Vote “No” on S. 693 & H.R. 1676
Palliative Care and Hospice Education and Training Act

by Margaret K. Dore, Esq., MBA
www.choiceillusion.org

The proposed bills amend the Public Health Service Act to require support for “Palliative Care and Hospice Education Centers.” This will be a new palliative care and hospice education program, which will include direct patient care.

On March 22, 2017, the act was introduced in the House and Senate. The House version was amended and passed on July 23, 2018. The next day, it was received in the Senate and referred to the Health, Education, Labor, and Pensions Committee. (HELP).

Six days later, the Office of the Inspector General for the U.S. Department of Health and Human Services (OIG), issued a portfolio highly critical of hospice. The portfolio states:

“OIG investigations of fraud cases have uncovered hospices enrolling patients without the beneficiary’s knowledge or under false pretenses, enrolling beneficiaries who are not terminally ill, billing for services not provided, paying kickbacks, and falsifying documentation.”

The act must be rejected:

• The act applies to persons with a “serious or life threatening illness,” the definition of which is not to be decided until after the bill is enacted. The act has other undefined terms so that its meaning is unclear and not ready for passage.

• The act does not require hospice patients to be “terminally ill,” which is the eligibility requirement for the Medicare hospice benefit. This omission will create confusion in the law and/or undermine OIG fraud litigation.

• The act describes hospice and palliative care as a benefit for patients and their families. Patients and their families can have divergent interests. Patients may want to get well, while their families may want inheritances. This is a fundamental problem with the bill, that it is designed to serve two masters.

The act must not be passed unless and until it is rendered exclusively patient-centered and the other issues described above are resolved. Vote “No” on S. 693 and H.R. 1676.