WHEREAS, the Centers for Medicare & Medicaid Services (CMS) reimburses hospice care, inpatient hospital services, and skilled nursing facility services under Part A of Medicare benefits;

AND WHEREAS, currently, the hospice benefit under Medicare is limited to a prognosis of 6 months or less for beneficiaries, and by the nature of its design, precludes aggressive and expensive treatments at the end of life;

AND WHEREAS, patients and families who are struggling with advance care planning and goals of care decisions as they fight advancing illnesses have few government-funded custodial care options, as they transition from aggressive treatments designed for cure towards comfort-oriented care under hospice, forcing them to stay with futile and unwanted care until they are ready for hospice;

AND WHEREAS, many such patients, who would greatly benefit from Palliative care interventions, typically do not place much value in Palliative care, as they do not have a suitable place to receive care while they deliberate life-altering choices and decisions, and many of them enter skilled nursing facilities for rehabilitation and aggressive care that are both futile and unwanted.

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 and/or regulatory action modifying the Centers for Medicare & Medicaid Services’ (CMS) Part A benefits to provide one episode of skilled nursing facility care for up to 100 days – dedicated to Palliative care as a skilled service – to beneficiaries with a prognosis of one year or less, so that beneficiaries and their families have a reasonable period of time to address goals of care and transition to hospice care if and when appropriate, following a Physician’s assessment to certify the medical necessity for such care.
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.

RESOLUTION RESULTS: <FOR AMDA OFFICE ONLY>