



May 30, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1787-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted Electronically Via <http://www.regulations.gov>

RE: Medicare Program; 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 Ms. Brooks-LaSure:

The Association for the Advancement of Blood & Biotherapies (AABB), America's Blood Centers (ABC) and the American Red Cross (ARC) appreciate the opportunity to submit comments in response to Centers for Medicare & Medicaid Services' (CMS) hospice wage index, payment rate, and hospice conditions of participation update proposed rule for fiscal year 2024. Our comments focus on the request for information (RFI) on hospice utilization. Collectively, our organizations represent the nation's blood collection establishments, transfusion services, and transfusion medicine professionals.

Our organizations appreciate that CMS is focused on removing barriers and ensuring access to palliative blood transfusions for Medicare beneficiaries under the hospice benefit. Palliative blood transfusions relieve debilitating symptoms that negatively impact patients' quality of life. We applaud CMS' explicit recognition that the hospice benefit covers palliative blood transfusions and believe this is an important step in advancing access to this critical therapy. However, Medicare's payment policy must be revised to achieve increased access to palliative blood transfusions.

We are aware that comprehensive, holistic care for terminally ill patients has been shown to decrease costs at the end of life, reduce hospitalizations, and increase quality of life.¹ While hospice organizations can give blood transfusions, very few provide this essential palliative care. The Medicare per diem payment amount is far too low to cover costly yet helpful palliative interventions, such as blood transfusions.

The blood transfusion process is resource-intensive and highly complex. The transfusion chain includes specialized physicians, medical technologists, nurses and other support staff to provide essential expertise throughout the transfusion process. The sourcing, collection, processing, testing, storage, distribution and administration of blood components involves critical medical

¹ <https://jamanetwork.com/journals/jama/fullarticle/1930818>

equipment and supplies. In addition, the transfusion process includes multiple safety measures and monitoring to mitigate the risk of, and respond to, adverse events. Thus, the per diem payment is insufficient to cover the expenses associated with transfusions, which limits the ability of many hospice providers to furnish these services.

As a result, Medicare beneficiaries who rely on blood transfusions may delay enrollment in hospice, leave hospice, or shuttle in and out of hospice, all of which contribute to reduced quality of care and increase in overall cost. Regrettably the requisite decision making generates unnecessary emotional burdens for patients, their families, and attendant healthcare providers. Delayed enrollment in hospice has been shown to lead to a greater number of emergency room visits and hospital admissions in the last 30 days of life, with patients much more likely to die in the hospital or intensive care unit.² Transfusion-dependent patients have a notably shorter length of stay in hospice, 6 days for a transfusion dependent leukemia patient³ vs. the national average stay of 89.6 days.⁴ When patients with leukemia used hospice care services, performance on end-of-life quality measures improved and Medicare spending was lower (\$7,662 vs \$17,783) compared with those not in hospice.⁵

Thus, AABB, ABC, and ARC urge CMS to improve Medicare beneficiaries' access to end-of-life care by providing incremental, separate payments, leveraging the established blood product HCPCS code sets and associated rates for palliative blood transfusions furnished under the Medicare hospice benefit. Together with continued education about the availability of blood transfusions under the hospice benefit, carving out payments for blood transfusions from the per-diem payment will remove a substantial barrier to care and improve end of life care for patients and their families.

Thank you for the opportunity to provide comments on the proposed rule. If you have any questions, please contact Susan Leppke (301-547-3962, sleppke@aabb.org), Diane Calmus (202-654-2988, dcalmus@americasblood.org), or Julie Manes (202-417-5147, Julie.manes@redcross.org).

Sincerely,



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Kate Fry
Chief Executive Officer
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President, Biomedical Services
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²<https://ascopubs.org/doi/10.1200/jop.2014.001537#:~:text=Patients%20with%20hematologic%20malignancies%20had,hospitals%20and%20intensive%20care%20units.>

³ <https://www.sciencedirect.com/science/article/pii/S0006497120319832>

⁴ <https://www.nhpco.org/hospice-facts-figures/>

⁵<https://www.medscape.com/viewarticle/889858#:~:text=Blood%20Transfusions%20in%20Leukemia%20a%20Det errent%20to%20Hospice,receiving%20hospice%20care%20for%20less%20than%203%20days.>