May 12, 2015

The Honorable Sylvia Mathews Burwell
Secretary of Health and Human Services
The Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Burwell:

The undersigned organizations would like to express our support for Medicare reimbursement of advance care planning (ACP) services and urge the Administration to start making separate payment for these codes in CY 2016.

As you may know, the American Medical Association (AMA) through the Current Procedural Terminology (CPT) Editorial Panel developed two new codes – 99497 and 99498 – that describe complex ACP. These codes were carefully considered and crafted by physician representatives of interested medical societies, as part of the AMA's CPT process. This process included the opportunity for input from caregivers and other providers.

Complex ACP involves one or more meeting(s), lasting 30 minutes or more, during which the patient's values and preferences are discussed and documented, and used to guide decisions regarding future care for serious illnesses. These consultations are voluntary on the part of the patient and the patient's preferences are paramount. The patient may choose to include his/her family, caregiver (if applicable) in the decision making process.

Published, peer-reviewed research shows that ACP leads to better care, higher patient and family satisfaction, fewer unwanted hospitalizations, and lower rates of caregiver distress, depression and lost productivity. ACP is particularly important for Medicare beneficiaries because many have multiple chronic illnesses, receive care at home from family and other caregivers, and their children and other family members are often involved in making medical decisions.

ACP has become a standard of care and consensus regarding its value is widespread. The 2014 Institute of Medicine (IOM) report "Dying in America" cited payment for ACP as one of its five key recommendations. The report states that "payers and health care delivery organizations should adopt these standards and their supporting processes, and integrate them into assessments, care plans and the reporting of health care quality." The Centers for Disease Control and Prevention (CDC) has also advocated for increased use of ACP.

Making separate payment for ACP will not only promote these services for beneficiaries, but will also allow Medicare to track how these services are being furnished and to assess their impact on the quality of life and effectiveness of care. Programs like the physician quality reporting system already ask physicians to report on whether or not they did advance care planning with patients. Payment for this service will align with these quality reporting mechanisms and promote higher quality and value in the system.

Thank you for your consideration of this request. If you would like to discuss this matter further, please contact Paul Rudolf at paul.rudolf@aporter.com or 202-942-6426.

Sincerely,

- AARP
- Alzheimer's Association
- Alzheimer's Foundation of America
- AMDA – The Society for Post-Acute and Long-Term Care Medicine
- American Academy of Family Physicians
- American Academy of Home Care Medicine
- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- American Assisted Living Nurses Association
- American Association for Long Term Care Nursing
- American Association of Nurse Assessment Coordination
- American Cancer Society Cancer Action Network
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Osteopathic Family Physicians
- American College of Physicians
- American Federation for Aging Research
- American Geriatrics Society
- American Heart Association
- American Medical Association
- American Nurses Association
- American Osteopathic Association
- American Psychological Association
- American Psychosocial Oncology Society
- American Society for Blood and Marrow Transplantation
- American Society of Clinical Oncology
- American Thoracic Society
- Ascension Health
- Association of Directors of Geriatric Academic Programs
- Association of Oncology Social Work
- Center for Elder Care and Advanced Illness, Altarum Institute
- Center to Advance Palliative Care
- Children's National PANDA Palliative Care Program
- Coalition for Supportive Care of Kidney Patients
- Community Catalyst
- Gerontological Advanced Practice Nurses Association
- Gerontological Society of America
- Hartford Institute for Geriatric Nursing
- Health in Aging Foundation
- Hospice and Palliative Nurses Association
- LeadingAge

- LIVE**STRONG** Foundation
- Lung Cancer Alliance
- National Academy of Elder Law Attorneys
- National Alliance for Caregiving
- National Association for Geriatric Education
- National Association for Home Care & Hospice
- National Association of Directors of Nursing Administration in Long Term Care
- National Association of Geriatric Education Centers
- National Coalition for Hospice and Palliative Care
- National Comprehensive Cancer Network
- National Council on Aging
- National Gerontological Nurses Association
- National Hospice and Palliative Care Organization
- National Partnership for Women & Families
- Oncology Nursing Society
- Partnership for Palliative Care
- PHI (Paraprofessional Healthcare Institute)
- Providence Health & Services
- Renal Physicians Association
- Society of Hospital Medicine
- Supportive Care Coalition
- The Conversation Project
- The Pew Charitable Trusts
- Trinity Health
- Visiting Nurse Associations of America

cc: Andrew M. Slavitt, Administrator (Acting), Centers for Medicare and Medicaid Services