

HEALTHCARE ADVOCACY & LEADERSHIP ORGANIZATION

(HALO)

DANGEROUS FEDERAL HOSPICE BILL MUST BE DEFEATED!

The Palliative Care and Hospice Education and Training Act (PCHETA) – HR 647 and S 2080 – would extend palliative care provided by hospice to non-dying patients, use our federal tax dollars to fund medical education for this purpose, and fund the “selling” of palliative care to the public. Hospice, a palliative care program, is plagued by Medicare fraud and poor quality care leading to serious harm and deaths.

The Senate bill has two proposed amendments intended to persuade opponents that this bill would not allow palliative care and hospice to cause patients’ deaths. These have no teeth—no provisions to ensure enforcement. This language will not stop the “stealth euthanasia”[1] deaths occurring in many hospice and palliative care settings. The federal government should be concerned about identifying dangerous palliative and hospice care, not promoting it.

The Healthcare Advocacy and Leadership Organization (HALO) supports life-affirming palliative and hospice care that provides comfort and pain control, but we oppose government funding of education programs that will very likely be run by proponents of medical killing.

RED FLAGS:

The National Hospice and Palliative Care Organization (NHPCO), the leading trade organization for this industry, is the actual legal and corporate successor to the Euthanasia Society of America.[2]

The PCHETA is enthusiastically supported by Compassion & Choices, the group leading the campaign to legalize physician-assisted suicide throughout the U.S. Position Statement

The Euthanasia Prevention Coalition - USA supports hospice and palliative care that mitigates distressing symptoms, relieves pain and maintains function. We support helping patients live well without placing them at risk of abuse, especially serious harm and hastening their deaths. We have serious concerns that federal legislation can maintain these goals.

Talking Points

The bill would extend palliative care provided by hospice to non-dying patients, federally fund medical education for this purpose and fund the “selling” of palliative care to the public.

1. Hospice, a palliative care program, is plagued by fraud, poor quality care leading to serious harm and deaths, while wasting hundreds of millions to billions of federal dollars.

A federal grand jury issued a \$60 million Medicare fraud indictment against Novus Health Services where patients were fraudulently billed at the highest hospice rate and nurses administered controlled substances to patients who did not need them, leading to patient deaths.¹

Federal investigators found hospices enrolling patients who are not terminally ill, without their knowledge or under false pretenses, providing poor quality care, and inappropriately billing Medicare hundreds of millions of dollars.² Eighty percent of hospices had deficiencies that pose risks to beneficiaries; 20% had deficiencies jeopardizing patients’ health and safety or substantially limited ability to provide adequate care.³ CMS does not fully disclose deficiencies to the public. Id.

Nearly half of hospices are unsure they could pass a government audit.⁴ Their biggest concern is enrolling people who are not terminal. Id. In 2016, Medicare spent \$9.5 billion for hospice patients who outlived their terminal prognosis. Id.

2. The PCHETA bill extends eligibility for palliative care beyond hospice to those with a “serious or life-threatening illness”, leaving the definition to federal bureaucrats and palliative care insiders after enactment (Bill Section 904(c)(3)).

Palliative care programs are used by hospices to enroll more patients earlier,⁵ even if not clinically appropriate.⁶ They should not have a role in changing the rules to fit their practices.

The bill provides funding for palliative care education centers like the nine created by the Center to Advance Palliative Care (CAPC).⁷ A doctor at Mount Carmel Health System, which houses one of these education centers, was recently charged with homicide in the deaths of 25 people by ordering outsize doses of fentanyl to be administered to them.⁸ At least 5 of these people could have survived with treatment. *Id.* His defense is he was providing “comfort care.” *Id.* “Comfort care” is a euphemism for hospice.

3. Palliative care is often a dangerous self-fulfilling pathway to hospice and death for people not otherwise dying who could have years to live.

Palliative leads to the deaths of people who were not otherwise dying, typically by casually assessing people as terminal and placing them in hospice where they are heavily sedated, overdosed on pain killers and denied food and water so the diagnosis becomes self-fulfilling.

These practices are so prevalent that they were described by the Washington Post in a 2014 series,¹⁰ identified as a serious problem by Duke University professor Farr Curlin, M.D. in 2015,¹¹ identified as a patient safety problem by the Agency for Healthcare Research and Quality in 2017,¹² and documented in the Novus Health Services indictment in 2017 mentioned earlier.¹³

4. The bill moves the determination and control of medical ethics to federal bureaucrats and provides no conscience protections.

5. The bill’s ban (Section 5) on using the Act’s funds for education about and promotion of assisted suicide, euthanasia and mercy killing (42 USC 14401, et al.) and added language in the Senate bill will not stop the abuse and hastened deaths of people enrolled in hospice and palliative care.

According to the HHS-OIG reports, vulnerabilities in CMS’s efforts to prevent and address harms need to be rectified.¹⁴ Current law forbids CMS from publicizing deficiencies from accreditors.¹⁵

Until dangerous and unsafe palliative and hospice care can be identified before it is too late to protect patients, the federal government should not be promoting it.