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Chairman Burke, Vice-Chair Beagle, Ranking Member Tavares and members of the Senate Health, Human Services and Medicaid Committee, thank you for the opportunity to offer sponsor testimony on House Bill 286, which would create the Palliative Care and Quality of Life Interdisciplinary Council and establish the Palliative Care Consumer and Professional Information and Education Program.

Before I discuss this legislation in detail, I want to talk about the importance of palliative care. The goal of palliative care is simple - it's to improve the quality of life for the patient and the family by reducing the symptoms, pain and stress associated with serious illness. Palliative care is about giving patients more control. It's about including their family members and caregivers in the decisions they make about their treatment. It's about coordinating their doctors and medicines and making sure patients know what to do when they are discharged from the hospital. It's about making sure that their pain is properly managed, that psychosocial concerns are identified and treated, and that all other related symptoms are addressed. It's about all of the things that we should be doing to help patients get well and live better lives. Palliative care treats the person, not just the disease. And perhaps most importantly, palliative care is not just hospice care.

Palliative care is appropriate at any age and at any stage of a serious illness, but when palliative care is mentioned many people do instantly think of "hospice care" and the conversation stops. Because of this, palliative care is drastically and disappointingly underutilized in our state.

The creation of the Palliative Care Council will help to further integrate palliative care into mainstream medicine for all patients and families facing a serious illness. The increased use of this care will improve the quality of life for patients and families, and by closely matching treatments with a patient's goals; palliative care will provide substantial cost reduction throughout our medical system.

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The Council itself would be comprised of members appointed by the Director of Health, who work in fields that directly affect palliative care recipients. The Council will serve as an advisory body to the Director of Health on all matters relating to palliative care initiatives across the state. As palliative care is increasingly accessed by medical facilities across Ohio, it is imperative that consistent care be made available to all seriously ill patients and their families, despite the care setting. This council will lay the groundwork to guarantee that happens.

In addition to the Council, House Bill 286 establishes the Palliative Care Consumer and Professional Information and Education Program. This program would ensure that comprehensive and accurate information and education on palliative care is made available to the public, as well as to health care providers and facilities.

The final provision of the bill would require health care facilities to establish a system to identify patients who might benefit from palliative care. I do think it's important to note that the version of this bill I introduced during the last General Assembly included the ability to fine health care facilities that do not comply with this directive. However, after many conversations, this seemed unfair to healthcare facilities that want to comply but may not have the resources to do so right away. The bill you see in front of you today no longer contains the ability to impose fines, but does still require the facilities to identify patients that can benefit from palliative care.

I also want to mention, for the committee's benefit, the extensive interested party process this legislation has received. This is an issue that is incredibly important to me, and I want to make sure we get it right. Although the core of this bill was brought to me by the American Cancer Society, I've been working with stakeholders – from palliative care providers, to healthcare systems, to advocates - since last General Assembly to ensure we end up with the best possible fit for Ohio. The bill passed out of committee and off the House floor unanimously and has no known opponents. There were two changes made to the bill since it left the House, and are reflected in the substitute bill you have before you today. The first adds an exercise physiologist to the list of palliative care experts that can be appointed to the Council. One of Senator Hackett's constituents identified the need for this addition, and I truly believe the Council will only benefit from more experts around the table. The other change in the substitute bill is the addition of clarified language surrounding non-hospice patients being able to receive palliative care from a hospice care program.

On a personal note, I spent two years seeing first-hand the dramatic impact access to palliative care had on my dad, and my entire family. For my dad, it was about scheduling his treatments around taking that one last family vacation, or being able to make the trip to Columbus to see me sworn in. While some may believe these things are trivial, I am certain that it not only improved his quality of life, but extended his life long enough that he was able to still be here for the birth of my son, his first grandchild. I want all Ohioans to be aware of, and have access to this type of care. Going through or watching a family member take on a serious illness, whether it's terminal or not, can be heart wrenching and devastating. However, when we are faced with these inevitable challenges, access to meaningful care can make a world of difference. That's what I'm hoping to accomplish with this legislation.

Again, thank you Chairman Burke and members of the committee for taking the time to listen to sponsor testimony on House Bill 286. I am happy to answer any questions that the committee may have.