

March 25, 2021

Dear Members of the Health and Human Services Committee of the Maine State Legislature,

I submit this testimony in support of LD 1064, HP 793, An Act to Advance Palliative Care Utilization in the State because palliative care changed my life.

Stretched to the breaking point by the complex medical challenges presented by my husband's late-stage Parkinson's, my husband and I asked for a referral to the palliative care physician at our hospital, Dr. Lauren Michalakes at Pen Bay Medical Center.

Through skillful, honest and caring communication, Dr. Michalakes and her nurse helped us understand and accept how Ken's illness would likely progress, consider how he wished to live his life as he coped with its challenges, and choose care and treatment that matched his priorities.

Having 24-hour access to medical guidance during the crises that arose in the last year of his life meant that we were not alone during the most fraught period of our lives. With their help and support, Ken lived the last year of his life as best he could, feeling in control of his care, and died peacefully, surrounded by family, at the Sussman Hospice House in Rockport.

Palliative care, combined with hospice, enabled Ken to have a good death, and also meant that our family's grief is simply sadness at his loss. For too many families, the final precious months of a loved one's life are filled with the crises and trauma of emergency room visits, needless invasive and expensive tests, hospitalizations, and poor communication between patients, family members and healthcare professionals. Bereaved families suffer from PTSD, wondering if they made the right choices, or full of regret that they did not understand the patient's condition in time to enjoy the time they had left together.

The simple fact is that primary care physicians and specialists do not have the time or training to address the cascade of physical, emotional, social and financial needs of those coping with serious illness. Their time is spent identifying, diagnosing and treating symptoms of disease.

Palliative care professionals provide patients with an extra layer of support when they are coping with the terrifying and overwhelming consequences of serious illness. Their expertise encompasses the management

of complex serious and chronic illnesses, pain management, and skillful communication about diagnosis and prognosis and advance care planning.

In addition to alleviating suffering and bereavement, palliative care reduces healthcare spending. Nearly one-quarter of all healthcare spending is expended in the last year of a patient's life.<sup>1</sup> This is not to say that this money shouldn't be spent, only that it should be spent wisely, consistent with the patient's preferences for end-of-life care.

Evidence shows that palliative care significantly reduces healthcare spending on tests and hospitalizations patients do not need or want<sup>2</sup> and increases one's chance of dying at home<sup>3</sup>. It has even been shown that patients receiving palliative care live longer than those who do not.<sup>4</sup>

You have the power to decrease suffering while reducing healthcare spending. Providing education about palliative care will result in more patients and families being aware of and availing themselves of this important resource, and more healthcare institutions will provide this valuable service as demand increases. Reimbursing palliative care provided to MaineCare recipients will benefit those patients and their families, and will almost certainly result in decreased healthcare spending by Maine taxpayers.<sup>5</sup>

Rarely have you had such a win-win proposition before you as you do now.

Respectfully submitted,

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<sup>1</sup> AARP, July 5, 2018, Allen, K. Taking a Second Look at End-of-Life Medicare Health Costs.

<sup>2</sup> May P, Normand C, Cassel JB, Del Fabbro E, Fine RL, Menz Ret al. Economics of palliative care for hospitalized adults with serious illness, a meta-analysis. JAMA Intern Med. 2018;178(6):820–9, hospital costs reduced by \$3,237 where patients referred for palliative care shortly after admission. *See also* AARP, May 31, 2017, Hayes, K. , Home-Based Palliative Care Gaining Popularity; Senot C, Chandrasekaran A. What has the biggest impact on hospital readmission rates. Harvard Business Review. 2015 Sep 23. <https://hbr.org/2015/09/what-has-the-biggest-impact-on-hospital-readmission-rates>.

<sup>3</sup> American Journal of Hospital Palliative Care, January 17, 2019 (inpatient goals of care conversations reduce intensive care transfers in high risk patients and increase the likelihood of dying at home, as opposed to in the hospital).

<sup>4</sup> Benson and Aldrich, Critical Issue Brief, Centers for Disease Control and Prevention. 2012. [www.cdc.gov/aging](http://www.cdc.gov/aging).

<sup>5</sup> The Maine CDC estimates that \$52 million annually could be saved by focusing on avoidable hospitalizations for chronic diseases. Maine Cardiovascular Health and Diabetes Strategic Plan 2010 – 2020, p. 7.

