

## Myth vs. Fact: Advance Planning Consultations in H.R. 3200

Few areas are more vital for honest discussion and careful consideration than end-of-life care for America's seniors. Unfortunately, families often do not know their loved ones' preferences for end of life care and are not confronted with these difficult decisions until an emergency arises. This leaves spouses, sons, daughters and grandchildren unprepared; as a result families struggle to make decisions in the midst of turmoil.

The House health care legislation includes a provision (Sec. 1233) that provides seniors with better care as they grapple with these hard questions. This provision extends Medicare coverage to cover the cost of patients voluntarily speaking with their doctors about their values and preferences regarding end-of-life care. These are deeply personal decisions that take thoughtful consideration, and it is only appropriate that doctors be compensated for their time.

*Myth: Advance care planning and end of life consultations will lead to euthanasia and the government "pulling the plug on grandma".*

- **Fact: Euthanasia is illegal in all 50 states and nothing in HR 3200 changes that.**

*Myth: This provision will lead to rationed care and patients having fewer treatment options.*

- **Fact: Nothing in HR 3200 will limit or ration care. These doctor-patient conversations will lead to better quality care that is customized for each patient's preferences and values.** No two people are the same and doctors need to know each individual's wishes for care in order to provide treatment that responds to the patient's physical, emotional, and spiritual needs. Families often do not know about different treatment options that are covered by Medicare, such as hospice, and it is important that patients have this information to determine what is right for them.

*Myth: Patients will be forced to have this consultation once every five years.*

- **Fact: Advance planning consultations are not mandatory; this benefit is completely voluntary.** The provision merely provides coverage under Medicare to have a conversation once every five years if – and only if – a patient wants to make his or her wishes known to a doctor. If desired, patients may have consultations more frequently if they are chronically ill or if their health status changes.

*Myth: Patients will be forced to sign an advance care directive (or living will).*

- **Fact: There is no mandate in the bill to complete an advance care directive or living will.** If a patient chooses to complete an advance directive or order for life sustaining treatment, these documents will help articulate a full range of treatment preferences, from full

and aggressive treatment to limited, comfort care only. Patients that choose to have these documents and can customize them so that their wishes are appropriately reflected.

Myth: *Patients will have to see a health care professional chosen by the government.*

- **Fact: There are no government-chosen professionals involved.** The legislation simply allows Medicare to pay for a conversation between patient and their doctors if patients wish to talk with their doctor about end of life care preferences.

**Sec. 1233 is Supported By: AARP, American Academy of Hospice and Palliative Medicine, American College of Physicians, American Hospice Foundation, Center to Advance Palliative Care, Consumers Union, Gundersen Lutheran Health System, Hospice and Palliative Nursing Association, Medicare Rights Center, National Hospice and Palliative Care Organization, National Palliative Care Research Center, Providence Health and Services, and the Supportive Care Coalition.**