House Bill 286
Ohio House Aging and Long Term Care Committee
Tuesday, October 3, 2017

Chairman Arndt, Vice Chair Pelanda, Ranking Member Howse and members of the Aging and Long Term Care committee, thank you for the opportunity to testify today on House Bill 286 which would establish the Palliative Care and Quality of Life Interdisciplinary Council, as well as the Palliative Care Consumer and Professional Information and Education Program under the direction of the Ohio Department of Health. My name is Anne Shelley and I am the Director of Regulatory Affairs for Home Health and Hospice for LeadingAge Ohio, an organization which represents pre- and post-acute providers of long term services and supports. Our 400-plus members include life plan communities (CCRCs), affordable housing, nursing facilities, assisted living and adult day centers, home health providers and hospices, and a number of them offer palliative care as a service to their communities. LeadingAge Ohio members serve approximately 400,000 Ohioans annually.

LeadingAge Ohio is supportive of this legislation, and we believe it is a balanced first step that goes beyond building awareness to create a framework by which to increase access to palliative care in the state of Ohio.

Palliative care is a relatively new specialty in medicine, only having been recognized by the American Board of Hospice and Palliative Medicine since 1996. In 2006, the American Board of Medical Specialties, the organization that formally recognizes specialties and subspecialties in allopathic medicine, approved the creation of Hospice and Palliative Medicine as an official medical subspecialty. While many hospices have been providing palliative care to their communities, it is only recent years in which the full potential of this approach to care is being recognized by the wider healthcare community. As healthcare shifts away from volume and towards value and quality, it has turned its attention to those critically ill individuals for whom a palliative approach will enhance communication and care coordination between providers and caregivers, address troubling symptoms and maximize quality of life, regardless of diagnosis.

Currently, “palliative care” is regulated only insomuch as it fits into another federal or state program benefit. For example, many hospices offer palliative care, but bill for it under Medicare Part B physician services. Many nursing facilities and home health agencies offer “palliative care” as part of their benefits, and in Ohio, we even have physician practices which are entering this market. Despite attempts within the industry to create standards and a definition for a palliative approach to care, state governments have only recently seen this as an area requiring attention.

One of the greatest strengths of this legislation is that it offers clear expectations as well as flexibility in how the Palliative Care and Quality of Life Interdisciplinary Council would be formed. It is clear in the

requirements that different disciplines and stakeholders be represented on the council, as well as stakeholders which represent underserved areas and populations. It also requires specialists who provide palliative care across the lifespan, ensuring that pediatric palliative care providers will be represented.

HB286 is flexible in that it does not proscribe a specific course of action for the Council, but rather leaves that to the discretion of the experts who will be appointed. It does, however, require an annual report, that will offer a tangible outcome for this group's work, as well as a roadmap for the future of the Palliative Care Consumer and Professional Information and Education Program.

Finally, LeadingAge Ohio is supportive of this legislation including language that would allow those hospice providers which independently operate freestanding inpatient units—often known as "hospice houses"—to use those resources to also serve palliative care patients in their communities. As a former Executive Director of a hospice that operated an inpatient unit, we at times, had palliative care patients who could have benefited from the holistic care my team provided in this unit. Unfortunately, due to current state regulations, it was not possible to treat palliative care patients in hospice inpatient units. This legislation removes an unnecessary barrier to accessing this intensive level of care, and allows hospices to deploy their resources to best meet the needs of their community.

I appreciate the opportunity to be here today, and particularly applaud the initiative of this bill's sponsor, Representative LaTourette, for both recognizing the needs of seriously ill Ohioans and using her position to take this first step towards better addressing them. I am happy to answer any questions you may have.

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