

August 24, 2010

Kathleen Sebelius  
Secretary  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

Donald Berwick, MD  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1503-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

Dear Secretary Sebelius and Dr. Berwick:

On behalf of the 145,000 members of the National Association of Social Workers (NASW), I write to urge you to use the authority granted under the Affordable Care Act to add voluntary advance care planning as a service offered under the new Medicare annual wellness benefit.

As the largest professional social work organization in the world, founded in 1955, NASW works to enhance the well-being of individuals, families, and communities through resource development and advocacy. Many NASW members practice in palliative and end-of-life care, and the Association has done a great deal of work to promote consumer understanding of and access to advance care planning.

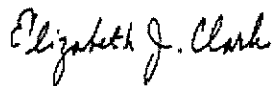
NASW applauds the increased focus on prevention and wellness in Medicare and believes the new annual wellness visit, added by Section 4103, has great potential to improve the health and well-being of beneficiaries. The annual wellness visit was wisely designed to build on the foundation of the initial preventive physical exam, providing an ongoing, systematic focus on wellness and prevention by harmonizing Medicare services into a coordinated benefit. As you know, advance care planning is an existing benefit of the initial preventive physical exam. However, the proposed rule for the annual wellness visit, published by CMS on June 25, fails to include advance care planning. NASW strongly recommends including advance care planning as a Medicare benefit in annual wellness visits.

Advance care planning enables individuals to consider and communicate their health care wishes—which may be expressed in a living will, appointment of a health care agent, Do-Not-Resuscitate (DNR) orders, and (in some states) Physicians Orders for Life-Sustaining Treatment

(POLST)—in the event they are unable to do so for themselves because of serious illness or injury. Advance care planning preserves and maximizes beneficiaries' right to self-determination, which constitutes a core principle of both social work practice and patient-centered care. Moreover, advance care planning is a dynamic process that requires ongoing communication with health care providers in response to changes in health condition or personal preferences. Incorporating advance care planning in annual wellness visits will promote coordination of care and may reduce unnecessary and unwanted health care costs.

Adding voluntary advance care planning to the annual wellness benefit will contribute significantly to the Affordable Care Act's goal of patient-centered care. NASW appreciates your consideration of these comments and looks forward to working with CMS to implement the new benefits outlined in the health care law.

Sincerely,



Elizabeth J. Clark, PhD, ACSW, MPH  
Executive Director

Cc: Judy Lentz, CEO, Hospice and Palliative Nurses Association

Diane E. Meier, MD, FACP, Director, Center to Advance Palliative Care

R. Sean Morrison, MD, Director, National Palliative Care Research Center

J. Donald Schumacher, PsyD, President/CEO, National Hospice and Palliative Care Organization

Steve R. Smith, CAE, Executive Director/CEO, American Academy of Hospice and Palliative Medicine