The Honorable Ron Wyden  
223 Dirksen Senate Office Building  
Washington, DC 20510

Dear Senator Wyden:

On behalf of the National Association of Social Workers, thank you for introducing the Hospice Evaluation and Legitimate Payment (HELP) Act, S. 722. At a time when the hospice community faces severe reimbursement cuts and a myriad of regulatory challenges, S. 722 addresses practical ways to ensure that hospices continue to deliver high-quality end-of-life care in a way that reflects the operational realities of programs. The HELP Act would (1) require the Secretary of the Department of Health and Human Services to establish a payment reform demonstration program to test and evaluate any prospective payment revisions to hospice, (2) increase hospice survey frequency to every three years, and (3) amend the new face-to-face encounter requirement to reflect both the operational realities of hospice programs and the needs of the individuals and families hospice serves.

In recent years, the hospice community has been subject to reimbursement rate changes that have impacted hospice services throughout the country. Those changes include the 2009 CMS rule, which initiated a seven-year phase-out of the Budget Neutrality Adjustment Factor (BNAF), which is a key element in the Medicare hospice wage index calculation. The BNAF phase-out will permanently reduce hospice reimbursement rates by approximately 4.2%. Moreover, the Affordable Care Act altered the Medicare hospice rate formula through the introduction of a productivity adjustment factor, which will reduce annual hospice payments by an additional 11.8% over the next 10 years. The HELP Hospice Act would ensure that future changes to payment methodology and patient care are consistent with the operational realities of the hospice community, especially in rural and frontier areas.

Founded in 1955, NASW seeks to enhance the well-being of individuals, families, and communities through resource development and advocacy. Professional social workers, who are uniquely trained to assess and intervene on behalf of individuals, families, groups, and communities dealing with end-of-life concerns, play a critical role in hospice teams. Many NASW members work in hospice settings, and NASW has developed a number of resources (including standards of practice, policy statements, and continuing education) for social workers in end-of-life care.
People approaching the end of life deserve high-quality, comprehensive care and services to ensure their comfort and dignity. Hospice provides this care in a competent, cost-effective manner, and the HELP Hospice Act safeguards consumer access to such services. We appreciate your leadership on this issue and look forward to working with you to enact this important legislation.

Sincerely,

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