



April 3, 2020

Leader Mitch McConnell

Majority Leader, US Senate
317 Russell Senate Office Building
Washington, DC 20510

Speaker Nancy Pelosi

Speaker of the US House of Representatives
1236 Longworth House Office Building
Washington, DC 20510

Minority Leader Chuck Schumer

House Minority Leader, US Senate
322 Hart Senate Office Building
Washington, D.C. 20510

Minority Leader Kevin McCarthy

Minority Leader, US House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

From: The Coalition to Transform Advanced Care (C-TAC)

RE: COVID-19 Legislation Proposal – Package Four

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

On behalf of the Coalition to Transform Advanced Care (C-TAC), thank you for the work you have already done to address the pandemic and for meeting the continuing challenges that face our nation. C-TAC is a non-profit, non-partisan coalition of diverse organizations dedicated to improving the quality of life for individuals with advanced and serious illness and their families. Those with serious illness are some of the most likely to experience severe health-related impacts of COVID-19. We are writing today to request that your next legislative package include provisions to address several priorities to support those with advanced and serious illness during these extremely difficult times.

The shocking truth of this pandemic is that many of our loved ones, friends, and fellow citizens will die from COVID-19 and many more will needlessly suffer without a concerted effort to plan for these dire situations. Our goal is to help ensure that patients, families, and communities impacted by the outbreak have adequate and timely access to the compassionate palliative, hospice, and home-based primary care and social services that will be necessary to address the pain, symptom, and stress management challenges of those impacted by the virus.

We believe the following five policy priorities must be addressed as soon as possible to fully attend to the physical, mental, emotional, and spiritual suffering wrought by this pandemic,¹ and better prepare the nation and our healthcare system for any future emergencies with the potential to stretch our response capacity to its limits.

¹ Palliating a Pandemic: "[All Patients Must Be Cared For](#)" Downar, James et al. Journal of Pain and Symptom Management, Volume 39, Issue 2, 291 - 295



Ensuring Care Goals are Understood and Good Symptom Management

Coverage of Advance Care Planning Services must be made easy and accessible for everyone, particularly those on Medicare. All Americans, especially older Americans, should take the time to think about and record their care goals in the event they contract COVID-19, such as the desirability of being hospitalized or having ventilator support. Those at high risk because of age or illness should be setting goals and identifying those who they would designate to make decisions on their behalf should they be unable to do so. Therefore, we request that Congress immediately:

- *Waive patient cost-sharing and deductibility of Medicare Advance Care Planning services (CPT codes 99497 & 99498) (Originally drafted in the 115th Congress' Patient Choice and Quality Care Act):*
 - **Legislative language:** SEC. 5. ENHANCING COVERAGE OF ADVANCE CARE PLANNING SERVICES. (a) DEFINITION.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended by adding at the end the following new subsection: “Advance Care Planning Services “(kkk)(1) The term ‘advance care planning services’ means services identified as of the date of enactment of 16 this subsection as Current Procedural Terminology (CPT) codes 99497 and 99498, and such codes as subsequently modified, that are furnished by a physician or other eligible practitioner (as determined by the Secretary).
- *Include clinical social workers and registered nurses in the definition of eligible practitioners who can bill for Medicare Advance Care Planning services (Originally drafted in the 115th Congress' Patient Choice and Quality Care Act):*
 - **Legislative language:** (2) For purposes of paragraph (1), the term ‘eligible practitioner’ includes, in addition to a practitioner eligible to bill such CPT codes as of the date of enactment of this subsection, an individual who— “(A) is a clinical social worker (as defined in 1 subsection (hh)(1)) or a registered nurse; and “(B) possesses— “(i) a relevant care planning certification; “(ii) experience providing care planning conversations or similar services, as defined by the Secretary, in the course of their work.”
- *Ensure that advance care planning documentation executed validly in one state are honored in other states (i.e. that there is “reciprocity” across states for eligible advance care planning documentation) (Originally drafted in the 115th Congress' Patient Choice and Quality Care Act):*
 - **Legislative language:** (a) PORTABILITY.—Section 1866(f) of the Social Security Act (42 U.S.C. 1395cc(f)) is amended by adding at the end the following new paragraph:

“(5)(A) Advance care planning documentation validly executed outside the State in which such documentation is presented shall be given effect by a provider of services or organization to the same extent as advance care planning documentation validly executed under the law of the State in which it is presented.”



