



HB 3571
HOSPICE CARE LOAN REPAYMENT
(L. COLLINS)

HB 3571 will create the Community Hospice & Palliative Care Professional Loan Repayment Program, administered by the Illinois Student Assistance Commission. The Program will provide loan repayment assistance, subject to appropriation, to eligible hospice & palliative professionals practicing in a community-based hospice agency licensed in the State of Illinois. Importantly, the program will prioritize applicants who are members of a racial minority to address inequities in the delivery of end-of-life care.

Why HB 3571 right now?

Illinoisans experiencing a life-limiting illness, especially those who have already experienced injustice and inequitable medical care, are at risk of being unable to get the hospice services they need to finish their lives at home and without suffering. The barrier is hospice agencies can't provide care without the interdisciplinary staff required under the U.S. Centers for Medicare & Medicaid Services (CMS) Conditions of Participation.

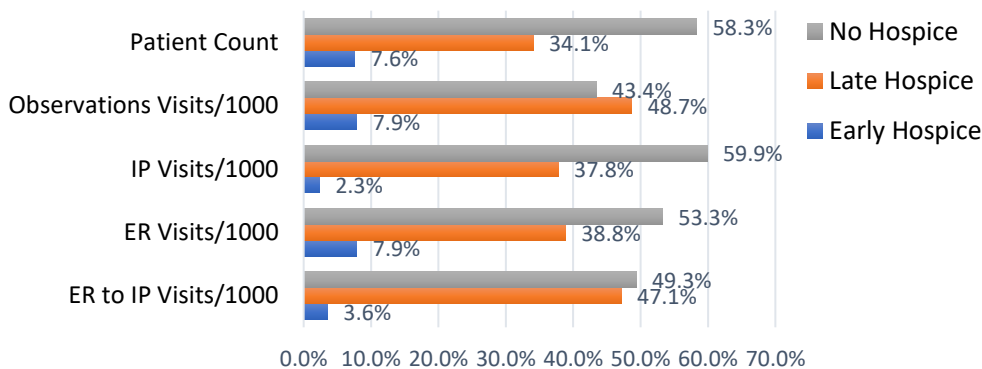
- Hospices across the nation and in Illinois report that constraints on their clinical staff stemming from the labor shortage are limiting or slowing their ability to admit new patients.
- The No. 1 complaint that families report on Consumer Assessment of Healthcare Providers & Systems surveys is that they wish their loved one had entered hospice sooner, according to the CMS.

How does the availability of community-based hospice professionals impact other parts of the health care system, like hospitals?

When a hospitalized person is approaching death, it's best for the patient and family to move care to wherever the patient calls home. There are also positive effects on the health system:

- Discharging a person to hospice frees up a hospital bed for someone else in need.
- Health system providers and payors benefit when patients to be able to get to the right level of care in the right setting.
- Finding a hospice that can accept a patient may reduce utilization of hospital care.

**Hospice Timing-Last 30 Days of Life in Illinois
(Inpatient- Visits per 1000)**



There is substantial evidence that people who receive appropriate hospice and palliative care have a better quality of life and for some even longer lives. Additionally, these services save money for our health system, Medicare, and patients themselves.

In Illinois, the percentage of people over age 65 has increased 29% from 2010 to 2020 according to the 2020 census. This is the population most likely to experience a serious and/or life-limiting illness, so the burden to our health care system is growing just at a time when the hospice and palliative care workforce is struggling because of competition from other providers.

Why prioritize loan repayment for community hospice professionals?

Unlike other providers, who have a mix of patients and can collect higher private insurance reimbursement, hospices receive more than 90% of their revenue from Medicare.

- Medicare payments are capped for each level of hospice care.
- CMS sets payment levels only once each year – the increase for 2023 was just 3.8%!

Given inflation, hospices are struggling to stay financially viable and have difficulty attracting staff because of the unique nature of caring for sick and dying people in whatever place they call home rather than from a centralized clinic or hospital. Hospices are making a good faith effort to compete with other healthcare providers on the salary front but need another tool to attract and retain qualified healthcare professionals.

Why does this bill give preference to underrepresented applicants?

The National Hospice and Palliative Care Organization (NHPCO) Diversity Advisory Council (DAC) published the results of a first-of-its-kind research exploring perceptions of hospice care among African American/Black and Hispanic/Latino communities.

- Finding: Compared to White respondents, Black respondents are significantly more likely (21% vs 11%) to feel more comfortable with hospice workers who are the same ethnicity as their loved one.
- Finding: Among Hispanic/Latino communities, language can be a significant barrier for non-native English Speakers. More than half (52%) of Hispanic respondents said that to feel comfortable they would need hospice workers who spoke their loved one's language.

If we want to address inequities in end-of-life care for communities of color, hospices must have a workforce that reflects those communities.

The Bottom Line:

Illinois licensed hospice providers meet critical needs for people and their families at the most vulnerable time, and they are struggling to hire professionals to care for their patients. These are our grandparents, our veterans and sometimes even our children. There is also an important component of health equity at stake. African Americans face a disproportionate burden of pain and suffering at the end of life and are significantly less likely to benefit from hospice or palliative care. We can do better in Illinois by encouraging healthcare professionals, especially those from minoritized communities, to enter and remain in the field of community-based hospice and palliative care.

You can help by supporting HB 3571 TODAY!

The Illinois Hospice & Palliative Care Organization (IL-HPCO) represents licensed, community-based hospice and palliative care providers in the State of Illinois and other individuals and organizations that support high quality care for people experiencing a serious or life-limiting illness. **For more information contact Director of Policy & Government Affairs, Ellen Byrne @ ellen.act3@gmail.com**

OTHER SUPPORTING ORGANIZATIONS:

- Illinois HomeCare & Hospice Council
- Advocate Health
- The HAP Foundation