



AMERICAN ACADEMY OF  
HOSPICE AND PALLIATIVE MEDICINE

May 20, 2021

The Honorable Bernie Sanders  
Chair  
Senate HELP Subcommittee on Primary  
Health and Retirement Security  
332 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Susan Collins  
Ranking Member  
Senate HELP Subcommittee on Primary  
Health and Retirement Security  
413 Dirksen Senate Office Building  
Washington, DC 20510

**RE: Palliative Care and Hospice Workforce Shortages**

Dear Chairman Sanders and Ranking Member Collins:

On behalf of the 5,300 members of the American Academy of Hospice and Palliative Medicine (AAHPM), I write in reference to today's hearing titled "A Dire Shortage and Getting Worse: Solving the Crisis in the Health Care Workforce." With the workforce shortage in hospice and palliative care well documented, and further spotlighted by the COVID-19 pandemic, we welcome your attention to these critical issues and stand ready to help advance sound policy that ensures our nation has the workforce necessary to provide high-quality serious illness care for all Americans.

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. We applaud the Subcommittee's leadership in examining the need to support and expand workforce training programs, and **we respectfully request consideration of the *Palliative Care and Hospice Education and Training Act* (PCHETA)** which soon will be reintroduced by Senators Baldwin (D-WI) and Capito (R-WV).

PCHETA recognizes the importance of a well-trained, interprofessional healthcare team to ensuring high-quality, coordinated, person-centered care. This bipartisan legislation would expand opportunities for interdisciplinary education and training in palliative care, including through new education centers and career incentive awards for physicians, nurses, physician assistants, social workers and other health professionals. In helping to address the long-standing shortage of healthcare providers with the knowledge and skills to provide optimal care to the growing number of Americans experiencing serious illness or multiple chronic conditions – ever more important in the wake of the COVID-19 pandemic – **PCHETA would help build a healthcare workforce more closely aligned with the nation's evolving healthcare needs and improve care and quality of life for millions of Americans facing serious illness.**

## Transforming Care of People with Serious Illness

Many of the problems of our healthcare system – high costs, overutilization, lack of coordination, preventable transitions between healthcare institutions, and poor quality – become particularly evident during extended chronic and serious illness. We believe palliative care offers the solution. **A growing body of medical research has documented the [benefits](#) of high-quality palliative and hospice care for patients and families, for hospitals and payers, and for the healthcare system as a whole.** Palliative care is associated with enhanced quality of life for patients, higher rates of patient and family satisfaction with medical care, reduced hospital expenditures and lengths of stay, and other positive outcomes – including longer patient survival time. Hospice care has also been associated with lower costs of care, better outcomes (such as relief of pain), and even longer life, despite its focus on comfort rather than treatment aimed at cure.

Palliative care is patient- and family- centered—it focuses on matching treatment to achievable patient goals and supporting patients and their families/caregivers during and after treatment to maximize quality of life. In practice, this involves detailed and skilled communication with patients and families to elicit goals and preferences; expert assessment and management of physical, psychological, and other sources of suffering; and coordination of care across the multiple settings (e.g., hospital, post-acute care, ambulatory clinics, home) that patients can traverse throughout the course of a serious illness. Palliative care can be offered alongside life-prolonging and curative therapies for individuals living with serious, complex, and eventually terminal illness and includes hospice care.

While AAHPM members care for our nation's sickest and most vulnerable patients, there just are not enough specialists to meet the needs of the increasing number of Americans with serious illness who stand to benefit from palliative care. And not only will the pressure of serious illness and multiple chronic conditions mount as the U.S. population ages, but the public health emergency created by COVID-19 has exacerbated the need — highlighting the current palliative care [workforce shortage](#) as well as the importance of providing better training to all healthcare providers who will be called upon to care for the seriously ill. Simply put: **Despite the growing need for palliative care, the U.S. is unable to meet patient and health system demand because of a significant shortage of trained providers.**

Even before the emergence of the coronavirus pandemic, researchers at Duke University, the University of Alabama at Birmingham, and the Mayo Clinic [projected](#) an impending palliative care workforce crisis. They estimate an absolute growth rate of no more than 1% in palliative care physicians over the next 20 years, with the number of persons eligible for palliative care growing by over 20% during that same period, resulting in a ratio of only one physician for every 26,000 patients by 2030. Similarly, the George Washington University Health Workforce Institute found that current training capacity for Hospice and Palliative Medicine is insufficient to provide hospital-based care and keep pace with growth in the population of adults over 65 years old. These shortages are exacerbated when considering the current rapid expansion of community-based palliative care, such as in outpatient and home-based settings.

This need for trained providers is borne out by other major institutions working to provide evidence-based policy recommendations. The Institute of Medicine [reported](#) that “major gains have been made in the knowledge base of palliative care” but noted that “these knowledge gains have not necessarily been matched by the transfer of knowledge to most clinicians caring for people with

advanced serious illnesses.” A National Academies of Sciences, Engineering and Medicine workshop to examine these issues similarly [found](#) that “to provide high-quality care to people of all ages living with serious illness, it is critical that the nation develop an adequately trained and prepared workforce consisting of a range of professionals, including physicians, nurses, social workers, direct care workers, and chaplains.”

## Meeting the Nation’s Evolving Healthcare Needs

We believe enacting PCHETA will go a long way in helping our nation meet current health workforce challenges as well as those of the future, including future pandemics. With the Commonwealth Fund having [characterized](#) palliative care as a vital component of COVID-19 care – and palliative care and hospice teams stretched thin in the wake of this public health emergency – addressing the critical shortage of health professionals with knowledge and skills in palliative care is even more urgent, particularly as the United Nations [predicts](#) future pandemics are likely to be more frequent and more deadly.

[PCHETA](#) would provide an infrastructure to educate and train all members of the interdisciplinary care team. At the same time, the bill is designed to build the evidence base for the field, by directing existing funds toward palliative care research to strengthen clinical practice and healthcare delivery. Finally, PCHETA would allow the Secretary of Health and Human Services to implement an awareness campaign, to inform patients and healthcare providers about the benefits of palliative care and hospice and the services available to support individuals with serious illness, including infectious diseases such as COVID-19.

AAHPM is not alone in championing PCHETA. It has enjoyed strong bipartisan support in Congress (and previously passed the House twice), as well as [broad support](#) from more than 50 national and 35 state organizations. We urge you to consider this legislation as you consider workforce proposals and to ultimately advance PCHETA in the Senate to ensure our nation has the robust, well-trained workforce necessary to ensure access to high-quality, equitable care for the expanding and diverse population of patients with serious illness, as well as their families and caregivers.

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Thank you again for your commitment to address workforce shortages. We appreciate your consideration of PCHETA and welcome the opportunity to discuss other ways to address workforce needs of the healthcare sector, including as relates to the COVID-19 pandemic. Please direct questions or requests for additional information to Jacqueline M. Kocinski, MPP, AAHPM Director of Health Policy and Government Relations, at [jkocinski@aahpm.org](mailto:jkocinski@aahpm.org) or 847-375-4841.

Sincerely,



Nathan E. Goldstein, MD FAAHPM  
AAHPM President