



December 4, 2017

Congressman Greg Walden
Chair, Energy & Commerce
Committee
U.S. House of Representatives
2185 Rayburn House Office Building
Washington, DC 20515

Congressman Frank Pallone
Ranking Member, Energy & Commerce
Committee
U.S. House of Representatives
237 Cannon House Office Building
Washington, DC 20515

Dear Chairman Walden and Ranking Member Pallone,

On behalf of the Patient Quality of Life Coalition, we wish to express our sincere thanks for your support of H.R. 1676, the *Palliative Care and Hospice Education and Training Act* (PCHETA). This important piece of legislation will make a difference in the lives of millions of Americans suffering from serious illness, as well as their families and caregivers. PCHETA has strong bipartisan support with 243 cosponsors – that represents a majority of the House of Representatives and includes more than half the members of the House Energy and Commerce Committee. We urge you to consider this bill for a markup in the Health Subcommittee and the full Committee, and to advance PCHETA to the House floor during the second session of the 115th Congress.

Despite a high level of medical treatment, many seriously ill individuals still experience troubling symptoms, fragmented care, poor communication with their health care providers, unmet psychological and personal care needs, and enormous strains on their family caregivers. Numerous studies have shown that palliative care can improve pain and symptom control, quality of life, and patient and family satisfaction with care.

Palliative care is an interdisciplinary model of care focused on relief of the pain, stress and other debilitating symptoms of serious illness, such as cancer, cardiac disease, respiratory disease, kidney failure, Alzheimer's, AIDS, ALS, and MS. The goal of palliative care is to relieve suffering and provide the best possible quality of life for patients and their families. Palliative care can be offered from the point of diagnosis forward, simultaneously with life-prolonging and curative therapies for persons living with serious, complex, and eventually terminal illness and includes hospice care. Palliative care is patient-centered care — translating patient goals to appropriate treatments.

With its focus on expanding the interdisciplinary palliative care workforce, promoting awareness of the benefits of palliative care among patient and providers, and improving the evidence base for this care, H.R. 1676 would address key barriers that prevent patient access to palliative care today. First, delivery of high-quality palliative care cannot take place without a sufficient number of health care professionals with appropriate training and skills. Students graduating from medical, nursing or health care professional schools today receive little, if any, training in the core precepts of pain and symptom management, advance care planning, communication skills, and care coordination for patients with serious or life-threatening illness. Further, there is a large gap between the number of health care professionals with palliative care training and the number required to meet the needs of the expanding population of seriously ill patients. PCHETA would begin to bridge this gap by establishing education centers and career incentive awards to improve the training of doctors, nurses, physician assistants, social workers, pharmacists, chaplains and other health professionals in palliative care.

PCHETA also aims to strengthen clinical practice and improve health care delivery for patients living with serious or life-threatening illness, as well as their families, by directing existing funds toward palliative care research. Research funding for palliative care and pain and symptom management comprises less than 0.1 percent of the annual budget at the National Institutes of Health. PCHETA would encourage an expansion and intensification of research in these important areas.

Finally, more must be done to ensure patients and providers are aware of the benefits of palliative care. According to the Institute of Medicine, there is a “need for better understanding of the role of palliative care among both the public and professionals across the continuum of care.” PCHETA would direct the implementation of a national education and awareness effort so that patients, families, and health professionals understand that palliative care can help ensure higher-quality care for individuals facing serious or life-threatening illness.

Again, we appreciate your support and look forward to working with you to move this legislation forward to a markup in the Energy and Commerce Committee Health Subcommittee and the full Committee, and to advance it to the House floor before the end of the year. If you would like additional information regarding PCHETA, please do not hesitate to contact Keysha Brooks-Coley, Chair of the Patient Quality of Life Coalition, at keysha.brooks-coley@cancer.org.

Sincerely,

Academy of Integrative Pain Management
Alzheimer’s Association
Alzheimer’s Impact Movement
American Academy of Hospice and Palliative
Medicine
American Cancer Society Cancer Action
Network
American Heart Association / American Stroke
Association
American Society for Clinical Oncology
Association of Oncology Social Work
Cambia Health Solutions
CSU Institute for Palliative Care
Cancer Support Community
Catholic Health Association of the United States
Center to Advance Palliative Care
Children’s National Health System
Coalition for Compassionate Care of California

Hospice and Palliative Nurses Association
Leukemia & Lymphoma Society
Motion Picture & Television Fund
National Alliance for Caregiving
National Coalition for Hospice and Palliative
Care
National Palliative Care Research Center
National Patient Advocate Foundation
Oncology Nursing Society
Pediatric Palliative Care Coalition
Physician Assistants in Hospice and Palliative
Medicine
ResolutionCare
St. Baldrick’s Foundation
Supportive Care Coalition
Trinity Health