

Expanding Access to Palliative Care Act (S. 2565)

Introduction Date:

- July 29, 2021

Sponsors:

- Jacky Rosen (D-NV) (sponsor)
- John Barrasso (R-WY) (original co-sponsor)
- Tammy Baldwin (D-WI) (original co-sponsor)
- Deb Fischer (R-NE) (original co-sponsor)

The Issue:

Palliative care is interdisciplinary patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering of all kinds. It is appropriate at any age and any stage in a serious illness, and involves addressing physical, intellectual, emotional, social, and spiritual needs. Despite the proven impact it has on patient and family wellbeing, and its ability to reduce health care spending associated with unnecessary acute care utilization, the lack of a predictable and sustainable payment mechanism has limited community-based palliative care's development and reach across the country. As the population continues to age and people live longer with serious and chronic illnesses, innovative delivery and financing models are needed to increase access to community-based palliative care's many benefits.

Expanding Access to Palliative Care Act Overview:

- **Goal:**
 - Directs the Center for Medicare and Medicaid Innovation (CMMI) to develop and implement a new, nationwide five-year community-based palliative care demonstration model that builds from and is informed by the existing Medicare Care Choices Model (MCCM), a demo that tests the quality and cost impacts of allowing Medicare hospice patients to receive concurrent, disease-focused "curative" care. The new model would aim to improve patient-and family-prioritized outcomes and experience of care, and reduce unnecessary or unwanted emergency department visits and hospitalizations.
- **Mechanics:**
 - With an emphasis on collaborative co-management, organizations participating in the demonstration would be expected to work closely with a patient's primary care and specialist providers for a holistic, team-based approach that would coordinate care across health care providers and non-medical community services. Care could be provided in a wide variety of home and community-based settings, including a personal residence, extended care facility, or outpatient community clinic, among others.
- **Services:**
 - The specific mix of services delivered under the model will depend on patients' unique palliative needs. Services would likely include pain & symptom management, patient and family education, care coordination across all providers, advance care planning and

shared decision-making, mental health services, family and caregiver support services, spiritual support care, personal care assistance, and stress reduction therapies. Care would be available 24 hours a day, 365 days a year, and could incorporate telehealth and other virtual interventions as appropriate and desired by the patient. A comprehensive patient assessment of symptoms and stress factors impacting quality of life would help determine the scope and nature of each service mix.

- **Eligibility:**

- *Provider eligibility:*

- Eligibility is intended to be broad and may include palliative care teams working as an independent practice or those associated with a hospice program, home health agencies, hospitals, integrated health systems, and other facilities or programs determined appropriate by the Secretary of Health and Human Services (HHS). At least one member of the multi-disciplinary care team would have to be certified in hospice and palliative care.

- *Patient eligibility:*

- Traditional Medicare beneficiaries diagnosed with a serious illness or injury. Examples include but are not limited to cancer, heart and vascular disease, pulmonary disease, and Alzheimer's and dementia.

- **Financing:**

- Care under the model would be reimbursed via a new value-based payment structure to be determined by the Secretary.