Testimony on HB 286
Senate Health, Human Services and Medicaid Committee
Tuesday, January 30, 2018

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and members of the 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 almost 500 members include life plan communities, nursing facilities, assisted living and adult day centers, home health providers and hospices, and a number of them offer palliative care to the communities they serve.

LeadingAge Ohio strongly supports HB 286, and we believe it is a balanced first step which goes beyond building awareness to create a framework by which to increase access to palliative care in the state of Ohio.

While palliative care is only recently being recognized as a medical specialty by the wider healthcare community, many hospices have been offering palliative care to their communities for decades, realizing that this unique approach to care benefits individuals with serious illness well before their eligibility for hospice care. The benefits of palliative care are twofold: first, palliative care focuses on careful communication with patients, taking a person-centered approach to setting goals, clarifying treatment options, and enhancing coordination between specialists and other healthcare providers. Second, it focuses on addresses troubling symptoms and alleviating suffering, allowing individuals to maximize their quality of life, regardless of diagnosis. Offering palliative care to seriously ill individuals dramatically increases the likelihood they will receive care that aligns with their stated goals.

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.

We are hopeful that the multi-stakeholder Palliative Care and Quality of Life Interdisciplinary Council and the Palliative Care Consumer and Professional Information and Education Program would offer a roadmap for increasing access to this important care model.

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Finally, LeadingAge Ohio is grateful that this legislation includes language which 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. Currently, palliative care is provided in a variety of settings. Palliative care may be provided in nursing facility and hospital inpatient settings with no additional licenses or requirements, and as a component of home health benefits, as well, with no special credentialing. Hospices often operate palliative care programs to ensure those seriously ill patients in their communities can benefit from their deep expertise, regardless of where they are in the course of their illness. Unfortunately, hospices—the leading experts in palliative care-- have heretofore been prohibited from using their own inpatient units to serve this patient population. We are still working to ensure the Sub Bill achieves this objective.

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, we were prohibited from treating palliative care patients in our hospice inpatient unit. When their symptoms were not able to be managed at home, our palliative care patients had to seek treatment from the hospital, at a great cost. This legislation removes an unnecessary barrier to accessing this intensive care setting, and allows hospices to deploy their resources to best meet the needs of their community.

I appreciate the opportunity to offer you our thoughts on HB 286, and am particularly grateful to this bill's sponsor, Representative LaTourette, for both recognizing the unmet needs of seriously ill Ohioans and leading this initiative to better address them. I am happy to answer any questions you may have.

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