

Congress of the United States
Washington, DC 20515

September 24, 2014

Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Administrator Tavenner,

A recent study in the *New England Journal of Medicine* found that more than one in four elderly Americans lacked the capacity to make their own medical care decisions at the end of life. Under those circumstances, care decisions fall to family members and doctors who may not know the treatment preferences of their loved one. Elderly patients with advance directives however, are more likely to receive the care they want. Evidence also demonstrates that advance care planning and end-of-life discussions reduce stress, anxiety, and depression in surviving loved ones.

In this context, we find it troubling that Medicare reimburses almost every medical procedure, yet places no value on the time doctors take to provide thoughtful counsel to prepare patients and families for the delicate, complex and emotionally demanding decisions surrounding the end-of-life. Helping patients and their families clarify their goals, values, and wishes when it comes to their health is not only good for all Americans, but also a rare common denominator of health care politics, as witnessed by the bipartisan support for the legislation (*Personalize Your Care Act, H.R. 1173*) authored by Representative Phil Roe (R-TN) and myself, and supported by 58 additional co-sponsors.

As you know, the Centers for Medicare and Medicaid Services (CMS) currently does not reimburse Medicare providers for having such conversations with their patients. We understand that The American Medical Association (AMA) recently created specific current procedural terminology (CPT) codes (9949X7 and 9949X8) for providers to submit to CMS "to report services related to advance directive plan discussion with patients." We urge you to adopt these recommended CPT codes in the Medicare Physician Payment Schedule for 2015 and adequately reimburse Medicare providers for having these voluntary important discussions with their patients.

Patients who wish to make clear their goals, values, and wishes through discussions with their trusted providers should have the opportunity to do so. In order to have these conversations, providers must have the adequate time, space, and reimbursement to conduct the complex and time-consuming discussions necessary to learn about the goals and values held by their patients and plan appropriately for their care.

We look forward to working with you on this issue and thank you for your consideration of this request.

Sincerely,



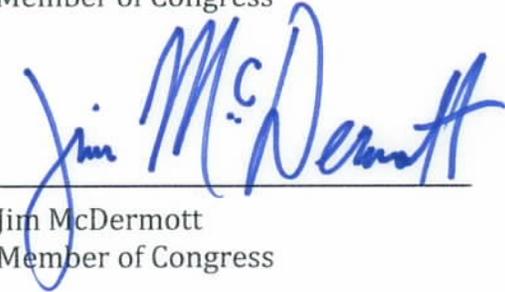
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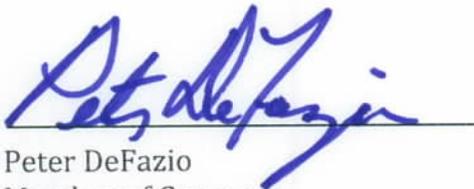
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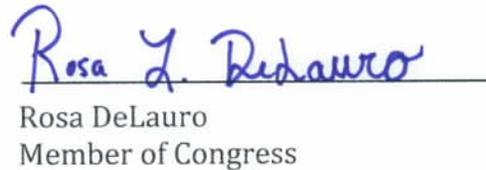
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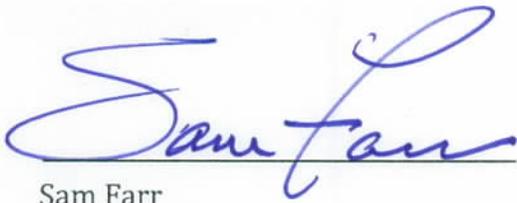
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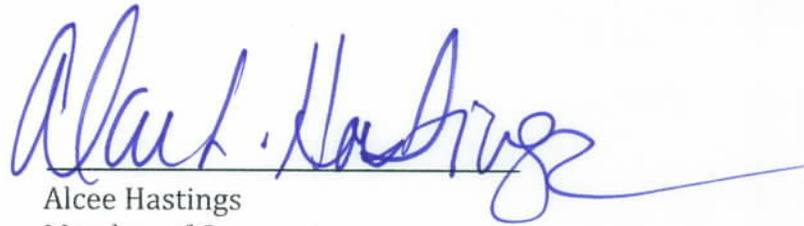
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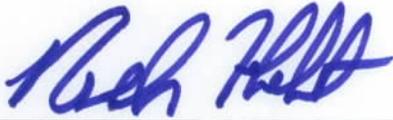
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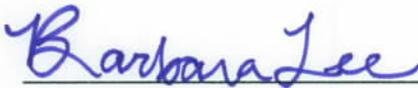
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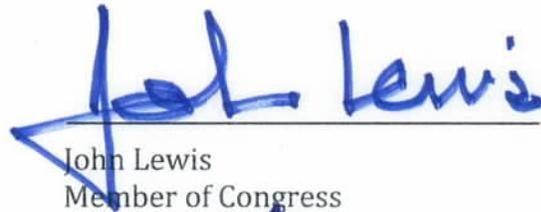
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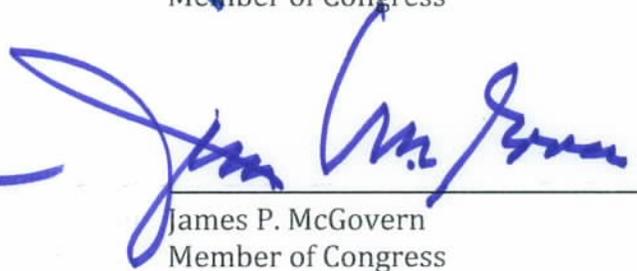
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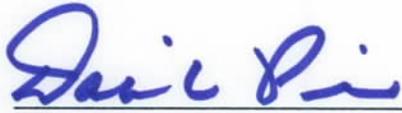
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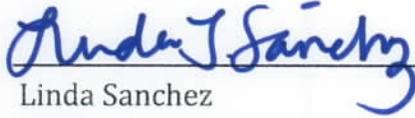
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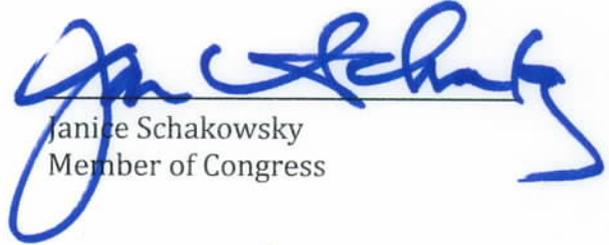
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Jared Huffman
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cc: Sylvia Mathews Burwell, Secretary, U.S. Department of Health and Human Services

cc: Shaun Donovan, Director, U.S. Office of Management and Budget