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## Congress of the United States House of Representatives Washington, DC 20515

October 20, 2015

Andy Slavitt Acting Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services 200 Independence Ave., S.W. Washington, D.C. 20201

Dear Acting Administrator Slavitt,

We appreciate the Centers for Medicare and Medicaid Services (CMS) including advance care planning (ACP) codes in the proposed rule for the 2016 Physician Fee Schedule (PFS). This proposed benefit would help patients and their families have thoughtful conversations with their providers about the medical care they receive at the end of life.

Despite the clear need for advance care planning, few adults have documented their care preferences. A 2013 study found that 90 percent of adults believe having family conversations about wishes at the end of life is important, but fewer than 30 percent have had these conversations. For advance care planning to be successful, it must involve ongoing communication about future care preferences among individuals, their families and caregivers, and their health care providers. Providers play a valuable role in these conversations as they have a keen understanding of the implications for care planning decisions that individuals and their families make.

According to a recent report by the Institute of Medicine (IOM), most people nearing the end of life are not physically, mentally, or cognitively able to make their own decisions about the medical care they receive. Thus, early advance care planning is essential to ensure patients receive care that is in alignment with their goals, values, and informed preferences.

All individuals should have the opportunity to participate actively in their healthcare decision-making, yet most people lack knowledge about end-of-life care choices. Recognizing that these choices can be very difficult to make, and that choices and options could change over time, patients and families must have the opportunity to have meaningful conversations with providers throughout the care continuum.

We encourage CMS to finalize these codes in the upcoming final 2016 PFS. Giving patients the necessary time to have these complex conversations with providers is an important step in encouraging patients and their families to engage in end-of-life discussions and decisions.

Sincerely,

Earl Blumenauer Member of Congress

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Bill Pascrell, Jr

Member of Congr

Jim McDermott Member of Congress

Charles Rangel Member of Congress

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