TALKING POINTS for ACCESS TO BLOOD TRANSFUSIONS IN HOSPICE SETTINGS

- **Introduce yourself and your group**
  - 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:**

  [The constituent in each meeting should take the lead on the issues and identify some local examples or some short stories to share of why the requests are important.]

  1. **Access to Blood Transfusions for Cancer Patients Receiving Medicare Hospice Benefit**
     - **REQUEST: Work with ASH to ensure that patients receiving the Medicare hospice benefit have access to blood transfusions.**
       - 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.

       - Transfusions for patients with blood cancers can address palliative needs related to bleeding, breathlessness, and profound fatigue.

       - The Medicare hospice benefit does cover 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 does 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.
         - 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.
         - When those with blood cancers such as leukemia elect hospice care,

their end- of-life quality improve 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 would like to see CMS work with hospice agencies to create innovative reimbursement models to promote the provision of palliative transfusions, such as allowing them to be paid for separately under Medicare Part B.

- **Wrap up the meeting**
  - Summarize what you are asking for:
    - ✓ **Work with ASH to ensure that patients receiving the Medicare hospice benefit have access to blood transfusions.**
  - Ask the person you are meeting with if he/she has any questions.
  - Invite the Senator/Representative to visit your institution.
  - Thank the person you are meeting for his/her time.