HOSPICE NEWS...

A REPORT FROM HOSPICE ASSOCIATION OF AMERICA

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The Hospice Association of America (HAA) is a membership organization established in 1985, through the joint efforts of the Association of Community Cancer Centers and the National Association for Home Care (NAHC). HAA was established as a representative for the full range of hospice programs: health agency and hospital-based programs. After only two years, the Association's members number over 1200, and reflect the highly diverse field of hospice care providers, health care professionals, volunteers, and others involved in, and supportive of, providing care to the dying and their families.

One important function of HAA is serving as a research and information source for its members, the public, and policymakers. The Association monitors and analyzes public policy trends affecting hospice and seeks to influence the direction of federal and state legislation and regulation affecting hospice. The Association disseminates the results of its research and other information through a variety of means, including the **Hospice Forum**, a biweekly newsletter. The **Forum** publishes the latest information on Federal and state legislative and regulatory activity, membership news, and other hospice-related news.

One the regulatory front, HAA has been involved with its sister organization, NAHC, in a lawsuit against the Department of Health and Human Services. The suit, filed in conjunction with Congressmen, beneficiaries, and physicians protests the rapidly escalating rate of arbitrary denials of home health claims nationwide.

Legislative priorities for HAA this year include:

1) The organization seeks improvement of the Medicare hospice benefit through coverage of in-home respite care. The current benefit limits respite care to the inpatient setting at the reimbursement rate of $65.33 per day, and there is no in home respite care benefit.
2) HAA recommends that the government finance a humane system of care for AIDS patients, whether it be through changing the current Medicare two-year disability requirement to more accurately reflect AIDS patients' life expectancies, or through block grants to states. HAA will work to see that barriers to hospice services in Medicare and Medicaid such as requiring a primary caregiver, certification of terminality, a life expectancy of six months, and only palliative treatment should be waived.
3) HAA will work to see that hospice benefits be made available to children under the Medicare program. Children are not eligible for such coverage unless they have been covered under Social Security disability for two years. Mandated Medicaid coverage should include coverage of pediatric hospice services as well.

In addition to being a voice for hospice in legislative and regulatory matters, HAA functions as an educational resource. The Association sponsors special educational programs throughout the year. For example, in March, 1987, HAA held its annual Spring conference in Washington, D.C. Over 200 members registered for a day of speakers on timely issues in hospice care. Participants heard JCAH representative Anne Rooney speak on quality assurance in hospice, and listened to panel presentations on pain management and on pediatric AIDS.

HAA's success comes from the strength of its diverse membership. Because it represents the entire spectrum of hospice providers, HAA offers an excellent forum for the sharing of differing ideas and hospice care delivery models. United in their commitment to the hospice concept of specialized care for the terminally ill, these diverse members can speak with the single strong voice of HAA.