



Blood Transfusions and Hospice

Hospice provides comprehensive, holistic care for terminally ill patients and their families and caregivers, including but not limited to pain management and symptom education, emotional and spiritual support, and help with patient personal care, as well as respite for caregivers. Hospice has been shown to decrease costs at the end of life, including hospitalizations, and increased quality of life.

Blood transfusions can often be a critical therapy in preserving quality end-of-life care.

To receive the benefits of a blood transfusion, patients often forgo the benefits of the Medicare hospice program or delay enrollment. This is primarily a result of few hospice providers providing blood transfusions due to the cost and lack of associated reimbursement.

Research has confirmed that patients most likely to receive and benefit from blood transfusions are intentionally delaying entry to the hospice program to remain in the hospital environment where access to transfusions is available.

Delayed enrollment in hospice has been shown to lead to a greater number of emergency room visits and hospital admissions in the last 30 days of life, with patients much more likely to die in the hospital or intensive care unit. The cost of these transfusion dependent patients not meaningfully utilizing hospice dramatically lowers end-of-life quality measures at an increased cost to Medicare (\$17,783 vs \$7,662).

For example, patients with leukemia that are transfusion dependent are substantially more likely to have a hospice stay of less than 3 days compared to an overall average hospice stay of 89.6 days.

While the Centers for Medicare & Medicaid Services has explicitly recognized the ability of hospice providers to cover palliative blood transfusions, the reimbursement rate is inadequate to cover the cost.

The 2025 hospice patient rate for all services provided as part of routine home care (day 1-60) was \$224.62, less than the cost of a single blood transfusion.

Expanding the availability of blood transfusions within the Medicare hospice program would ensure that all patients can benefit from the end-of-life care provided through the Medicare hospice benefit, while maintaining the quality of life provided by blood transfusions.

The Improving Access to Transfusion Care for Hospice Patients Act of 2025 (S.1936) was introduced in the U.S. Senate to address this issue.

Introduced on June 5, 2025 by Sens. Jacky Rosen (D-Nev.), John Barrasso (R-W.Y.), and Tammy Baldwin (D-Wis.), S.1936 would require the “Center for Medicare and Medicaid Innovation (CMMI) to test allowing blood transfusions to be paid separately from the Medicare hospice all-inclusive per diem payment.”

To ensure patient access, America's Blood Centers urges you to co-sponsor S.1936, the Improving Access to Transfusion Care for Hospice Patients Act, or introduce companion legislation in the House.

Sources:

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