September 18, 2026

The Honorable Jacky Rosen
U.S. Senate
Washington, DC 20510

The Honorable John Barrasso
U.S. Senate
Washington, DC 20510

The Honorable Tammy Baldwin
U.S. Senate
Washington, DC 20510

The Honorable Debbie Dingell
U.S. House of Representatives
Washington, DC 20515

Dear Senators Rosen, Barrasso, Baldwin, and Representative Dingell:

We, the undersigned organizations, write to express our sincere appreciation for your leadership on the *Improving Access to Transfusion Care for Hospice Patients Act* (S. 1936/H.R. 9703). We are grateful for your commitment to addressing a long-standing barrier preventing many patients with hematologic malignancies and other serious blood disorders from accessing hospice care. This important legislation recognizes the need for a payment model that better reflects the clinical needs of patients who rely on palliative blood transfusions to manage symptoms and maintain quality of life.

The Medicare hospice benefit is intended to cover services necessary for pain and symptom management, including blood transfusions when clinically appropriate. For patients with hematologic malignancies and other serious blood disorders, palliative blood transfusions are often an essential component of high-quality end-of-life care. They can alleviate debilitating symptoms, such as bleeding, breathlessness, and profound fatigue, helping patients remain comfortable and maintain quality of life consistent with their care goals.

Despite these benefits, many patients with blood cancers cannot access hospice care because their local hospice does not provide palliative transfusions. The current Medicare payment structure is a significant barrier. Hospices receive a fixed per diem payment covering all services and medications for patients enrolled in hospice, with no additional reimbursement available for higher cost palliative interventions such as blood transfusions.

These consequences extend beyond transfusion access. Clinicians caring for patients with blood cancers may delay or avoid hospice referrals when continued transfusions are unavailable, preventing patients and families from benefiting from hospice's comprehensive support. Compared with patients with solid tumors, individuals with blood cancers experience more hospital admissions in the last 30 days of life and are more likely to die outside of their homes.[1] When patients with hematologic malignancies can access hospice care, the quality of their end-of-life care improves significantly. Hospice enrollment is also associated with Medicare savings of approximately $5,000 to $15,000 per

[1] Howell, Debra A., et al. "Hematological Malignancy: Are Patients Appropriately Referred for Specialist Palliative and Hospice Care? A Systematic Review and MetaAnalysis of Published Data." Palliative Medicine, vol. 25, no. 6, Sept. 2011, pp. 630–641, doi:10.1177/0269216310391692.

beneficiary, driven in part by reductions in hospitalizations and reduced use of costly treatments that no longer align with patients' goals.[2]

The *Improving Access to Transfusion Care for Hospice Patients Act* provides a critical solution by establishing a demonstration payment program through the Center for Medicare and Medicaid Innovation (CMMI) that creates a separate Medicare payment mechanism for palliative blood transfusions outside of the hospice bundled payment. This approach would allow patients with blood cancers and other hematologic diseases and conditions to receive symptom-relieving transfusions while receiving the full benefits of hospice care. Ultimately, the demonstration would provide valuable evidence into how Medicare can better support patient-centered end-of-life care and expand access to palliative transfusions within hospice.

We appreciate your leadership in ensuring that patients with hematologic malignancies can receive compassionate, high-quality care that reflects their needs and preferences at the end of life We are grateful for your support of the *Improving Access to Transfusion Care for Hospice Patients Act* and commitment to advancing this legislation.

Sincerely,

Alabama Cancer Congress
American Red Cross
America's Blood Centers
American Society of Hematology
Association for the Advancement of Blood and Biotherapies
Arizona Clinical Oncology Society
Blood Cancer United
Florida Society of Clinical Oncology
Illinois Medical Oncology Society
Kentucky Society of Clinical Oncology
Michigan Society of Hematology & Oncology
Mississippi Oncology Society
Nevada Oncology Society
Northern New England Clinical Oncology Society
Ohio Hematology Oncology Society
Oklahoma Society of Clinical Oncology, Inc.
Pennsylvania Society of Oncology and Hematology
Society of Utah Medical Oncologists
Washington State Medical Oncology Society
Wisconsin Association of Hematology and Oncology

[2] LeBlanc, Thomas W., Pamela C. Egan, and Adam J. Olszewski. "Transfusion dependence, use of hospice services, and quality of end-of-life care in leukemia." Blood 132.7 (2018): 717-726, doi: 10.1182/blood-2018-03-842575.