August 17, 2018

Majority Leader Mitch McConnell
United States Senate
317 Russell Senate Office Building
Washington, DC 20510

Dear Leader McConnell:

Collectively we are writing to make you aware of our support, and to ask you to allow a vote on the Palliative Care Hospice Education and Training Act (S. 693) in the United States Senate. The legislation was recently passed by the House of Representatives, led by Congressman Elliot Engel and Tom Reed, and is H.R. 1676. The legislation seeks to expand patient access to palliative care by increasing the number of health professionals trained in palliative care, expanding the federal research investment in palliative care, and educating providers and the public about the delivery model of care.

While many think of palliative care only in terms of end-of-life, hospice-oriented care, its application and potential impact are much broader. Palliative care is focused on providing patients with relief from the symptoms, pain and stress of a serious illness – whatever the diagnosis, with the goal of improving quality of life for both the patient and the family. It is provided by a team of palliative care trained specialists, including a physician, nurse, social worker, chaplain and other care specialists who work alongside a patient’s doctor to provide an extra layer of support. Palliative care is appropriate at any age and at any stage of a serious illness, and can be provided alongside curative treatment.

Over the past ten years, hospitals across the country have seen the benefits in establishing palliative care programs, which yield better quality patient care and family satisfaction at a lower cost. Evidence-based research has demonstrated that patients in hospital systems with palliative care programs experience reduced emergency room visits, fewer days in intensive care and fewer hospital readmissions after discharge. Additionally, studies have shown that early access to palliative care for seriously ill patients can in some cases even prolong patients’ lives.

Although there has been considerable growth in the number of palliative care programs in Minnesota and across the country, there are still barriers that have prevented all patients and families facing a serious illness from having access to palliative care programs and services. There are simply not enough practicing health care professionals trained in the medical subspecialty of palliative care.
The Palliative Care Hospice Education and Training Act would address this issue by creating up to 24 Palliative Care Education Centers at medical schools and nursing schools across the country that would train doctors, nurses and social workers in the medical subspecialty of palliative care. Furthermore, the bill would create incentives to improve the training and continuing education of current health professionals in palliative care, as well as provide mid-career awards to health care professionals who teach or practice in the field of palliative care for at least five years. The legislation would also direct the National Institutes of Health to expand and intensify the federal research investment in palliative care research, as well as create a mechanism to educate providers and the public about palliative care as a delivery model of care. These important steps will help ensure that all patients facing serious illnesses have access to high quality palliative care. In addition to creating more palliative care teaching programs, PCHETA will help increase the availability and quality of hospice care by establishing training programs for the hospice workforce including doctors, nurses, and other healthcare professionals.

As Congress examines policy changes in an effort to provide low-cost solutions that will improve the quality of health care for patients, expanding access to high quality palliative care to all patients with serious illness is a proven way to reach these goals. As a strong supporter of patient access to quality palliative care and hospice we are hopeful you will be able to work with us on this important legislation that would make a difference in the lives of cancer patients and their families in Minnesota and nationwide. We would welcome the opportunity to talk with you in more detail about the legislation, as well as provide you with additional information about our hospital and community based palliative programs in Minnesota.

Sincerely,

Minnesota Leadership Council on Aging