Dear Committee members,

I am writing in support LD 1064 "**An Act to Advance Palliative Care Utilization in the State**". As a board-certified palliative care and hospice physician practicing in rural Maine, I have seen the benefit interdisciplinary palliative care offers people living with serious illness. When I first meet a new patient, I usually ask them what they know about palliative care and what they are expecting to talk about. Almost everyone says they don't know what palliative care is, and that they have no idea what we will talk about, but someone told them we could make them feel better. I thank them for trusting us, and then go on to explain that we are a team of health care professionals who recognize that living with serious illness impacts every aspect of your life: physical, financial, psychosocial, emotional, and spiritual. Then I have the patient describe what is most important to them and they often share their greatest worries about their illness.

After this initial contact the interdisciplinary team designs a care plan to address patient-directed goals. We have difficult conversations about prognosis and goals of care, help people document their wishes and then advocate to ensure these wishes are followed. We help people stay in their homes, treat physical symptoms such as pain and nausea, address existential questions related to living with serious illness, and more. My team has helped people get solar power to run their oxygen concentrator.

Although I was born, raised, and attended medical school in Maine, early in my career I practiced in California, a state that has adopted legislation similar to LD1064. This legislation has promoted growth of important programs that serve rural communities with comprehensive palliative care, reimbursed on a per-member-per-month basis. Programs such as Resolution Care utilize an interdisciplinary team, live visits and telehealth in order to deliver cost savings and higher quality care. A pilot project of Partnership HealthPlan of California offered an intensive outpatient palliative care program that showed approximately $3 in hospital cost savings for every $1 spent on outpatient palliative care services. Palliative care is a place in healthcare where higher quality often costs less.

In September of 2019, the Maine Death with Dignity Act became law. This act allows Mainers, approaching end of life, to elect to end their suffering by taking medications prescribed to end their life. I feel it is imperative that someone making this choice have access to high quality, comprehensive, palliative care to ensure that their suffering has been addressed by an interdisciplinary team of experts. They should not feel forced into this decision by factors that could be resolved. I urge you to support this important bill so that Mainers can have more equitable access to community based palliative care, and to encourage education for the community and healthcare providers about the benefits of palliative care.

Thank you,

Vanessa C. Little, D.O.
Bar Harbor

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