Expanding Palliative Care Capacity Through Public Health and Workforce Infrastructure

- *Update the National Health Service Corps program to include palliative care medicine as an eligible primary care service, which would officially recognize palliative care as a subspecialty of public health services (Originally drafted in the 116th Congress' Provider Training in Palliative Care Act – S. 1921):*
 - **Legislative language:** Section 331(a)(3)(D) of the Public Health Service Act ([42 U.S.C. 254d\(a\)](#)) is amended by inserting “palliative care,” after “gynecology,”.
- *Enact the Palliative Care and Hospice Education and Training Act (H.R. 647/ S. 2080), which would bolster the palliative care and hospice workforce through a number of training, education, and research opportunities.*

In addition to the aforementioned priorities, we ask that you work to **ensure that adequate funding from the new \$100 billion Public Health and Social Services Emergency Fund that was created in the Coronavirus Aid, Relief, and Economic Security (CARES) Act be made available to home and community-based serious illness providers**, in addition to the hospitals and health systems upon which the fund is primarily focused. Hospice, palliative, and home-based primary and home health providers are actively serving the most vulnerable people and families during this emergency. Like larger institutional entities, they are incurring substantial expenses related to acquiring PPE, supporting frontline responders, and mobilizing an effective response to the outbreak that is ensuring those impacted have all their physical, emotional, social, and spiritual needs addressed. This is a critical service during this time when so many are becoming seriously ill and dying without the holistic support they need.

Finally, the following **additional recommendations** are necessary to ensure the quality of care for those with advanced and serious illness during the COVID-19 pandemic:

Advance care planning support tools.

- Require the Secretary of HHS to develop standards for including completed advance care planning documents within a patient’s electronic health record (Originally drafted in the 115th Congress’ *Patient Choice and Quality Care Act*)

Increasing Public Awareness of Serious Illness Care and Advance Care Planning

- Appropriate at least \$50 million and authorize the Secretary of HHS to award grants to qualified organizations to:
 - Develop educational materials and resources for the general public and the healthcare provider community that address advance care planning, the range of services designed for individuals facing serious illness, and training and professional development for clinicians who care for people with advanced serious illness. Additionally, develop and implement a national public educational campaign on the above topics (Originally drafted in the 115th Congress’ *Patient Choice and Quality Care Act*)



Supporting a Robust and Well-Trained Serious Illness Care Workforce

- Authorize Nurse Practitioners (NPs) to provide the initial certification of patients for hospice care, in addition to their current ability to recertify patients and serve as attending providers, and their newly-granted ability to certify home health services

Expand Access to Home-Based Primary Care

- Amend title XVIII of the Social Security Act to provide for an extension of the Independence at Home (IAH) demonstration program (1866E of the Medicare Act) for at least an additional three years. The IAH demonstration program is one of the most successful Center for Medicare and Medicaid Innovation (CMMI) demonstrations to date, and utilizes a home-based primary care (HBPC) model to serve complex, frail elders in their homes (*Independence at Home Demonstration Act of 2019 – H.R. 3644*)

Support Family Caregivers

- Provide working family caregivers with a tax credit up to \$3,000 to assist with out-of-pocket expenses related to caregiving (*Credit for Caring Act – H.R. 2730/S. 1443*)

Thank you again for your efforts thus far and for considering these recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jon Broyles', is positioned above the typed name.

Jon Broyles
Executive Director

cc:

Chairman & Ranking Member, Senate Committee on Finance
Senator Chuck Grassley, Chairman
Senator Ron Wyden, Ranking Member

Chairman & Ranking Member, Senate Committee on Health, Education, Labor, and Pensions
Senator Lamar Alexander, Chairman
Senator Patty Murray, Ranking Member

Chairman & Vice Chairman, Senate Committee on Appropriations
Senator Richard Shelby, Chairman
Senator Patrick Leahy, Vice Chairman

Chairman & Ranking Member, Senate Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Senator Roy Blount, Chairman
Senator Patty Murray, Ranking Member



Chairman & Ranking Member, Senate Special Committee on Aging
Senator Susan Collins, Chairman
Senator Bob Casey, Ranking Member

Chairman & Ranking Member, House Committee on Ways and Means
Representative Richard Neal, Chairman
Representative Kevin Brady, Ranking Member

Chairman & Ranking Member, House Committee on Energy and Commerce
Representative Frank Pallone, Chairman
Representative Greg Walden, Ranking Member

Chairman & Ranking Member, House Committee on Education and Labor
Representative Bobby Scott, Chairman
Representative Virginia Foxx, Ranking Member

Chairman & Ranking Member, House Committee on Appropriations
Representative Nita Lowey, Chairman
Representative Kay Granger, Ranking Member