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Pierre M. Désy, MPH CAE

January 6, 2026

RE: 2025 Pre-Rulemaking Measure Review (PRMR) Measures – Advance Care Planning (MUC2025-020)

Dear Members of the PRMR committees:

On behalf of the more than 5,200 members of the American Academy of Hospice and Palliative Medicine (AAHPM), we appreciate the opportunity to provide feedback on the measures under consideration for Centers for Medicare & Medicaid Services (CMS) quality programs. AAHPM is the professional organization for physicians specializing in Hospice and Palliative Medicine. Our membership also includes nurses, social workers, spiritual care providers, pharmacists, and other health professionals deeply committed to improving quality of life for the expanding population of patients facing serious illness as well as their families and caregivers. Together, we strive to advance the field and ensure that patients across all communities and geographies have access to high-quality palliative and hospice care.

Advance care planning (ACP) is an important component of high-quality serious illness care. We consider ACP as a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The goal of advance care planning is to help ensure that people receive medical care that is consistent with their values, goals and preferences during serious and chronic illness.<sup>1</sup> Studies show that advance care planning can improve patient and family satisfaction, decrease hospitalization and intensity of treatment near the end of life, increase hospice use and the likelihood of patients dying in their preferred place, and reduce stress, anxiety, and depression in surviving caregivers. **AAHPM therefore supports efforts to promote ACP discussions, and we view the ACP measure (MUC2025-020) as an effective starting point.**

Importantly, a critical component of effective ACP is ensuring patients clearly identify a health care agent or, among patients who do not have capacity to engage in ACP discussions, surrogate medical decision-makers. We believe identification of such agents or surrogates should be a priority for patients in inpatient settings. However, we question whether the measure would effectively achieve such a goal, given insufficient attention to the role of the health care agent or surrogate in the numerator logic. For example, the measure should explicitly exclude in-hospital-only and temporary health care surrogate designations from qualifying as valid surrogate decision-makers. Some hospitals use temporary advance directive forms at admission that are framed as identifying an emergency contract rather than a true surrogate decision-maker. Absent this exclusion, facilities may receive credit for the

measure without any accountability for effective ACP. Furthermore, efforts should be made to exclude patients who are unrepresented as institutions who care for more unrepresented patients may be penalized inadvertently.

We also highlight additional limitations that we believe could result in unintended consequences. To begin, we note that the measure does not control for the quality or appropriateness of the ACP discussions, which could inadvertently lead to ACP discussions occurring at inappropriate moments or with insufficiently trained clinicians. Furthermore, Physician Orders for Life-Sustaining Treatment (POLST/MOLST) forms should only count toward the measure when a Do Not Attempt Resuscitation (DNAR) order is in place. Without this limitation, the measure could incentivize routine completion of POLST/MOLST forms for all hospitalized adults, which is neither clinically appropriate nor consistent with best practice.

**AAHPM supports inclusion of an ACP measure in applicable quality programs. However, we urge CMS to appropriately address these concerns prior to proposing adoption in Medicare quality programs to ensure the measure promotes high-quality, patient-centered care.**

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Thank you, again, for the opportunity to provide feedback as part of the 2025 PRMR process. Please direct questions or requests for additional information to Katherine Ast, AAHPM Director of Quality and Research, at [kast@aahpm.org](mailto:kast@aahpm.org).

Sincerely,



Kristina Newport, MD FAAHPM, HMDC  
Chief Medical Officer, American Academy of Hospice & Palliative Medicine

<sup>1</sup>Sudore RL, Lum HD, You JJ, Hanson LC, Meier DE, Pantilat SZ, Matlock DD, Rietjens JAC, Korfage IJ, Ritchie CS, Kutner JS, Teno JM, Thomas J, McMahan RD, Heyland DK. Defining Advance Care Planning for Adults: A Consensus Definition From a Multidisciplinary Delphi Panel. *J Pain Symptom Manage*. 2017 May;53(5):821-832.e1. doi: 10.1016/j.jpainsymman.2016.12.331. Epub 2017 Jan 3. PMID: 28062339; PMCID: PMC5728651.