

August 1, 2016

The Honorable Fred Upton
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Upton and Ranking Member Pallone:

The undersigned organizations write to express our support for H.R. 3119, the bipartisan Palliative Care and Hospice Education and Training Act (PCHETA). Introduced by Reps. Eliot Engel and Tom Reed, H.R. 3119 currently has 191 House cosponsors, including strong bipartisan representation from more than half the members of your committee and its health subcommittee. The legislation also has strong stakeholder support from over 40 patient, provider, and health system organizations representing constituents in all fifty states. Given the level of support we are very hopeful that you will schedule a hearing on the bill when Congress returns in the fall.

H.R. 3119 will improve the care of millions of patients living with serious or life-threatening illness as well as their families/caregivers by addressing key barriers that prevent access to palliative care. Palliative care focuses on relieving pain, stress and other debilitating symptoms of a serious illness, improving communication with patients and families, and informed decision-making with the goal of improving the quality of a seriously ill person's life and supporting that person and their family during and after treatment. An expanding body of medical research has documented the benefits of high-quality palliative care for patients and families, for hospitals and payers, and for the healthcare system as a whole. In fact, the National Priorities Partnership (as convened by the National Quality Forum) has highlighted palliative care as one of six national health priorities that have the potential to create lasting improvements across our healthcare system.

Palliative care has been shown to improve quality of life and patient and family satisfaction with care while also reducing hospital expenditures and lengths of stays. For example, because their pain and symptoms are better managed, we know that patients receiving palliative care have fewer trips to the emergency department, fewer hospital admissions and readmissions, and fewer days in the ICU. However, delivery of high-quality palliative care cannot take place without sufficient numbers of healthcare professionals with appropriate training and skills, and more must be done to ensure patients and providers are aware of the benefits of palliative care. These concerns are echoed in a 2014 report from the Institute of Medicine.

H.R. 3119 has three components. First, the bill 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. Second, using existing federal programs, the legislation would implement an awareness campaign to inform patients and health care providers about the benefits of palliative care and the services available to support individuals with serious or life-threatening illness. Finally, the bill would urge NIH to develop and implement a strategy to expand palliative care research to strengthen clinical practice and improve healthcare delivery.

We believe greater patient access to palliative care can create real improvements in the way we care for the growing number of Americans with serious or life-threatening illness and debilitating multiple chronic conditions. We would welcome the opportunity for a hearing on H.R. 3119, and urge you to consider scheduling one. If you would like further information, please do not hesitate to contact Keysha Brooks-Coley with the Patient Quality of Life Coalition at 202-661-5720 or Keysha.brooks-coley@cancer.org.

Sincerely,

Academy of Integrative Pain Management
Alzheimer's Association
American Academy of Hospice and Palliative Medicine
American Academy of Physician Assistants
American Cancer Society Cancer Action Network
American College of Surgeons Commission on Cancer
American Geriatrics Society
American Heart Association / American Stroke Association
American Psychosocial Oncology Society
American Society of Clinical Oncology
Association of Oncology Social Work
Association of Pediatric Hematology/Oncology Nurses
Association of Professional Chaplains
C-Change
California State University Institute for Palliative Care
Cancer Support Community
Catholic Health Association of the United States
Center to Advance Palliative Care
Children's National Health System
Coalition for Compassionate Care of California
Colon Cancer Alliance

Courageous Parents Network
HealthCare Chaplaincy Network
Hospice and Palliative Nurses Association
Leukemia & Lymphoma Society
Lung Cancer Alliance
Motion Picture & Television Fund
National Alliance for Caregiving
National Association of Social Workers
National Coalition for Hospice and Palliative Care
National Coalition for Cancer Survivorship
National Hospice and Palliative Care Organization
National Palliative Care Research Center
Oncology Nursing Society
Partnership for Palliative Care
Pediatric Palliative Care Coalition
Physician Assistants in Hospice and Palliative Medicine
Social Work Hospice & Palliative Care Network
Society of Palliative Care Pharmacists
St. Baldrick's Foundation
Susan G. Komen
Supportive Care Coalition
Trinity Health
Visiting Nurse Associations of America