



April 9, 2021

The Honorable Patty Murray  
Chair  
Senate Health, Education, Labor,  
and Pensions Committee  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Richard Burr  
Ranking Member  
Senate Health, Education, Labor  
and Pensions Committee  
428 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Burr:

The undersigned members of the Patient Quality of Life Coalition (PQLC) welcome the opportunity to offer comments in response to the Senate Health, Education, Labor, and Pensions (HELP) Committee's call for policy ideas on workforce development. In particular, we respectfully request that the Committee consider including the *Palliative Care and Hospice Education and Training Act (PCHETA)*, S. 2080 in the 116<sup>th</sup> Congress, in upcoming workforce legislation.

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.

As the impact of the COVID-19 pandemic continues, there are many lessons we have already learned from this crisis. We write to express the need for greater improvements to our public health infrastructure and more training for the health care and public health workforce, especially in the area of palliative care.

### ***Palliative Care Education and Training***

The HELP Committee has announced the beginning of bipartisan discussions to support, update, and expand workforce training programs, and has called for proposals including those in reaction to the COVID-19 pandemic and the workforce needs of the health care and public health sectors. The need for palliative care education and training among those on the front lines is urgent. We have an existing shortage that patients, families, and health care providers are now feeling as systems have become overwhelmed as a result of the pandemic. It is important that we alleviate these stresses, as this pandemic will have lasting impacts on the palliative care and hospice workforce. We also must invest in building the public health infrastructure and workforce now to address these shortages in the unfortunate event of another pandemic.

There is an existing [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 or multiple chronic conditions. The COVID-19 pandemic has shined a bright light on the existing 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 facing serious illness or at the end of life can receive high-quality care.



The *Palliative Care and Hospice Education and Training Act (PCHETA)*, S. 2080 in the 116<sup>th</sup> Congress, would provide assistance in addressing the palliative care workforce shortage and help respond to COVID-19 and future pandemics.

Palliative care is specialized care that focuses on preventing and treating the debilitating effects of serious illness, 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 urgent for the health professionals who do not have palliative care training but are on the front lines of caring for individuals infected with diseases like COVID-19 and facing life and death decisions. 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. Regarding the current stresses on the New York health system due to the coronavirus, he stated: “Palliative care is everyone’s job. Everyone who comes in with severe COVID-19 is going to have breathlessness and respiratory symptoms.” A goal of any future workforce development legislation should be to support and train health care workers and improve patient care.

Training in palliative care also focuses on learning how to have detailed and skilled communication with patients and families to elicit goals and preferences. In the midst of a pandemic like COVID-19, this knowledge is essential. Members of the American Academy of Hospice and Palliative Medicine have shared how the lack of such training is stressing interdisciplinary palliative care teams that are already stretched thin. A palliative medicine physician at the University of Kentucky College of Medicine notes: “A lack of basic training in advance care planning leads to uncertainty about how to take care of most patients during the COVID crisis. The health system is facing a surge of very ill patients who have never discussed their health care goals with their families and feel anxious, and clinicians who are uncertain about how to best care for patients.” A leading palliative care expert who directs post-graduate education in palliative care at the University of Maryland School of Pharmacy adds, “I speak to friends every day who are spending their time desperately trying to quickly teach their colleagues about these conversations.”

The CARES Act (PL 116-136) recognized the importance of addressing health professional training and included the reauthorization of the Title VII health professions programs, the Title VIII nursing programs, and the geriatric training programs. PCHETA will work to address the critical shortage of health professionals with knowledge and skills in palliative care that can no longer be ignored. PCHETA is designed to build the evidence base for serious illness care and to educate all who care for patients like those now flooding our nation’s emergency departments, hospitals, and ICUs. 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. 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.”

Congress has long worked on a bipartisan basis to support and advance PCHETA. The House has passed it twice with overwhelming support. S. 2080 was cosponsored by 58 bipartisan senators in the previous Congressional session and is [supported](#) by more than 50 national organizations and 35 state organizations. There is no better time than now to demonstrate Congress’ commitment to ensuring all



Americans facing serious or life-threatening illness can receive high-quality care and to providing our health care professionals with what they need to meet this pandemic moment, and ones sure to come.

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 direct your staff to contact Keysha Brooks-Coley, Vice President, Federal Advocacy, American Cancer Society Cancer Action Network and Chair of the Patient Quality of Life Coalition, at 202-661-5720 or [Keysha.Brooks-Coley@cancer.org](mailto:Keysha.Brooks-Coley@cancer.org).

Sincerely,

Alzheimer's Association  
Alzheimer's Impact Movement  
American Academy of Hospice and Palliative Medicine  
American Cancer Society Cancer Action Network  
Association of Pediatric Hematology/Oncology Nurses  
Cancer Support Community  
Catholic Health Association of the United States  
Center to Advance Palliative Care  
Children's National Hospital  
Coalition for Compassionate Care of California  
Hospice and Palliative Nurses Association  
The Leukemia & Lymphoma Society  
Motion Picture & Television Fund  
National Brain Tumor Society  
National Hospice and Palliative Care Organization  
National Patient Advocate Foundation  
Oncology Nursing Society  
Pediatric Palliative Care Coalition  
Physician Assistants in Hospice and Palliative Medicine  
ResolutionCare Network  
St. Baldrick’s Foundation  
Trinity Health