

December 5, 2023

The Honorable Bernard Sanders
United States Senate
Chairman
HELP Committee
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy
United States Senate
Ranking Member
HELP Committee
428 Dirksen Senate Office Building
Washington, DC 20510

RE: Request to include PCHETA, S. 2243, in bipartisan HELP Committee mark-up

Dear Chairman Sanders and Ranking Member Cassidy:

As the Committee on Health, Education, Labor and Pensions (HELP) considers reauthorization of the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities* (Public Law 15–271) in an upcoming mark-up, the undersigned organizations of the Patient Quality of Life Coalition (PQLC) write to urge you to include the bipartisan *Palliative Care and Hospice Education and Training Act (PCHETA)*, [S. 2243](#). This bipartisan legislation will make a difference in the lives of millions of patients living with serious or life-threatening illness and their caregivers and would ensure an improved infrastructure to teach and implement best practices for pain management.

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. Its goal is to relieve suffering and provide the best possible quality of life for patients and their families. Palliative care can be offered simultaneously with life-prolonging and curative therapies for persons living with serious, complex, and eventually terminal illness and includes hospice care. By its very nature, palliative care is patient-centered care — translating patient goals to appropriate treatments.

It is critical to elevate the knowledge of appropriate prescribing of controlled substances across various providers and specialties. PCHETA would expose students (physicians, nurses, PAs, social workers, chaplains, pharmacists, etc.) to palliative care education and training early on (before individuals choose the area in which they will practice) so they develop skills in assessing and managing pain, leading to more effective, evidence-based prescribing. Palliative care also focuses on care coordination (across providers, pharmacists, etc.), so expanding these skills can further play a role in stemming opioid misuse. Further, PCHETA ensures we have trained faculty in medical, nursing, and other health professions schools who can incorporate appropriate pain management education into their teaching.

Palliative care can play a significant role in creating lasting change across the health care system. PCHETA would expand the interdisciplinary palliative care workforce, promote awareness of the benefits of palliative care among patients and providers, and improve the evidence base for this care.

Delivery of high-quality palliative care cannot take place without enough health care professionals with appropriate training and skills. Students graduating from medical, nursing or health care professional schools today have very 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 go a long way towards bridging this gap by establishing education centers and career incentive awards to improve the training of doctors, nurses, physician assistants, social workers 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 expanding research in pain, palliative care, and symptom management at the National Institutes of Health (NIH). Currently, less than 0.1 percent of the NIH's annual budget is spent in this area. PCHETA would direct an expansion and intensification of research in these important areas to strengthen clinical practice and health delivery, including integrative approaches to pain care

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 campaign so that patients, families, and health professionals understand the essential role of palliative care in ensuring high-quality care for individuals facing serious or life-threatening illness.

Currently, S. 2243 has 19 cosponsors. In addition, the bill is [supported by more than 60 national organizations](#) and 35 state organizations, including the American Academy of Hospice and Palliative Medicine, the American Cancer Society Cancer Action Network, the Catholic Health Association of the United States, the Alzheimer's Association, the American Heart Association, the Center to Advance Palliative Care, the National Hospice and Palliative Care Organization, the Oncology Nursing Society, the Hospice and Palliative Nurses Association, the Leukemia and Lymphoma Society, the National Coalition for Hospice and Palliative Care, Children's National Hospital and others.

Thank you for your serious consideration of this request to invest in the palliative care and hospice workforce and to support this interprofessional, team-based approach to patient care. As the Committee proceeds with an executive session to consider this legislation, we respectfully request that the committee also consider the *Palliative Care and Hospice Education and Training Act*, S. 2243 (PCHETA).

Sincerely,

Alzheimer's Association
Alzheimer's Impact Movement
American Academy of Hospice and Palliative Medicine
American Cancer Society Cancer Action Network
American Heart Association
American Psychological Association
American Psychosocial Oncology Society
Association for Clinical Oncology
Association of Oncology Social Work
Association of Pediatric Hematology/Oncology Nurses

The California State University Shiley Haynes Institute for Palliative Care
Cambia Health Solutions
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
Colorectal Cancer Alliance
Courageous Parents Network
The George Washington Institute for Spirituality and Health
GO₂ for Lung Cancer
Hospice Action Network
Hospice and Palliative Nurses Association
Leukemia & Lymphoma Society
Motion Picture & Television Fund
National Alliance for Caregiving
National Brain Tumor Society
National Coalition for Cancer Survivorship
National Coalition for Hospice and Palliative Care
National Comprehensive Cancer Network
National Hospice and Palliative Care Organization
National Palliative Care Research Center
National Patient Advocate Foundation
National POLST Paradigm
Oncology Nursing Society
Pediatric Palliative Care Coalition
PAs in Hospice and Palliative Medicine
Prevent Cancer Foundation
ResolutionCare, a Vynca company
Social Work Hospice & Palliative Care Network
St. Baldrick's Foundation
Supportive Care Matters
Susan G. Komen
Trinity Health