

## **Testimony before the House Aging & Long Term Care Committee**

### **In Support of House Bill 286**

**James E. Preston, DO, FAAHPM**

### **Speaking on behalf of the Ohio Osteopathic Association**

Chairman Arndt, Vice Chairwoman Pelanda, Ranking Member Howse, and members of the House Aging and Long Term Care Committee, thank you for allowing me to testify today. My name is James E. Preston, DO. I am a family physician and a certified palliative care physician, serving as Senior Medical Director of Stein Hospice in Sandusky, Ohio. I am also Assistant Dean for the Ohio University Heritage College of Osteopathic Medicine educational sites in Sandusky. I am speaking today on behalf of the Ohio Osteopathic Association as a strong proponent for HB 286.

The OOA advocates for approximately 6,200 osteopathic physicians, residents and students across the state of Ohio and the Ohio University Heritage College of Osteopathic Medicine. DOs practice in all medical specialties, ranging from family medicine to neurosurgery, and represent approximately 13 percent of Ohio's practicing physicians. Our college's mission, as established by the Ohio General Assembly, is to train primary care physicians to serve in areas of greatest need, with the entire state of Ohio serving as our campus.

The OOA strongly supports HB 286 because it establishes a Palliative Care and Quality of Life Interdisciplinary Council to help educate the public about this important level of patient care. It further creates a consumer and professional education program and charges the Ohio Department of Health to maintain a website for centralized information regarding palliative care in Ohio. Most important, it also requires specified health care facilities to identify patients with serious illness who could potentially benefit from palliative care and to ensure access to palliative care programs in all regions of the state.

Stein Hospice is a not-for-profit agency accredited by the Joint Commission with approximately 225 hospice patients and 100 palliative patients in our four-county market area. We provide hospital-based palliative medicine for both Firelands Regional Medical Center in Sandusky, and Fisher Titus Medical Center in Norwalk. We have three Hospice Palliative Medicine (HPM) certified physicians and three certified Nurse Practitioners providing care. Each HPM certified physician receives both hospice and palliative medicine certification simultaneously. Hospice medicine and palliative are contiguous within the medical continuum; therefore, seventy-five to eighty percent of our palliative patients become our hospice patients.

Recent legislation passed by the Ohio General Assembly has focused on Ohio's prescription drug abuse epidemic through the licensure of Pain Clinics. However, there continues to be confusion as to the role of chronic and acute pain management versus hospice and palliative care services. Pain management physicians in licensed pain clinics receive their certification in pain management only and are not qualified or trained to treat the broad and distinctive range of

symptoms found in hospice and palliative medicine. Certified HPM physicians manage dyspnea, depression, vertigo, pruritis, wounds, diarrhea, constipation, spinal cord compression, delirium, and, indeed pain. The palliative patient most frequently has a serious illness that will adversely affect their mobility and mortality. Pain management physicians manage only pain. For this reason, HPM physicians would like to see palliative medicine more clearly defined in the Ohio Revised Code, Section 3712.01 and, thus, more clearly differentiated from pain management medicine.

The Ohio Osteopathic Association also urges the committee to adapt language that would allow hospice-owned palliative medicine programs to enjoy the same exemptions from pain clinic regulations that the hospital-owned palliative programs enjoy under section 4731.054 of the Revised Code. This distinction was not included in previous legislation regulating pain clinics that was included for hospital owned palliative care services. We are committed to working with the sponsor and other interested parties to address these concerns as you consider substitute versions of the bill.

In conclusion, we strongly support the concepts outlined in this bill, but recommend clarifying the definition of palliative care to more precisely identify the patients we treat and ensure their access to the most appropriate level of care. I will be happy to answer any questions you may have.