



August 13, 2025

The Honorable Brett Guthrie
Chair
Energy and Commerce Committee
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Energy and Commerce Committee
United States House of Representatives
Washington, DC 20515

Dear Chairman Cassidy and Ranking Member Sanders:

On behalf of the United States Conference of Catholic Bishops and the Catholic Health Association of the United States, we write to express our strong support for the bipartisan **Palliative Care and Hospice Education and Training Act (PCHETA) (H.R. 4425)**.

The Catholic Church upholds the inherent dignity and worth of every person, affirming that human life is a sacred gift from God that must be protected and respected at every stage. As the Church teaches, *“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.”*¹

Palliative care seeks to relieve the symptoms, pain, and stress associated with serious illness—regardless of diagnosis or prognosis—with the goal of improving quality of life for both patients and their families in multiple respects, not just the physical. This care can be best provided by a coordinated, interdisciplinary team of trained professionals, including physicians, nurses, social workers, chaplains, and others, who work alongside a patient’s existing medical team to offer an added layer of support. Palliative care can be delivered at any age and any stage of illness, and it can be provided concurrently with life-prolonging or curative treatments. It is also provided in a variety of settings, including the hospital, outpatient clinic, and at home.

Evidence shows that palliative care enhances the alignment of patient care with individual needs and improves health care outcomes - reducing emergency room visits, hospital stays, and the use of ineffective intensive care. Early access to palliative care not only improves the quality of life for seriously ill patients but can, in some cases, extend it. This approach reflects a commitment to

¹ Congregation of the Doctrine of the Faith, Letter “*Samaritanus bonus*” on the care of persons in the critical and terminal phases of life, Vatican: The Holy See, 22 Sept. 2020. Web: <https://press.vatican.va/content/salastampa/en/bollettino/pubblico/2020/09/22/200922a.html>

life-affirming care that addresses the full spectrum of physical, emotional, social, and spiritual needs.

Despite growing recognition of the value of hospital-based palliative care, there remain three major barriers to broader access: a shortage of trained professionals in palliative care; limited research funding to advance best practices in symptom management, communication, and care coordination; and low public and professional awareness of what palliative care is and when it should be utilized.

The **Palliative Care and Hospice Education and Training Act** directly addresses these challenges by:

- Establishing education programs to improve interdisciplinary training in palliative care;
- Authorizing grants to medical schools, teaching hospitals, and graduate medical education programs to train future palliative care educators and specialists;
- Supporting workforce development through fellowships and intensive short-term training opportunities;
- Providing awards to clinicians—including physicians, nurses, social workers, chaplains, and others—who commit to teaching or practicing in the field for at least five years;
- Enhancing research efforts by directing the National Institutes of Health to expand palliative care research using existing authorities and funding; and
- Launching a national awareness campaign to educate patients, families, and health professionals about the benefits and availability of palliative care.

Importantly, the bill includes essential language affirming that all supported programs must comply with the Assisted Suicide Funding Restriction Act of 1997 (P.L. 105-12) and may not be used to cause or assist in causing a patient's death under any circumstance.

We respectfully urge you to advance this vital legislation. All patients facing serious illness deserve access to comprehensive, compassionate, and high-quality palliative care.

Sincerely,

Handwritten signatures in blue ink of Sister Mary Haddad, Borys Gudziak, and Daniel E. Thomas.

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

Most Reverend Borys Gudziak
Archbishop of the Ukrainian Catholic
Archeparchy of Philadelphia
Chairman
Committee on Domestic Justice and
Human Development

Most Reverend Daniel E. Thomas
Bishop of Toledo
Chairman
Committee on Pro-Life Activities