

February 3, 2017

Chairman Hawkins and House Health and Human Services Committee members,

My name is Judy Davis-Cole. I am a retired nurse with 42 years of professional nursing experience. During fourteen of those years, I worked in home care.

I am representing myself, as well as AARP of Kansas when I state my support of the need to establish the palliative care and quality of life interdisciplinary advisory council as described in House Bill 2031.

I've had a great deal of experience in providing palliative care to many patients over the years; and can attest to the fact that palliative care does improve the quality of life for those patients. Although passage of this bill would benefit all patient groups, I am particularly concerned with the 50-plus age group. The 50-plus age group is a consumer group very often in need of palliative care therapies.

There often is misconception about palliative care by the public as well as some health care professionals. Many feel that palliative care is care that is only administered toward the end of life. This misconception may prevent patients and their families from requesting palliative treatment therapies. There may also be a hesitation on the part of health care providers in ordering and delivering palliative therapies due to a basic misconception of therapy goals. Also, there may be hesitation of some payers to cover palliative therapies because of confusion in desired outcomes.

Among other therapies, palliative therapies may consist of:

- Pain relief, both temporarily and chronically
- Oxygen therapy, both temporarily and chronically
- Providing hydration and nutritional support temporarily and chronically
- Physical therapy temporarily and on a continuing basis
- Patient and family counseling
- Spiritual care

Because of the positive impact that palliative care can have on patients and families, and the misconceptions around palliative care, there is a need to establish the advisory board as outlined in House Bill 2031.

This board can provide education to both the public and health care professions. It may also improve current palliative care therapies as well as develop new strategies of palliative care. I ask that you please support, work and pass House Bill 2031.

Thank you,  
Judy Davis-Cole, R.N., M.N. (retired)  
AARP Volunteer