



Testimony in support of HB 2031
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American Cancer Society Cancer Action Network

January 31, 2018

Chairwoman Schmidt and members of the Committee:

The American Cancer Society Action Network (ACS CAN) appreciates the opportunity to offer our support for House Bill 2031. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

Quality of life is a problem for the thousands of Kansas families currently facing serious illnesses, like cancer. Palliative care is about treating the patient as well as the disease. It's a big shift in focus for health care delivery—and it works. Palliative care is focused on providing the best possible quality of life for a patient and their family by offering relief from pain, stress and other symptoms of serious chronic illness, and is appropriate during treatment, survivorship and beyond.

We've seen a broad coalition of support including health care providers, facilities, individuals and patient groups representing a broad range of diseases and interest groups including:

AARP	Kansas Hospital Association
Alzheimer's Association	Kansas Hospice and Palliative Care Organization
Am. Cancer Society Cancer Action Network	Kansas LIFE Foundation
American Heart Association	Lawrence Memorial Hospital
Center for Practical Bioethics	Midwest Cancer Alliance
Family Policy Alliance	Midland Care Connection
Fight Colorectal Cancer	National Alliance on Mental Illness – NAMI KS
Kansas Academy of Family Practice	National MS Society
Kansas Advocates for Better Care	Stormont Vail
Kansas Area Agencies on Aging Association	University of Kansas Cancer Center
Kansas Chapter of the National Association of Social Workers	Via Christi Health, Inc.

The testimony from these diverse groups repeats a few key issues:

- Many Kansas families facing serious illnesses suffer from stress and poor quality of life.
- Palliative care can help.
- But many people don't know what palliative care is or when it should be provided.
- There are disparities in access to palliative care in different parts of the state. And where palliative care is available, there may not be sufficient capacity to meet the needs of patients.

HB 2031 will address these challenges. The state advisory council on palliative care will bring together experts in palliative care to identify challenges to palliative care delivery and innovative solutions to address the needs of families across the state. The palliative care consumer and professional information program will help to maximize the effectiveness of palliative care in the state by ensuring that comprehensive and accurate information is available through their website and through other channels for medical professionals, patients, families, caregivers and the public.



To date, twenty states including Missouri, Oklahoma, Nebraska, Texas and Arkansas have passed similar legislation and are moving forward with identified opportunities to improve quality of life and palliative care.ⁱ Complementary federal legislation, the Palliative Care and Hospice Education Act (PCHETA) has bipartisan support with 251 cosponsors in the House - including Rep. Jenkins and Rep. Yoder - and 29 cosponsors in the Senate, including Senator Moran.ⁱⁱ ⁱⁱⁱ Once passed, PCHETA will authorize palliative care grants to states, and states with coordinated palliative care efforts in place – such as the advisory council established by this legislation - will be well positioned to receive funding.

In order to ensure effective implementation of these efforts, I respectfully request that you consider amending the version passed by the house to allow for the staff person and budget request by KDHE. Palliative care not only improves patient satisfaction and quality of life, but improves health care value by reducing costs and improving health outcomes. This program is a small, but smart investment for the state. When palliative care is used to proactively address many of the side effects of serious illness, patients are more satisfied and overall patient care costs actually go down. **This applies to the state Medicaid program as well as individuals with other coverage.** A study of Medicaid patients in New York state hospitals found an average savings of \$6,900 per patient when palliative care was provided. The study concluded that if the assumed 2-6 percent of Medicaid patients in need of palliative care received it, the New York Medicaid program could save between \$84 million and \$252 million per year.^{iv} ^v

Make today better for Kansans facing serious illnesses and support HB 2031.

ⁱ *How Do You Measure Up?* <https://www.acscan.org/how-do-you-measure-up>

ⁱⁱ <https://www.congress.gov/bill/115th-congress/house-bill/1676/cosponsors?overview=closed>

ⁱⁱⁱ <https://www.congress.gov/bill/115th-congress/senate-bill/693/cosponsors?overview=closed>

^{iv} McCarthy I.M., Robinson C., Huq S., Philastre M., Fine R.L. (2015, February). Cost savings from palliative care teams and guidance for a financially viable palliative care program. *Health Services Research*. 2015 Feb; 50(1):217-36, Epub 2014 Jul 15.

^v Morrison R.S., Dietrich J., Ladwig S., Quill T., Sacco J., Tangeman J., Meier D.E. (2011, March). Palliative care consultation teams cut hospital costs for Medicaid beneficiaries. *Health Affairs (Millwood)*. 2011 Mar; 30(3):454-63