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Testimony of the American Cancer Society Cancer Action Network
Ohio House Aging & Long Term Care Committee
Regarding HB 286
October 3, 2017

Good morning. My name is Lorna Hill and I am a leadership volunteer for the American Cancer Society Cancer Action Network (ACS CAN). Thank you Chair Arndt and Ranking Member Howse, for the opportunity to provide testimony in support of HB 286 today. ACS CAN supports this legislation, which creates a palliative care and quality of life advisory council to help the state identify measures to expand access to and awareness of palliative care in Ohio. Research has shown that palliative care improves quality of life, extends life, and saves money.

After I provide a brief overview of palliative care and the benefits of HB286, I'd like to inform you of the policy work that ACS CAN has been leading at the federal level over the last three Congresses – work that I've been engaged in for the last six years.

To put our comments into context, it is important to understand the burden of cancer. Cancer has a profound impact on the lives of Ohioans. One in two men and one in three women will be diagnosed in their lifetime. The American Cancer Society estimates that in Ohio this year 66,020 new cases of cancer will be diagnosed and 25,510 cancer deaths will occur[1].

The goal of palliative care is to improve quality of life for both the patient and the family. It is provided by a team of doctors, nurses, and other specialists who work with the patient's primary care physician and other physicians providing disease treatment to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment to help patients get well faster and easier.

We have become quite good at treating many illnesses, but too often, we don't treat the side effects from treating the disease. Palliative care treats the whole person beyond the disease. It is focused on providing patients with relief from symptoms - depression, nutritional challenges, pain, and stress – of a serious illness, enhancing their quality of life during and after treatment. It is as important as treating the illness itself.

Palliative care can maximize hospital efficiency while lowering costs. Numerous studies have shown the cost savings associated with palliative care. <You can refer to several examples in the written testimony>

- A study published in 2008 in the *Archives of Internal Medicine* found that hospital palliative care consultation teams are associated with significant hospital savings. The study concluded that palliative care patients discharged alive had an adjusted net savings of $1696 in direct costs per

[1] American Cancer Society. *Cancer Facts & Figures, 2016*. Atlanta: American Cancer Society, 2016.

admission and $279 in direct costs per day, and palliative care patients who died in the hospital had an adjusted net savings of $4908 in direct costs per admission and $374 in direct costs per day[2].

- A 2015 study published in *Health Services Research* showed significant cost reductions at 5 hospitals in the Dallas-Fort Worth, Texas area. The study found that palliative care in the first 10 days of admission resulted in $9,689 savings for patients who died in the hospital, and $2,696 for patients discharged alive[3].

Palliative care can add more days to patients' lives and more life to their days. Studies have shown coordinating patient care and treating pain and symptoms leads to increased patient and family satisfaction and decreases the time spent in intensive care units and the likelihood patients will be readmitted. One 2010 study published in the *New England Journal of Medicine* found that early palliative care provided alongside cancer treatment resulted in patients living longer. The study examined introducing routine palliative care evaluations and ongoing support for patients newly diagnosed with lung cancer. The results were that patients felt better, were less depressed, were less likely to die in the hospital, and were less likely to be in the hospital in their last month of life. Patients who got palliative care at the same time as their cancer treatment lived nearly 3 months longer than similar patients getting only cancer care but not receiving palliative care[4]. Additional studies have shown that when palliative care teams work together with oncologists, patients are able to remain at home – they don't end up in the ER and hospital with pain and symptom crises. As a result, they go through fewer unnecessary tests and procedures.

HB 286 seeks to improve the quality and delivery of patient centered, family focused care in Ohio by establishing a State Advisory Council on Palliative Care and Quality of Life and a Palliative Care Consumer and Professional Information and Education Program in Ohio. The ultimate goal is to establish a system for identifying patients who could benefit from palliative care and to provide information about appropriate palliative care services. Currently many healthcare consumers do not know about how palliative care could benefit them. We seek to increase the demand for a system of care that has proven quality of life outcomes.

In Ohio many hospitals already have excellent palliative care programs, in fact 96 percent of our hospitals with greater than 300 beds have a palliative care program according to the Center to Advance Palliative Care. However, only 67 percent of our hospitals that are the sole community provider and 29 percent of our hospitals with fewer than 50 beds have palliative care program. Treatment location impacts whether Ohioans are receiving palliative care. We seek to build capacity in supply of palliative care services, to meet the increased demand referenced in my last comment.

ACS CAN has been a leader in driving several bills in Congress to achieve these similar objectives. The Palliative Care and Hospice Education and Training Act (H.R.1676 / S.693) would:

1. Build the pipeline of palliative care providers vial medical school education centers, nurse training programs and other workforce development programs,
2. Build palliative care education and awareness among the general public, prospective patients and caregivers, and
3. Enhance and expand the research to improve the delivery of palliative care services.

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[2] Morrison RS, et al. Cost savings associated with U.S. hospital palliative care consultation programs. *Archives of Internal Medicine.* 2008; 168(16):1783-1790.

[3] McCarthy IM, Robinson C, Huq S, Philastre M, Fine RL, Cost savings from palliative care teams and guidance for a financially viable palliative care program, Health Serv Rev. 2015 Feb;50(1):217-36, Epub 2014 Jul 15.

[4] Temel JS, Greer JA, Muzikansky A, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. New England Journal of Medicine 2010;363;741-9.

Ohio HB286 will complement the federal initiative, and tailor the development of palliative care services in Ohio to the unique needs of Ohio's diverse health care system.

I have been engaging my Congressman, Representative Gibbs, and our two US Senators, for the past four years on the palliative care issue. As a matter of fact, Representative Gibbs spoke at one of our policy roundtable events at Akron Mercy Medical Center in 2015, after he had signed on as a co-sponsor of the legislation. He fully understands that building capacity for the palliative care system of treatment will deliver better health care for Ohioans, AND reduce health care costs. We have eight bipartisan co-sponsors from our Ohio delegation – Reps. Ryan, Beatty, & Kaptur, and…Reps. Joyce, Gibbs, Turner, Stivers and Chabot. While we're excited for the progress on this issue in Congress, we can't afford to wait. The sooner we take action on HB286, the sooner we'll have a positive impact on cancer patients and their loved ones.

The need to address the many symptoms caused by cancer and other illnesses has never been greater. With an aging population and at a time when more people than ever are living longer with serious illnesses, the need for palliative care continues to grow beyond the capacity of current palliative care programs. Let's make sure patients and families across Ohio have access to high quality, coordinated palliative care and in order to enhance the quality of their lives.

Thank you, Chairman Arndt, for the opportunity to testify on this important policy. We urge the committee's support of this legislation.