The Honorable XXXX House Office Building U.S. House of Representatives Washington, DC 20515

RE: Cosponsor H.R. 1676, the Palliative Care and Hospice Education and Training Act (PCHETA)

Dear Representative X:

We are writing to express our strong support for H.R. 1676, the bipartisan Engel-Reed-Carter Palliative Care and Hospice Education and Training Act (PCHETA). This legislation will make a difference in the lives of millions of patients living with serious or life threatening illness and their caregivers. We ask that you review the legislation, and consider adding your name as a cosponsor with the 223 members of the House of Representatives who have endorsed the bill.

Despite a high level of medical treatment, many seriously ill individuals still experience troubling symptoms, fragmented care, poor communication with their health care providers, unmet psychological and personal care needs, and enormous strains on their family caregivers. Numerous studies have shown that palliative care can improve pain and symptom control, quality of life, and patient and family satisfaction.

Palliative care is an interdisciplinary model of care focused on relief of the pain, stress and other debilitating symptoms of serious illness, such as cancer, cardiac disease, respiratory disease, kidney failure, Alzheimer's, AIDS, ALS, and MS. The goal of palliative care is to relieve suffering and provide the best possible quality of life for patients and their families. Palliative care can be offered from the point of diagnosis forward, simultaneously with life-prolonging and curative therapies for persons living with serious, complex, and eventually terminal illness and includes hospice care. Palliative care is patient-centered care — translating patient goals to appropriate treatments.

H.R. 1676 would help to remove some of the widely-recognized barriers that prevent patient access to palliative care today. The legislation has broad support, including over half the members of the House, and a majority of Members from the committee of jurisdiction – the House Energy and Commerce Committee. The legislation was the subject of a hearing in its Health Subcommittee on September 8, 2016. Delivery of high-quality palliative care cannot take place without a sufficient number of health care professionals with appropriate training and skills. Students graduating from medical, nursing or health care professional schools today receive little, if any, training in the core precepts of pain and symptom management, advance care planning, communication skills, and care coordination for patients with serious or life-threatening illness. Further, there is a large gap between the number of health care professionals with palliative care training and the number required to meet the needs of the expanding population of seriously ill patients. PCHETA would help begin to bridge this gap by establishing education hubs and career incentive awards to improve the training of doctors, nurses, physician assistants, social workers, professional chaplains and other health professionals in palliative care.

PCHETA also aims to strengthen clinical practice and improve health care delivery for patients living with serious or life-threatening illness, as well as their families, by directing funding toward palliative care research. Research funding for palliative care and pain and symptom management comprises less than 0.1 percent of the annual budget at the National Institutes of Health. PCHETA would encourage an expansion and intensification of research in these important areas.

More must be done to ensure patients and providers are aware of the benefits of palliative care. According to the Institute of Medicine, there is a "need for better understanding of the role of palliative care among both the public and professionals across the continuum of care." PCHETA would direct the implementation of a national education and awareness effort so that patients, families, and health professionals

understand that palliative care can help ensure higher-quality care for individuals facing serious or life threatening illness.

We hope you will take time to review H.R. 1676, and agree to add your name to the growing list of cosponsors supporting this important legislation. Thank you for your consideration. If you would like additional information regarding PCHETA, please do not hesitate to contact Keysha Brooks-Coley, Executive Director of the Patient Quality of Life Coalition, at keysha.brooks-coley@cancer.org.

Sincerely,

Academy of Integrative Pain Management

Alzheimer's Association

Alzheimer's Impact Movement

American Academy of Hospice and Palliative Medicine

American Cancer Society Cancer Action Network

American Heart Association | American Stroke Association

American Psychological Association

American Psychosocial Oncology Society

American Society of Clinical Oncology

Association of Oncology Social Work

Association of Pediatric Hematology/Oncology Nurses

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

Hospice and Palliative Nurses Association

Leukemia & Lymphoma Society

Lung Cancer Alliance

Motion Picture & Television Fund

National Alliance for Caregiving

National Association of Catholic Chaplains

National Coalition for Cancer Survivorship

National Coalition for Hospice and Palliative Care

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

Resolution Care

St. Baldrick's Foundation

Supportive Care Coalition

Trinity Health

Visiting Nurse Associations of America