



A Passionate Voice for Compassionate Care

July 22, 2014

United States Senate
Washington, DC 20510

Dear Senator,

On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization of more than 2,200 Catholic health care systems, hospitals, long-term care facilities, sponsors, and related organizations, I am writing to request your support for two bipartisan bills:

- **The Palliative Care and Hospice Education and Training Act** (S. 641 and H.R. 1339), sponsored by Sen. Ron Wyden (OR) and Rep. Eliot Engel (NY). The legislation would increase the number of permanent faculty in palliative care at accredited allopathic and osteopathic medical schools, nursing schools and other programs to promote education in palliative care and hospice, and to support the development of faculty careers in academic palliative medicine.
- **The Patient Centered Quality Care for Life Act** (H.R. 1666), sponsored by Reps. Emanuel Cleaver (MO) and Spencer Bachus (AL). The legislation provides new resources for palliative care research, professional training and education outreach to help expand the availability of palliative care for all patients and families facing serious or life-threatening illness.

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 achieved through care planning based on open, honest communication about severity of illness and medical treatment options; effective pain and symptom control; and highly coordinated care that addresses the physical, emotional, social and spiritual aspects of dealing with serious illness.

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: 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 of what palliative care is and when it should be provided.



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Together, these bills would address the barriers by increasing the number of permanent palliative care faculty in medical and nursing schools; establishing a new workforce training initiative; promoting education and outreach about palliative care services and their benefits; and expanding research to ensure the quality of palliative care. These important building blocks will help ensure that all patients facing serious illnesses have access to high quality palliative care.

As our country looks for ways to improve health care quality while reducing costs, expanding access to high quality palliative care is one way to help us reach these goals. I hope you will consider co-sponsoring or sponsoring both of these bills in the Senate.

Sincerely,

A handwritten signature in black ink that reads "Sr. Carol Keehan". The signature is written in a cursive, flowing style.

Sr. Carol Keehan, DC
President and CEO