Much has been discussed about the workforce challenges facing the field of hospice and palliative medicine, and AAHPM has been pursuing a number of strategies to address the need for both specialists and generalists trained to provide palliative care. One prong in this multipronged approach has been the development of federal legislation that would expand opportunities for interdisciplinary education and training in palliative care. The goal is to increase the number of permanent faculty in palliative care at accredited allopathic and osteopathic medical schools, nursing schools, and other medical schools in palliative care and hospice; and to support the development of faculty careers in academic palliative medicine.

Education and Training

“The success of the development of the field of hospice and palliative medicine has created a demand for trained, skilled clinicians. Existing training programs are insufficient to meet the palliative care needs of all individuals with serious illness and their families. PCHETA is one of a number of strategies that AAHPM is pursuing to proactively address this need,” notes Jean S. Kutner, MD MSPH, AAHPM president-elect and chair of the Academy’s Workforce Committee.

PCHETA would be a boon to the field in that it would establish education centers to expand interdisciplinary education and training in palliative care. The goal is to increase that workforce to coordinate communication with congressional offices, as well as soliciting endorsement from other healthcare organizations to add weight to the argument that palliative care and hospice can play an important role in transforming the American healthcare system.

The American Cancer Society Cancer Action Network (ACS CAN), the advocacy arm of the American Cancer Society, is one group that has embraced the PCHETA bill and includes it among its legislative priorities.

“Improving patient quality of life during and after cancer treatment is one of ACS CAN’s most important policy goals,” says Dick Woodruff, ACS CAN’s vice president for federal relations and strategic alliances. “PCHETA will help us accomplish that goal by making sure there are enough healthcare professionals who are trained specifically to alleviate patient pain and other symptoms of treatment, and who understand the value of well-coordinated care to patients and families. We look forward to continuing our partnership with AAHPM in moving the legislation forward on Capitol Hill.”

During ACS CAN’s lobby day in Washington, DC, last fall, more than 600 volunteers met with congressional members and their staff to implore them to cosponsor PCHETA. Staff and volunteers also have been holding meetings across the country during congressional recesses this year to get new cosponsors on the bill and are actively working on state-specific tactics, such as forums on palliative care, to target members of delegation to sign on to the bill.

That sort of constituent-based advocacy is key to gaining support in Congress and moving the bill forward. “As physicians and other providers on the front lines of patient care, your direct communication and outreach to congressional offices helps them better understand palliative and hospice care and the need to ensure an adequate workforce to meet current and projected needs,” says Sue Ramthun, a principal and senior vice president with Hart Health Strategies.

I encourage any of you who have not already contacted your representatives in Washington to do so today. It’s simple using the Academy’s online Legislative Action Center (go to aahpm.org, and click “Take Action”). You can send an e-mail describing your personal experience with hospice and palliative care and a few of your most distinguished talking points. AAHPM has provided. If your congressional representatives were cosponsors during the last Congress, express your gratitude and your hope that they will renew their support now that the bill has been reintroduced. (See the “Q&A with AAHPM’s Lobbyist” on aahpblog.org for additional ways to connect with your elected officials.) The important thing is that we each take the time to make sure our lawmakers understand what palliative care and hospice are and what this means in the lives of seriously ill patients and their families. That will make all the difference.

PCHETA was reintroduced in the new Congress (as H.R.1339/S.641) with bipartisan support in the House Education and Labor Committee. With representatives Tom Reed (R-NY-23) and Eliot Engel (D-NY-16), this legislation has been reintroduced into the new Congress. (See the “Q&A with AAHPM’s Lobbyist.”) The legislation has a number of sponsors and cosponsors throughout the new Congress, and the Academy leadership and staff are working to advance it. The legislation is moving forward because we have a couple of really strong proponents in both the House and Senate. (See the “Q&A with AAHPM’s Lobbyist.”)

And that’s why we have to keep on top of this. We have to keep on our representatives and senators’ offices and be sure they understand what palliative care is and what it means to our communities. We can do this through direct communication and outreach.

If you would like to be involved in working and living in the nation’s capital, please contact: recta@hhcommunityhospices. org or fax to: 202-895-0133. EOE