United States Senate

WASHINGTON, DC 20510

June 16, 2022

The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare and Medicaid Services 200 Independence Avenue, SW Washington, DC 20201

Dear Administrator Brooks-LaSure:

We write to request that the Center for Medicare and Medicaid Innovation (the Innovation Center) implement a Community-Based Palliative Care demonstration project to support concurrent palliative and curative treatment for beneficiaries with serious illness or injury, including essential interdisciplinary care in their home.

Studies have shown the critical importance of palliative care, which looks at the patient as a whole and addresses quality of life, symptom management, and supports for both the patient and their caregivers. It not only yields better health and quality of life outcomes, but can also decrease stress for the entire family. This type of compassionate, comprehensive care integrates clinical and community-based services, improves care coordination, uses an interdisciplinary team to focus on patient-centered care, and reduces discomfort and disability.

To be most effective, palliative care should be provided as close to time of diagnosis as possible, underscoring the importance of concurrent treatment models. However, under the current Medicare benefit, those with serious illness can only receive Medicare reimbursement for palliative care when nearing the end of life, through hospice, not concurrently with curative treatment. While we support the current model as one option, we recognize the difference and the need for older adults with serious illness or injury to have integrated palliative care, while still receiving curative treatment and health maintenance care. In keeping with the mission of the Innovation Center, an expanded palliative care model via a demonstration project would address this need, both improving the patient experience and reducing costs.

We support the Innovation Center taking an approach to a future model like that in the bipartisan *Expanding Access to Palliative Care Act* (S.2565), which proposes creating a demonstration project to support improved access to palliative care services through a community-based model. We urge you to look to this legislation, which was drafted with significant stakeholder feedback, as a guide for implementing a demonstration project that allows for concurrent palliative and curative care. The demonstration project could build upon the Medicare Care Choices Model, be created as a new model, or be tested as an add-on with existing models.

Of particular importance in developing this project will be the availability and coordination of care through an interdisciplinary model that is nimble in adjusting to a patient's changing needs. The level of services appropriate for a patient will vary over the course of their illness and the specific challenges that they and their family care providers face. Allowing palliative care to be

provided wherever the patient is located—be it at home, at a caregiver's home, in the hospital, in a nursing or assisted living facility, or through telemedicine—is critical for both the appropriateness and quality of care for the patient and also to ensure effective and efficient use of health care facilities and avoidance of unnecessary visits to inpatient settings.

We appreciate your consideration and look forward to working with you to advance these approaches to improving care for individuals facing serious illness or injury through integrated palliative care services, curative treatment, and community-based supports.

CC: Dr. Liz Fowler, Deputy Administrator and Director of the Center for Medicare and Medicaid Innovation

Sincerely,

Jacky Rosen United States Senator

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Deb Fischer United States Senator

Catherine Cortez Masto United States Senator

John Barrasso, M.D. United States Senator

Roger W. Marshall United States Senator

Kyrsten Sinema United States Senator

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Shelley Moore Capito

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Tina Smith United States Senator

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Lisa Murkowski United States Senator