



May 25, 2022

The Honorable Patty Murray  
Chair  
Committee on Health, Education, Labor &  
Pensions  
United States Senate  
Washington, DC 20510

The Honorable Richard Burr  
Ranking Member  
Committee on Health, Education, Labor &  
Pensions  
United States Senate  
Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Burr:

On behalf of the United States Conference of Catholic Bishops and the Catholic Health Association of the United States, we write in support of the bipartisan bill *Palliative Care and Hospice Education and Training Act (PCHETA)*, S. 4260.

Catholics believe that human life is a gift from God that no one may dispose of at will. All persons, regardless of their medical condition, possess inherent dignity and are worthy of respect, love and support. As Pope Francis stated in his address to the Pontifical Academy for Life assembly on assistance to the elderly and palliative care, “[p]alliative care is an expression of the truly human attitude of taking care of one another, especially of those who suffer. It is a testimony that the human person is always precious, even if marked by illness and old age.”

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 with a patient's physician to provide an extra layer of support and care coordination. Palliative care is appropriate at any age and at any stage in a serious illness and can be provided together with curative treatment.

Palliative care has been shown to lower health care costs through reduced emergency room visits, time in the hospital and use of intensive care services. Studies also show that early access to palliative care for seriously ill patients improves their quality of life and in some cases even prolongs it. This is a recognition that palliative care is not about reducing care but rather is about providing more life affirming care which recognizes the physical, social and spiritual needs of patients and their families.

While there has been considerable growth in the number of hospital-based palliative care programs

across the United States, barriers in three key areas currently prevent full access to, and availability of, palliative care for all patients and families facing serious or life-threatening illness: an insufficient number of trained health care professionals; insufficient research funding to build the knowledge base that supports clinical practice in pain and symptom management, communication skills and care coordination; and lack of awareness among patients and health care professionals about what palliative care is and when it should be provided.

S. 4260 would address these barriers by:

- Establishing a Palliative Care and Hospice Education Center to improve the training of interdisciplinary health professionals in palliative care;
- Authorizing grants to schools of medicine, teaching hospitals and GME programs to train physicians (including residents, trainees and fellows) who plan to teach palliative medicine;
- Establishing a program to promote the career development of physicians who are board certified or board eligible in Hospice and Palliative Medicine;
- Establishing fellowship programs within the new Palliative Care and Hospice Education Centers to provide short-term intensive courses focused on palliative care workforce development and grants through career incentive awards for eligible health professionals who agree to teach or practice in the field of palliative care for at least five years;
- Providing for the establishment of a national campaign to inform patients, families and health professionals about the benefits of palliative care and the services that are available to support patients with serious or life-threatening illness; and

Further, S. 4260 includes crucial clarifications which ensure that the palliative and hospice care training programs abide by the provisions found in the Assisted Suicide Funding Restriction Act of 1997 (P.L. 105-12) and are not furnished for the purpose of causing or assisting in causing a patient's death for any reason.

We urge you to advance the Palliative Care and Hospice Education and Training Act so that all patients facing serious illnesses have access to high quality palliative care.

Sincerely,



Sister Mary Haddad, RSM  
President and CEO  
Catholic Health Association  
of the United States



Most Reverend Paul S. Coakley  
Archbishop of Oklahoma City  
Chairman  
Committee on Domestic Justice  
and Human Development



Most Reverend William E. Lori  
Archbishop of Baltimore  
Chairman  
Committee on Pro-Life Activities