

March 20, 2023

The Honorable Bernie Sanders
Chairman
Senate Health, Education, Labor
and Pensions Committee
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy, MD
Ranking Member
Senate Health, Education, Labor
and Pensions Committee
428 Dirksen Senate Office Building
Washington, DC 20510

RE: Information from Health Care Providers on Workforce Shortages – Palliative Care

Dear Chairman Sanders and Ranking Member Cassidy:

The undersigned members of the Patient Quality of Life Coalition (PQLC) write to thank you for prioritizing health care workforce shortages as the Senate Health, Education, Labor and Pensions (HELP) Committee begins the 118th Congress. As the Committee considers input from health care providers and stakeholders on the root causes of the current health care workforce shortage and potential ways to address it, we respectfully request your consideration of the *Palliative Care and Hospice Education and Training Act* (PCHETA). This bipartisan legislation was introduced by Sens. Tammy Baldwin and Shelley Moore Capito as [S. 4260](#) in the 117th Congress and seeks to address interdisciplinary workforce shortages for the care of patients with serious illness.

The PQLC was established to advance the interests of patients and families facing serious illness. The coalition includes over 40 organizations dedicated to improving quality of care and quality of life for all patients from pediatrics to geriatrics, as well as supporting public policies that improve and expand access to quality palliative care and appropriate pain management. PQLC members represent patients, caregivers, health professionals, and health care systems.

There is a significant [gap](#) between the number of health professionals with palliative care training and the number required to meet the needs of the expanding population of patients with serious illness throughout the continuum of care. The COVID-19 pandemic exposed and exacerbated the palliative care workforce shortage and amplified the need for our nation's health care workforce – beyond those who will specialize in the field – to have training in basic palliative care to ensure all patients, including those facing serious illness or at the end of life, receive high-quality care.

Palliative care is specialized care that focuses on preventing and treating the debilitating effects of serious illness throughout the continuum of care, with clinicians trained to assess and manage physical, psychological, and other sources of suffering. This includes relieving pain and other distressing symptoms, such as shortness of breath or unrelenting nausea. Palliative care seeks to anticipate, prevent, and treat physical, emotional, social, and spiritual suffering, as well as to help facilitate and support the goals and values of patients. This education is also important for the health professionals who do not have palliative care training but directly care for patients with serious illness. Dr. Sean Morrison of the Icahn School of

Medicine at Mount Sinai in New York previously [testified](#) in support of PCHETA before the House Energy and Commerce Committee. A goal of any future workforce development legislation should be to support and train health care workers and improve patient care.

Workforce shortages prevent many patients from accessing or using palliative care services. The number of palliative care specialists falls far short of what is necessary to serve the current population in need. The previously referenced [2019 study predicted](#), absent significant policy change, a “workforce valley” and “untenable current and projected workloads for specialty palliative care physicians.” The study authors calculated that in 2019, there were 808 Medicare enrollees eligible for palliative care per every one palliative care physician, and that this ratio will worsen to 1,380-to-1 in future years without policy changes. Similar shortages exist across the other core palliative care disciplines of nursing, social work, and chaplaincy; and significant percentages of these workers report feeling burnout, which makes them more likely to have an intention of leaving the field early. Data also show that [few hospital palliative care programs](#) meet national staffing guidelines. The demand for expanded palliative care services in community care settings – created by incentives under the Affordable Care Act, the Joint Commission Advanced Certification for Palliative Care, and the increasing palliative care infrastructure in both public and private sectors of healthcare – is further straining the limited specialist-level palliative care workforce.

PQLC also supports the Senate HELP Committee’s interest in mitigating our nation’s health care workforce shortage by addressing the lack of diversity in research environments. Diverse voices are critical in improving inequities in cancer prevention, treatment, and care. Unfortunately, the racial and ethnic communities that bear a disproportionate burden of cancer continue to be underrepresented in the cancer research workforce. Funding rates for the National Institute of Health’s R01 grant program, which serves as a catalyzing milestone in the academic careers of many research scientists, remains lowest for African American applicants, at 16.6 percent compared to 27.8 percent for White applicants. These numbers are largely attributed to low rates of representation in scientific education and training. People of color represent 20 percent of first-year college students pursuing degrees in science and engineering. The numbers decrease as these students move through their education, with 17 percent receiving a bachelor’s degree and only 10 percent completing advanced degrees in these disciplines.

The Palliative Care and Hospice Education and Training Act (PCHETA) would address the palliative care workforce shortage and help respond to pressing issues including appropriate pain management and pandemic preparedness. PCHETA will work to address the critical shortage of health professionals with knowledge and skills in palliative care, build the evidence base for serious illness care, and educate all who care for patients. PCHETA will not only help strengthen the palliative care workforce but also help ensure that, going forward, patients and providers are aware of the benefits of palliative care so that patients can receive palliative care as appropriate. 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.”

In addition, by focusing on priorities that matter most to patients and their families, palliative care has been shown to [improve both quality of care and quality of life](#) during and after treatment. Because their needs are met, patients receiving palliative care [avoid crises](#), spend [fewer days](#) in the hospital, ED and

ICU, and have [fewer readmissions](#), thereby helping to alleviate some of the additional burdens being placed on the current workforce.

Congress has long worked on a bipartisan basis to support and advance PCHETA. The House has twice passed it with overwhelming bipartisan support. PCHETA is [supported](#) by more than 60 national and state organizations. We urge you to ensure that all Americans facing serious illness have access to palliative care and to support the development of needed training programs in this area for our health care professionals.

PQLC appreciates the opportunity to provide stakeholder input. As Congress considers measures to improve our nation's workforce development, our organizations welcome the opportunity to discuss our views with you. If you have any questions, please contact Daniel E. Smith, acting chair for the PQLC at dan.smith@advocacysmiths.com.

Sincerely,

American Academy of Hospice and Palliative Medicine
American Cancer Society Cancer Action Network
Association for Clinical Oncology
American Heart Association
Association of Pediatric Hematology/Oncology Nurses
Catholic Health Association of the United States
Cancer Support Community
Center to Advance Palliative Care
Coalition for Compassionate Care of California
CSU Shiley Haynes Institute for Palliative Care
Fire and Water Consulting
GO2 for Lung Cancer
Hospice Action Network
Hospice and Palliative Nurses Association
The Leukemia & Lymphoma Society
Motion Picture & Television Fund
National Hospice and Palliative Care Organization
National Palliative Care Research Center
Oncology Nursing Society
PAs in Hospice and Palliative Medicine
Pediatric Palliative Care Coalition
St. Baldrick's Foundation
Trinity Health