July 12, 2023

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

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

Dear Chairman Sanders and Ranking Member Cassidy:

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 Palliative Care and Hospice Education and Training Act (PCHETA), S. 2243.

The Catholic Church teaches that all people possess inherent dignity and worth, and as such human life is a gift from God that no one may dispose of at will. As Pope Francis has repeatedly stated and the Church continues to reaffirm in its teaching, “Palliative care is an authentic expression of the human and Christian activity of providing care, the tangible symbol of the compassionate ‘remaining’ at the side of the suffering person.”

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 the quality of life for both the patient and the family. It is provided by an interdisciplinary 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 any stage in a serious illness and can be provided together with life-prolonging and curative treatment.

Palliative care has been shown to better align patient care and health care resources through reduced emergency room visits, time in the hospital, and use of unnecessary 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

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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 is considerable understanding of the importance of hospital-based palliative care programs, there continue to be three significant challenges in ensuring access for families to palliative care: 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.

The *Palliative Care and Hospice Education and Training Act* would address these barriers by:

- Establishing Palliative Care and Hospice Education Programs 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;
- Supporting palliative care workforce development through fellowship programs providing short-term intensive courses focused on palliative care;
- Authorizing institutions to provide awards to physicians, advanced practice nurses, social workers, physician assistants, psychologists, chaplains, pharmacists, and other health professionals who agree to teach or practice in the field of palliative care for at least five years;
- Enhancing research in palliative care by directing the National Institutes of Health to use their existing authorities and funds to expand palliative care research; and
- Creating a National Palliative Care Education and Awareness Campaign to inform patients, caregivers, and health professionals about the benefits of palliative care.

Further, the *Palliative Care and Hospice Education and Training Act* 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 Borys Gudziak  
Archbishop of Ukrainian Catholic Archeparchy of Philadelphia  
Chairman  
Committee on Domestic Justice and Human Development

Most Reverend Michael F. Burbidge  
Bishop of Arlington  
Chairman  
Committee on Pro-Life Activities