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May 25, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically via http://www.regulations.gov

RE: FY 2024 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice Quality Reporting Program Requirements, and Hospice Certifying Physician Provider Enrollment Requirements (CMS-1787-P)

Dear Administrator Brooks-LaSure:

The American Society of Hematology (ASH) appreciates the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) FY 2024 Hospice Wage Index and Payment Rate Update proposed rule. We are pleased to provide comments on the request for information on hospice utilization.

ASH represents more than 18,000 clinicians and scientists worldwide who are committed to the study and treatment of blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as non-malignant conditions such as sickle cell anemia, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in demonstrating the potential of treating various hematologic diseases and continue to be innovators in the field of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy.

We thank CMS for seeking comments on the lack of utilization of the higher levels of care under the hospice benefit. This issue is of particular importance to our members and the patients they treat. Patients with hematologic malignancies, many of whom need blood product transfusions to control their symptoms, are less likely to use hospice services than patients with other cancers.[1] Studies show that in the last 30 days of life, patients with hematologic malignancies, when compared to patients with solid tumors, have a greater number of emergency room (ER) visits, hospital admissions, intensive care unit (ICU) admissions, hospital deaths, and deaths in the ICU. These adverse events at the end-of-life are linked to lack of hospice care.[2]

Despite the increased Medicare reimbursement for the higher levels of hospice care, the costs associated with providing palliative blood transfusions can far exceed the bundled per diem payment for hospice care services. ASH members report that many of their patients are advised that transfusions are not offered at the hospice or that they cannot receive red blood cell transfusions once they enter hospice care.

[1] Howell DA, Shellens R, Roman E, Garry AC, Patmore R, Howard MR. Haematological malignancy: are patients appropriately referred for specialist palliative and hospice care? A systematic review and meta-analysis of published data. Palliat Med. 2011 Sep;25(6):630-41. doi: 10.1177/0269216310391692. Epub 2011 Jan 12. PMID: 21228094.

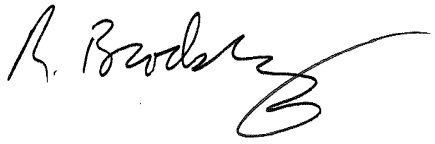
[2] Odejide, Oreofe O. "A Policy Prescription for Hospice Care." *Journal of the American Medical Association*, vol 315, No. 3 (2016).

Alternatively, patients may be advised that transfusions may only be provided in certain circumstances that they do not meet, forcing patients to travel to their hematology/oncology clinic for the transfusions. These patients may enroll in hospice only after they can no longer travel to the clinic. In certain circumstances, hospice providers state upfront that transfusions are a barrier to enrollment. ASH recommends that CMS work with hospice providers to ensure the treating physicians and beneficiaries understand that transfusions are included in the higher-level hospice benefit and that physicians are conveying the availability of this treatment to potential patients. Additionally, in order to help address the financial barriers hospices face in providing transfusions, ASH recommends CMS create innovative reimbursement models to promote the provision of palliative transfusions, such as allowing costs associated with transfusions to be paid separately from the per diem rate.

Furthermore, ASH recommends that CMS develop educational materials for referring physicians regarding the higher-level hospice benefit. Over the past several years CMS has worked to ensure that hematologists and other providers are familiar with coverage for transfusions as part of the hospice benefit; however, many do not know that patients may receive chemotherapy while enrolled in hospice. Greater awareness and understanding of the benefit by referring physicians will help increase utilization of the higher-level benefit. CMS should also provide materials outlining the services available at each hospice level for prospective beneficiaries and their families to ensure patients understand what services are available and empower them to make informed decisions about their end-of-life care.

ASH again thanks CMS for the opportunity to share these comments. Should you have any questions or require further information, please contact Suzanne Leous, ASH's Chief Policy Officer, at sleous@hematology.org.

Sincerely,



Robert A. Brodsky, MD
President