As our country’s leaders wrestle with reforming healthcare, we hear again and again that the main goal is to improve healthcare and reduce its overall cost. Why, then, is the Medicare hospice benefit, which actually saves the government money and improves quality of life for terminally ill patients, at risk of being cut?

Hospice care provides dignified and comfortable end-of-life care for terminally ill patients in the comfort of their own homes. It also offers grief counseling and other support services to guide hospice patients’ loved ones through the difficult process of losing a family member. More than 1.4 million patients received hospice care last year.

According to a 2007 study funded by the Robert Wood Johnson Foundation and conducted by Duke University, hospice care saves Medicare more than $2,300 per patient, which translates to more than $2 billion of savings per year. This is because with hospice, terminally ill patients can live out the remainder of their lives getting relief from their pain and other symptoms while surrounded by their loved ones at home. Without access to hospice care, these same patients would end up in emergency rooms and hospital beds, at much greater cost to the government.

Yet despite its obvious benefits, funding for hospice care could be cut significantly if our lawmakers do not take action. The healthcare overhaul bill Congress is currently considering includes a provision that would reduce Medicare reimbursement rates across the board, at a cost to hospices of $2.3 billion over the next five years and $10 billion over the next ten years. Additional reductions to the Medicare hospice benefit will go into effect October 1 if Congress fails to eliminate cuts implemented by the previous administration. This would mean an additional decrease in hospice funding of 3.1 percent.

Even here in Florida, lawmakers working to balance the budget earlier this year considered eliminating the hospice benefit for state Medicaid patients. Fortunately, the legislature elected to retain the benefit after an independent study commissioned by Florida Hospices and Palliative Care found that eliminating it would just shift expenses to other parts of the Medicaid budget and result in higher costs for the state. Similar cuts are still under consideration in other states, though, and Florida could face them again when a new legislature that has not yet been educated on hospice’s benefits is in place. If these cuts upon cuts are implemented, hospice programs – which already operate on very thin margins – will be forced to cut back their services to patients or close altogether. Many patients in need will have to face the ends of their lives without the compassionate and high-quality care of hospice, which would allow them to die pain-free and with dignity.

The task facing our leaders right now in reforming healthcare, especially in tough economic times, is massive. They will certainly have to make many difficult and controversial decisions — but this one should be easy. If the idea is to reduce the cost of healthcare, the government should focus on cutting the fat. It should not decrease reimbursement rates for hospice care, particularly when, as the primary author of the 2007 Duke University study states, “The hospice benefit appears to be that rare situation in health care where some thing that improves quality of life also saves money.”

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