expected to grow through the winter, the importance of expanding palliative care knowledge and skills has never been greater. Simply put, our nation's healthcare workforce is not equipped to handle the suffering and death that will occur in the coming months. You have the ability to immediately act and help alleviate these current stresses of the pandemic on healthcare providers, their patients and their families, as well as address the lasting impacts on the hospice and palliative care workforce.

Congress has long worked on a bipartisan basis to support and advance PCHETA. The House has passed it twice with overwhelming support. The legislation has 295 cosponsors in the House and nearly half of all

Senators have cosponsored the bill. The legislation is [endorsed](#) by more than 50 national organizations and 35 state organizations. Additionally, the National Academy of Sciences, Engineering and Medicine (NASEM) and the Medicare Payment Advisory Commission (MedPAC) have highlighted the need to increase education and training opportunities for those caring for patients with serious illness.

Enacting PCHETA now could provide immediate assistance in addressing COVID-19. It would allow the Secretary of Health and Human Services to disseminate information to inform patients, families and health professionals about the benefits of palliative care throughout the continuum of care for patients with serious or life-threatening illness, including infectious diseases (sec. 4). Palliative care seeks to anticipate, prevent, and treat physical, emotional, social, and spiritual suffering. Along with expert symptom management, this supportive care is crucial, especially in the absence of in-person care from friends and family. Routinely, we are hearing from healthcare workers that their inability to provide comfort at the end of life for patients with COVID-19 is heartbreaking.

Training in palliative care also focuses on learning how to have detailed and skilled communication with patients and families to elicit goals and preferences. This knowledge is essential as many are suffering with or succumbing to COVID-19. AAHPM members have shared how the lack of such training is stressing interdisciplinary palliative care teams that are already stretched thin. A palliative medicine physician at the University of Kentucky College of Medicine notes: "A lack of basic training in advance care planning leads to uncertainty about how to take care of most patients during the COVID crisis. The health system is facing a surge of very ill patients who have never discussed their healthcare goals with their families and feel anxious, and clinicians who are uncertain about how to best care for patients." A leading palliative care expert who directs post-graduate education in palliative care at the University of Maryland School of Pharmacy adds, "I speak to friends every day who are spending their time desperately trying to quickly teach their colleagues about these conversations."

The CARES Act (PL 116-136) recognized the importance of addressing health professional training and included the reauthorization of the Title VII health professions programs, the Title VIII nursing programs, and the geriatric training programs. **PCHETA will work to address the critical shortage of health professionals with knowledge and skills in palliative care that is so evident as patients with COVID-19 are flooding our nation's emergency departments, hospitals, and ICUs. This legislation also is designed to help build the evidence base for serious illness care, as well as to ensure that, going forward, patients and providers are aware of the benefits of palliative care.** According to the Institute of Medicine, there is a "need for better understanding of the role of palliative care among both the public and professionals across the continuum of care."

Every one of us has been touched by serious illness, and now by the ramifications of COVID-19. These situations are trying for all involved. There is no better time than now to demonstrate Congress' commitment to ensuring all Americans facing serious or life-threatening illness can receive high-quality care and to providing our healthcare professionals with what they need to meet this inflection point in the timeline of the COVID-19 crisis.

Thank you for your consideration of our request to include this important legislation in the Phase IV coronavirus package.

Sincerely,

A handwritten signature in black ink that reads "Rodney O. Tucker, MD, MMM". The signature is written in a cursive, flowing style.

Rodney O. Tucker, MD MMM FAAHPM
AAHPM President