PCHETA
H.R. 3119 / S. 2748
FAQ Document

- **How would the legislation help patients with serious illness?**
    - The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or treatment. It focuses on relief of the pain, symptoms, and stress of serious illness and on improving communication with patients and families. Provided by a team of clinicians and specialists who work with the patient's regular physicians to provide an extra layer of support, palliative care is appropriate at any age and at any stage in a serious illness. It can be provided wherever a patient is seen and can be provided together with curative treatment.
    - The provision of palliative care helps deliver high quality care, and improve patient and family satisfaction at lower cost. However, policy change is needed to help overcome barriers to wider patient access to palliative care. Legislation would help to alleviate some of those barriers.
- **What is the "ask" for Members of Congress and their staff?**
    - **All Meetings, Calls & Correspondence:** Give patients and families the quality of life they deserve when faced with serious illness.
    - **House**
        - Cosponsor H.R. 3119, the Palliative Care and Hospice Education and Training Act (PCHETA).
    - **Senate**
        - Cosponsor S. 2748, the Palliative Care and Hospice Education and Training Act (PCHETA).

---------- BILL SUMMARY ----------

PCHETA, H.R. 3119 / S. 2748:

Establishes palliative care workforce training programs for doctors, nurses and other health professionals.

- Grants to medical schools and teaching hospitals to train physicians to teach palliative medicine
- Career development awards for hospice and palliative medicine faculty.
- Workforce development fellowships in palliative medicine for doctors, nurses, social workers, chaplains and other allied health professionals.
- Career incentive awards for nurses, clinical social workers, pharmacists who agree to teach or practice palliative medicine for a period of five years.

- Preferences in existing programs emphasizing nurse retention; and nurse education, practice and quality in hospice and palliative medicine.

Establishes a national palliative care education and awareness campaign

- To inform patients, families and health professionals about benefits of palliative care
- Create and disseminate information about available palliative care services

Enhanced research in palliative care

- Directs NIH using existing authorities and funds to develop a research strategy in palliative care to addresses quality of care and quality of life for patients with serious illness
- Expands federal support for research at the National Institutes of Health *(NIH)*
    - *Palliative care, symptom management, pain management*
- Establishes program to educate patients, caregivers and providers about the palliative care delivery model *(AHRQ)*
- Creates an education and training program for allied health professionals (*HRSA)*
    - *Nurses, nursing assistants, social workers, patient navigators, professional chaplains*

---------- WHO SUPPORTS THE BILL? ----------

37 Groups Support PCHETA, including:

Alzheimer's Association
American Academy of Hospice and Palliative Medicine
American Academy of Pain Management
American Academy of Physician Assistants
American Cancer Society Cancer Action Network
American College of Surgeons Commission on Cancer
American Geriatrics Society
American Heart Association | American Stroke Association
American Psychosocial Oncology Society
Association of Oncology Social Work
Association of Pediatric Hematology/Oncology Nurses
Association of Professional Chaplains
C-Change
California State University Institute for Palliative Care
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
Colon Cancer Alliance
Health Care Chaplaincy Network
Hospice and Palliative Nurses Association
Lung Cancer Alliance
Motion Picture & Television Fund
National Alliance for Caregiving
National Association of Social Workers
National Coalition for Hospice and Palliative Care
National Hospice and Palliative Care Organization
National Palliative Care Research Center
Oncology Nursing Society
Pediatric Palliative Care Coalition
Social Work Hospice & Palliative Care Network
St. Baldrick's Foundation
Susan G. Komen
Supportive Care Coalition
Trinity Health
Visiting Nurse Associations of America

---------- **WHAT'S THE COST? ----------**

PCHETA H.R. 3119 / S. 2748: The bill authorizes funds, subject to appropriation. ~$50 M for each of five years

What is Authorization vs. Appropriation?

- **Authorization comes first**:
  - PCHETA is an authorization bill. It creates the legal framework for a new program and recommends a set amount of funds for it, but it does not actually provide the funds needed to get the program up and running.
- **Appropriation**
  - Every year, Congress passes appropriations bills to pay for everything the government does.
  - This is a separate congressional process in which funding is actually provided for authorized programs.
- **What if they ask if the bill has a C.B.O score, and if so, how much would PCHETA really cost.** Answer: As an authorization bill, PCHETA has no cost until funds are appropriated. If the appropriators provided the full amount authorized under the bill, it would cost $50 million per year for 5 years.