

Hill Communications and Advocacy

- Ongoing communication with key Members of Congress, including discussions with staff of Sens. Whitehouse and Warner, and Rep. Blumenauer regarding use of C-TAC Core Principles for Models.
- Provided amendment ideas on serious illness to numerous offices for potential inclusion in the American Rescue Plan legislation.
- Communicated with the staff of Sens. Rosen, Warner, Whitehouse, Casey, Scott, Wyden, and Reps. Blumenauer, Neal, and Scott about including several C-TAC proposals in Build Back Better (BBB).
- Met with Sarah Khasawinah and Ranking Member Scott's staff of the Aging Committee on a proposal for creation of community-based organization grants and Advance Care Planning (ACP) issue material. As of December, they were still considering the bill ideas.
- Provided C-TAC care infrastructure input for BBB to dozens of Hill offices.
- Received videos of support for our C-TAC Policy Forum from Sens. Whitehouse, Rosen, Warner, and Rep. Blumenuaer.
- Met to discuss the C-TAC Policy Agenda with staff of Ways & Means, Finance, Education & Labor, Aging, HELP committees.
- Secured language in Leadership Council of Aging Organizations (LCAO) letters to the Hill in support of funding under the Title III-D of the Older Americans Act (OAA) for evidence-based programs, including Respecting Choices. As of December, the program has received an increase of \$6.8 million in the House and \$1.5 million in the Senate.
- Supported inclusion of the Palliative Care and Hospice Education and Training Act funding of \$100 million in BBB.
- Secured language in LCAO letters to the Hill in support to funding of \$75 million for the new Research, Demonstration, and Evaluation Center for the Aging Network included in the House passed BBB.
- Sent letter to Congress about visitation restrictions, particularly for long-term care facilities and for those who are isolated with serious illness. More than \$250 million is provided in BBB for programs, training, and technical assistance related to social engagement and isolation. The CARES Act included language supporting the long-term care ombudsman program's access to facilities and the Administration recently lifted restrictions.
- Signed on to a letter regarding the Part D Enhanced Medication Therapy Management Model (EMTM) that serves vulnerable Medicare beneficiaries.
- Assisted Sen. Whitehouse's staff with strategies for redrafting and introducing his legislation: Removing Barriers to Person-and Family-Centered Care Act. Secured about fifteen organizations' endorsement of the bill for staff.

Hearings/Legislative Endorsements

- Provided background and questions used by Sens. Warner and Whitehouse, and Rep. Blumenauer in hearings. One Q&A by Rep. Blumenauer in the hearing was transcribed used for a C-TAC blog.
- Secured quote from Jon Broyles, CEO of C-TAC, in Sens. Rosen's and Barrasso's press release on the introduction of the bipartisan S. 2565, Expanding Access to Palliative Care Act.
- Secured quote from Jon Broyles, CEO of C-TAC, in Sen. Rosen's press release regarding Sens. Rosen's and Murkowski's bill introduction: Provider Training in Palliative Care Act.
- Secured Sen. Rosen's staff to participate in the National Academies meeting.
- Drafted questions for hearing related to pandemic issues for staff.
- Distributed a press release in support of Sen. Whitehouse's reintroduction of the Removing Barriers to Person-and Family-Centered Care Act.
- Arranged for Rachel Fybel from Sen. Whitehouse's staff to join a C-TAC Policy Update webinar as a special guest.

Legislative Development

- Drafted a concept for a payment model add-on leading to C-TAC's Core Principles for Models and potential introduction of a bill to ensure all models and programs better cover care for serious illness.
- Redrafted parts of the Patient Choice and Quality Care Act (PCQCA) and brought together core support group for Sen. Whitehouse and Rep. Blumenauer. This included streamlined the model payment provisions of PCQCA and added new payment model concept.
- Developed legislative ideas around supporting minority communities with grants for assessment, coordination, and community-based services. As of December, conversation are ongoing with potential bill sponsors.
- Worked to include ACP in LCAO Hill letter.
- Served as a stakeholder observer on drafting committee that the Uniform Law Commission is creating to revise the Uniform Health Care Decisions (UHCD) Act.

ACP Cost Sharing

- Identified this as an issue and raised it to our members and federal policy stakeholders.
- Applied to the United States Preventative Services Taskforce (USPSTF) to have ACP designated a preventive service, which would eliminate cost sharing, and got confirmation that was not in their purview.
- Confirmed that CMS counsel feels they also lack the ability to waive cost sharing and are now pursuing this legislatively.

COVID-19 Visitation Restriction Concerns

- Sent a letter to Congress and the Administration about our concerns on the impact of restricted COVID-19 visitation on patients, families, and staff and received media coverage and member recognition.
- Published a blog in Health Affairs on this topic.

ACP Process

- Interviewed by the Office of Inspector General's (OIG's) team doing an audit of ACP billing practices and shared that our intel showed federal guidance was not as clear as it could be to ensure compliance.
- Interviewed by the Assistant Secretary for Planning and Evaluation (ASPE) team doing a report on ACP.
- Participated in Post-Acute Care Interoperability (PACIO) sessions and contributed to the implementation guide they are developing for advance directive interoperability.

Payment Models

- Drafted successfully received core principles for models providing care for those with serious illness.
- Interviewed by the Physician-Focused Payment Model Technical Advisory Committee (PTAC) for their report on how to implement care coordination in alternate payment models.
- Met with CMMI regarding their new strategy and are recognized as a key stakeholder when it comes to models for those with serious illness.

CMS Rules

- Acknowledged C-TAC's comments on the following final rules:
 - Adding measures to the End-Stage Renal Disease (ESRD) Treatment Choice Model for ACP, palliative care, and timely referral to hospice.
 - Requiring a skilled nursing facility (SNF) frailty assessment.
 - Advocating for audio-only telehealth for ACP during pandemic.
- Submitted responses to CMS Requests for Information (RFIs) on equity and interoperability for the hospice, home health, and SNF proposed rules.