



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:
Highest Standards, Better Outcomes

100+years

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October 27, 2021

The Honorable Jacky Rosen
U.S. Senate
713 Hart Senate Office Building
Washington, DC 20510

The Honorable Tammy Baldwin
U.S. Senate
709 Hart Senate Office Building
Washington, DC 20510

The Honorable John Barrasso
U.S. Senate
307 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Deb Fischer
U.S. Senate
454 Russell Senate Office Building
Washington DC 20510

Dear Senators Rosen, Barrasso, Baldwin, and Fischer:

On behalf of the more than 82,000 members of the American College of Surgeons, I would like to express our support for the *Expanding Access to Palliative Care Act (S. 2565)*, legislation that will allow more patients to access vital palliative care services.

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, and kidney failure. Its goal is to relieve suffering and provide the best possible quality of life for patients and their families. Palliative care can be offered simultaneously with life-prolonging and curative therapies for persons living with serious, complex, and eventually terminal illness. However, under current law, Medicare beneficiaries can only access palliative care through hospice.

Despite a high intensity of medical treatment, many seriously ill individuals still experience troubling symptoms, unmet psychological and personal care needs, fragmented care, poor communication with their health care providers, and enormous strains on their family caregivers. Numerous studies have shown that adding palliative care can improve pain and symptom control, quality of life, and patient and family satisfaction. Granting Medicare beneficiaries access to palliative care services earlier in their diagnosis, before hospice care is required, will improve quality of life for patients and their families and can also improve health outcomes.

S. 2565 would direct the Center for Medicare and Medicaid Innovation to develop and implement a five-year model to provide community-based palliative care and care coordination for high-risk beneficiaries. We are pleased that this model focuses



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on the principles of coordinated and community-based care, attention to patients' individual needs, and equitable access for underserved populations.

Thank you for your efforts and leadership on this issue, and we look forward to working together to advance this important legislation.

Sincerely,

A handwritten signature in black ink that reads "David B. Hoyt".

David B. Hoyt, MD, FACS
Executive Director

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