

House Bill 286 – Proponent Testimony Ohio House Aging & Long Term Care Committee Dr. Laura Shoemaker Internal Medicine, Hospice & Palliative Care, Cleveland Clinic

Chair Arndt, Vice Chair Pelanda, Ranking Member Howse, and members of the House Aging & Long Term Care Committee, thank you for allowing me to be here today to provide proponent testimony for House Bill 286. My name is Dr. Laura Shoemaker, and I am a physician specializing in internal medicine, hospice and palliative care at Cleveland Clinic.

Palliative care is specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

At a time when so many in our society are experiencing the impact of chronic illness and aging, palliative care is especially important. Palliative care aims to relieve suffering for both the patient and the caregiver. Anyone who has cared for a loved one with serious illness understands that the impact of the illness extends to all those who care for the patient. In additional to physical suffering, serious illness impacts the patient and caregiver's emotional well-being and financial security.

When considering the impact of palliative care, I am reminded of two recent clinical situations that demonstrate the range of palliative care benefits. One patient is a 58 year old woman who is living with a recurrent, metastatic sarcoma. Over the years, she has undergone multiple surgeries, radiation and chemotherapy in an attempt to slow the progression of her disease and prolong her life. She was referred to me to assist in the management of her symptoms, which include pain, insomnia, and anxiety.

Together, she and I have created a care plan that includes medication and psychosocial support to improve her quality of life as she continues to live with this incurable illness, likely for years to come. Another patient is a 65 year old woman with a fairly new diagnosis of incurable pancreatic cancer. She is currently receiving chemotherapy in an attempt to both extend her life and improve the quality of her life by controlling the cancer's progression. In addition to managing the symptoms related to this illness, we have also had a number of conversations with her and her family about advance care planning.

We have addressed her hopes, goals, and fears about her future. She is especially concerned about becoming a burden to her young daughters and has been proactive in planning for nursing and hospice help, which she will need at some point in the future. The palliative care team has facilitated these conversations, offered emotional support, and helped link the patient to community-based resources.

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House Bill 286 will help increase access to palliative care for Ohioans. The bill, with its multifaceted approach, seeks to increase awareness about and referrals to palliative care specialists through education directed at the public and health care providers. The provision for recognition of palliative care patients in residential care facilities will enable the identification of some of Ohio's most critical and frail patients. Creation of an interdisciplinary group of palliative care specialists will ensure that Ohio's efforts are both high quality and widely applicable for residents in all areas of the state.

Finally, increased engagement with palliative care is not just a "win" for patients and families, it is a vital resource for other healthcare providers to help with some of their most complex and challenging patients. Collaboration between palliative care professionals and the patient's primary care or specialty physicians, will improve overall care and decrease the growing burdens placed on health care professionals.

Again, thank you again for the opportunity to testify.