WHEREAS, the Centers for Medicare & Medicaid Services (CMS) reimburses hospice care under Part A of Medicare benefits; 

AND WHEREAS, currently the hospice benefit under Medicare is limited to a prognosis of six months or less for beneficiaries; 

AND WHEREAS, physicians and practitioners overestimate prognosis at end of life by a factor of five, and patients who enroll into hospice early have been shown to have a much better quality of life at end of life, and their healthcare costs are reduced by avoidance of futile and unwanted care; 

AND WHEREAS, many patients who would benefit from hospice typically do not enroll into hospice in a timely manner, as they do not have caregivers at home, thereby entering skilled nursing facilities for rehabilitation and aggressive care that are both futile and unwanted; 

AND WHEREAS, as a result of the above-mentioned anomalies, the average Medicare hospice benefit enrollee only benefits from hospice care for a few short weeks. 

THEREFORE BE IT RESOLVED, that AMDA – The Society for Post-Acute and Long-Term Care Medicine work with the American Medical Association (AMA) and other interested parties to seek legislative action modifying the Centers for Medicare & Medicaid Services’ (CMS) Part A benefits to expand hospice benefits to beneficiaries with a prognosis of one year; 

AND BE IT FURTHER RESOLVED, that AMDA – The Society for Post-Acute and Long-Term Care Medicine work with the AMA and other interested parties to seek legislative action expanding hospice benefits under Medicare part A to include 100 days of nursing home stay for hospice care at the end of life.
FISCAL NOTE:
If passed by the House of Delegates and adopted as Society policy by the Board of Directors, the fiscal impact of this would be low, as it would be incorporated into AMDA’s existing and ongoing advocacy work with CMS.

RESOLUTION RESULTS: <FOR AMDA OFFICE ONLY>