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TO: Members of the House Health and Human Services Committee

RE: Testimony in Support of HB 2031

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Good afternoon, my name is Deanna Speer with Via Christi Health in Wichita, Kansas. Via Christi is the largest healthcare system in our state and serves Kansas through our 10 owned or co-owned hospitals, physician clinics, and outpatient ancillary and retail (home based services).

I am providing testimony in support of House Bill 2031 – *Establishing the Advisory Council on Palliative Care and Quality of Life and Palliative Care Education Program*. **As a nurse with certification in hospice and palliative care, along with working in this field for over 30 years, I've witnessed its benefit to thousands of patients and families in Kansas. What I've also witnessed is the growing need for palliative care to address the needs of those facing serious or advanced chronic illness.**

While advancements in medical technology over the last several decades have allowed people to live longer with illnesses once thought to be life-ending, that extra time is not always characterized by the quality of life people generally desire. They often deal with pain or other debilitating side effects as well as the emotional and financial toll of medical treatment. Families struggle to maintain normalcy in their routines as well as dealing with an uncertain future encumbered by a reliance on the successes of the next medical intervention.

Palliative care is specialized medical care for people who are facing these scenarios. It is focused on improving the quality of life for both the patient and the family. **A team of physicians, nurses, and other specialists work together with the patient's other medical providers to address distressing physical symptoms, emotional and spiritual needs, along with assistance in navigating an often complex health care system.**

Patient-centered care must begin with a focus on the goals, values, and preferences of the person receiving care. Palliative care helps to address that by providing expertise in having those conversations in the midst of difficult health situations. While hospice has proven its



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value to our health care system in regard to these concerns, it has too often been relegated by the restrictions of Medicare and other insurers to the last few weeks or days of life due to its exclusion of people who still desire curative or aggressive medical treatment. **Palliative care can and should be provided at any stage of an illness such as cancer, cardiac disease, COPD, kidney failure, or Alzheimer's.** Studies show that people who receive palliative care along with their other medical treatment often do better, have improved quality of life, tend to use less expensive medical treatment in their last weeks of life, and sometimes even live longer.

While my current role is focused on providing palliative care to patients and families who are facing a crisis that requires hospitalization, an even larger arena of need is in the outpatient setting, be it at home, in clinics, or in long-term care facilities. **We need innovative ways to promote access to palliative care for the many who are dealing with the day to day stresses of a serious illness or health condition.**

This bill lays essential groundwork to bring this issue to light by the creation of a State Advisory Council on Palliative Care and Quality of Life as well as a program for consumer and professional education in palliative care. At the federal level, this work will be bolstered by the Palliative Care and Hospice Education and Training Act, which will provide for the training of health professionals in palliative care, expanding research, and educating the public about palliative care. Our goal is that many Kansans will have the opportunity to benefit from this invaluable service.

Thank you for your consideration of this important legislation.