



**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

**Help Preserve Senior's Access to Hospice Care**

Dear Colleague:

Please join us in cosponsoring the Medicare Hospice Reform and Savings Act of 2009. This legislation addresses serious problems in the Medicare hospice payment system that threatens hundreds of hospices and their patients all across the country. The bill will ensure that hospices can continue to provide high quality end-of-life care to America's neediest individuals, and do so at a cost savings to Medicare.


Specifically it will:

1. Direct the Centers for Medicare and Medicaid Services (CMS) to introduce evidence-based criteria in determining the eligibility of patients for hospice care. By improving accuracy in these eligibility determinations on a national scale, CMS could reduce hospice spending by \$1 billion annually.
2. Update the hospice reimbursement program that increases funding for the first five and last five days of patients' stays, and decreases funding for patient stays that exceed 180 days. This budget neutral provision will improve payment accuracy and patient access.
3. Replace the outdated and flawed hospice cap payment system with a pay as you go system that would reduce reimbursement rates for long lengths of stay and provide relief to those hospices that have received demands from CMS for back payments for the 2006, 2007, and 2008 audit years. These reforms may very well save a number of hospices from the brink of bankruptcy and the termination of patient care, as well as prevent other hospices from approaching financial crises.
4. Repeals CMS's arbitrary and unilateral hospice reimbursement cut, which CMS refers to as a Budget Neutrality Adjustment Factor (BNAF). This cut will mean a significant reduction in hospice reimbursement rates for the majority of hospices in America.

A recent, independent Duke University Study found that hospice saves Medicare an average of \$2,300 per patient, or \$2 billion annually. Another study has found disparities in the care afforded to rural and urban areas and minority populations. Yet another study has concluded that government's regulation of hospices and the guidelines for eligibility are not based on sound factual data and evidence.

The Medicare Hospice Reform and Savings Act of 2009 addresses these fault lines in the system and it will ensure continued patient access, stabilize independent hospices, and save taxpayers billions of dollars. For more information or to cosponsor, please contact John Rainbolt with Congressman Sullivan at x52211 or Thomas Wharton with Congressman Boren at x5-2701.


Sincerely,



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John Sullivan, M.C.

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Dan Boren, M.C.