

## **H.R. 1676: the Palliative Care and Hospice Education and Training Act**

**Supported by:** American Cancer Society Cancer Action Network, Alzheimer's Association, Alzheimer's Impact Movement, Academy of Integrative Pain Management, American Academy of Hospice and Palliative Medicine, American Academy of Physician Assistants, American College of Surgeons Commission on Cancer, American Geriatrics Society, American Heart Association, American Stroke Association, American Psychosocial Oncology Society, American Society of Clinical Oncology, Association of Oncology Social Work, Association of Pediatric Hematology/Oncology Nurses, Association of Professional Chaplains, C-Change, California State University Institute for Palliative Care, Cambia Health Solutions, 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, Courageous Parents Network, The George Washington Institute for Spirituality and Health, The Gary and Mary West Health Institute, HealthCare Chaplaincy Network, Hospice and Palliative Nurses Association, Leukemia & Lymphoma Society, Lung Cancer Alliance, Motion Picture & Television Fund, National Alliance for Caregiving, National Association of Social Workers, National Coalition for Cancer Survivorship, National Coalition for Hospice and Palliative Care, National Comprehensive Cancer Network, National Hospice and Palliative Care Organization, National Palliative Care Research Center, National Patient Advocate Foundation, National POLST Paradigm, Oncology Nursing Society, Partnership for Palliative Care, Pediatric Palliative Care Coalition, Physician Assistants in Hospice and Palliative Medicine, Prevent Cancer Foundation, Social Work Hospice & Palliative Care Network, Society of Palliative Care Pharmacists, St. Baldrick's Foundation, Susan G. Komen, Supportive Care Coalition, Trinity Health, Visiting Nurse Associations of America

Dear Colleague,

Most of us have known a loved one who has faced a serious or life-threatening illness, and can attest to the confusion and stress such situations entail.

As the population of individuals with serious illnesses or complex chronic conditions grows, the need for specialized care grows with it. We must ensure that patients and their families can access the supportive services they require and that there is an adequate, appropriately trained health care workforce to provide those services.

Palliative care is interdisciplinary, patient- and family-centered health care for people with serious illnesses. It focuses on providing relief from the symptoms, pain, and stress of a serious illness, whatever the diagnosis. Its goal is to relieve suffering and improve quality of life for both patients and their families. Palliative care entails support from a team of doctors, nurses, social workers, physician assistants, chaplains, and other specialists who provide an extra layer of support, including assistance with difficult medical decision making and coordination of care across multiple settings. Palliative care is appropriate at any age and at any stage in a serious illness.

A growing body of medical research has documented the benefits of high-quality palliative and hospice care for patients and families, for hospitals and payers, and for the health care system as a whole. Palliative and hospice care have been associated with enhanced quality of life for patients, reduced hospital expenditures and lengths of stay, and other positive outcomes – including longer patient survival time.

Delivery of high-quality palliative and hospice care cannot take place without a sufficient number of health care professionals with appropriate training and skills. To ensure an adequate, well-trained palliative care workforce is available, the **Palliative Care and Hospice Education and Training Act** focuses on three key areas:

1. **Workforce Training:** Ensure we have education centers, curricula, and teachers to expand interdisciplinary training in palliative and hospice care and establish programs to attract and retain providers.
2. **Education and Awareness:** Provide for a national campaign to inform patients, families and health professionals about the benefits of palliative care and the services that are available to support patients with serious or life-threatening illness.
3. **Enhanced Research:** Direct NIH to use existing authorities and funds to expand palliative care research to advance clinical practice and improve care delivery for patients with serious or life-threatening illness.

Please join us in affording patients and families facing serious or life-threatening illnesses greater access to the palliative care and hospice services that will enhance their quality of life. For additional information or to become a cosponsor, please contact Catherine Rowland (Engel) at [Catherine.Rowland@mail.house.gov](mailto:Catherine.Rowland@mail.house.gov), or Drew Wayne (Reed) at [Drew.Wayne@mail.house.gov](mailto:Drew.Wayne@mail.house.gov).

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