

TALKING POINTS [DO NOT DISTRIBUTE]

- **Introduce yourself**
 - The constituent(s) should begin the meeting by introducing him/herself, explain where you are from, what you do, they type of research you conduct, the kinds of patients you take care of, etc., and then let the others in the group introduce themselves.
 - Ask the person you are meeting with if he/she is familiar with hematology so you can gauge how to talk about the issues. If the staff person is not familiar with hematology, you can provide some examples of hematologic diseases/disorders and the patients you treat and major accomplishments of the field; if the staff person is familiar, you can briefly share some examples of exciting areas being explored and potential treatments and cures.
- **Indicate the issues you want to discuss:**
 1. **Access to Blood Transfusions for Cancer Patients Receiving Medicare Hospice Benefits**
 - **REQUEST [SENATE Offices]: Cosponsor S. 2186, the Improving Access to Transfusion Care for Hospice Patients Act**
 - **REQUEST [HOUSE Offices]: Support the introduction of House companion legislation to S. 2186, the Improving Access to Transfusion Care for Hospice Patients Act**
 - S. 2186, the Improving Access to Transfusion Care for Hospice Patients Act, was reintroduced in June 2023 by Senators Jacky Rosen (D-NV), John Barrasso (R-WY), and Tammy Baldwin (D-WI).
 - The legislation would establish a demonstration program that would provide a separate payment model to promote the provision of palliative blood transfusions in hospice. This would provide Medicare payments for blood transfusions outside of the hospice bundled payment.
 - The Medicare hospice benefit covers services for pain and symptom management, including blood transfusions, yet in practice many patients with blood cancers cannot access hospice services because their local hospice will not provide palliative transfusions. There are three main reasons why this occurs, including costs, misconception about this therapy, and lack of referrals:
 - Hospices receive a fixed amount per day to care for a patient at the end of life. No additional reimbursement is available to pay for more costly yet helpful palliative interventions, including blood transfusions.
 - In 2018, hospices received a per diem rate of \$192.78 for the first 60 days and \$151.41 after that, while the average cost of procurement, storage, and delivery of a unit of packed red blood cells is \$1,000. A typical hospice patient with a hematologic malignancy receives two units of red blood cells once a week.

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- There is a false perception among some hospice providers that transfusions are disease-modifying treatments rather than palliative interventions.
- Clinicians who treat patients with blood cancers often do not refer patients to hospice early enough or at all because they have experienced denials due to the patient's need for transfusions.

- The ultimate goal of the legislation is to ensure that patients with blood cancers and other hematologic diseases and conditions receive high-quality end-of-life care. Transfusions for patients with blood cancers can address palliative needs related to bleeding, breathlessness, and profound fatigue.

- Studies show that in the last 30 days of life, patients with blood cancers have more hospital admissions and are more likely to die outside of their homes compared to patients with solid tumors.

- When those with blood cancers such as leukemia elect hospice care, their end-of-life quality improves significantly, as do cost savings of about \$5,000-\$15,000 per beneficiary (due largely to stopping chemotherapy and other treatments and a decrease in hospitalizations).

- In order to ensure that patients receive high-quality end-of-life care, ASH strongly supports the Improving Access to Transfusion Care for Hospice Patients Act. Again, this legislation would allow patients with blood cancers and other hematologic diseases and conditions to receive high-quality end-of-life care by creating a demonstration to provide a separate payment model to promote the provision of palliative blood transfusions in hospice.

- **Wrap up the meeting**
 - Summarize what you are asking for:
 1. **Expand access to blood transfusions for cancer patients receiving Medicare hospice benefits by supporting the Improving Access to Transfusion Care for Hospice Patients Act**

 - Ask the person you are meeting with if he/she has any questions.

 - Invite the Senator/Representative to visit your institution. Let them know that you (and ASH) can be a resource!

 - Thank the person you are meeting for his/her time.