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**NAHA Statement on the Medicare Hospice Reform and Savings Act of 2009**

The National Alliance for Hospice Access (NAHA) endorsed legislation introduced today that reforms Medicare hospice regulations, improves patient access to hospice care, provides needed relief to hundreds of threatened hospices and saves the Medicare program as much as \$2 billion a year.

“The Medicare regulations and its system of payments for hospice care are seriously flawed and outdated,” Dave Daucher, co-founder of NAHA, said today. “As a result there are hundreds of hospices, mostly in rural areas of the country, that are having a very difficult time providing care to their patients. Some have gone bankrupt. Some are on the verge of bankruptcy. Others are certainly headed there if they don’t get relief. The end result is that access to hospice care is being denied, particularly among rural and minority populations,” he said.

Lois Armstrong, NAHA co-founder, and along with Daucher, a hospice owner and operator, said NAHA was created at the grassroots out of growing concern that confusing and sometimes contradictory changes in CMS hospice regulations over a period of 27 years, were sending hospice care into a financial abyss. “CMS wanted to expand hospice care because it saved the government money. One study has put the savings at \$2,300 per patient. But while expanding hospice patient access, CMS didn’t change the reimbursement formula to accommodate the new patients, so a train wreck was inevitable. Train wrecks are now occurring all across the South and Southwest and spreading into the West and Midwest. Dying patients are being hurt,” she said.

“The legislation, introduced by Representative John Sullivan (R-OK) with bipartisan support, is really landmark policy because for the first time in the long history of hospice care, it addresses serious disparities in hospice treatment and reimbursement policies, establishes national criteria for hospice eligibility, replaces an oppressive and punishing cap payment system with a pay as you go plan, adjusts payment criteria and provides reforms that will save Medicare billions of dollars,” Daucher said. “It may well prevent hospice patients from being thrown out onto the street without care, or sent back to hospitals where care is much more expensive, or transferred to hospices that are farther away from their homes and more difficult to work with,” he said.

“We support this legislation because we support the concept of landmark health care reform that actually reduces costs and we believe that the quality of health care does not have to be compromised in order to increase access to that care and do it more efficiently than we are doing now,” Daucher said.

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