

Thomas M. Steele, MD, FACP Medical Director-Samaritan Supportive Services

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## Letter in support of SB 177

Dear Senator Gelser and members of the Senate Human Services Committee:

I am writing to support SB177 and encourage you all to do so. My name is Tom Steele and I am the physician medical director for Samaritan Supportive Services, our brand of palliative care. Over my 20-year career as a board-certified internist in Oregon I have practiced in solo private practice, urgent care, emergency room care, hospitalist medicine, teaching residents and medical students, and finally found my home in palliative care in 2016. Through those experiences I have seen the great need for specialty palliative care for my fellow Oregonians with serious illness. A significant portion of my current role involves program development and collaboration to create a three-county system-wide palliative care program for Linn, Benton, and Lincoln Counties for Samaritan Health Services. I want to thank you for sponsoring SB 177 and thank the committee for bringing this bill forward.

Why palliative care and why should licensed hospices be allowed to provide it? Palliative Care is the specialty of medicine focused on those with serious illness and is provided by a multidisciplinary team. Its goal is to optimize a patient's quality of life by anticipating, preventing, and treating the symptoms and suffering caused by serious illness. It is patient/caregiver focused, provided by a team of physicians, advanced practice professionals, nurses, social workers, chaplains and others to facilitate patient: autonomy, education, and choices with their healthcare. Palliative Care asks only if you suffer, not how long you have to live. It is provided along with "curative" or terminal treatment. It can be delivered in any setting with growing demand in the community/home setting. Palliative Care has been shown to meet the quadruple aims of health care quality: improve patient satisfaction/experience with healthcare, improve the quality of the care delivered, reduce total health care costs, and reduce provider/clinician burnout.

Hospice in the US was initially a Medicare benefit for those in their last 6 months of life. It is a subset of Palliative Care with extensive in-home experience. Hospices are uniquely positioned and equipped to support community members with serious illness who may not yet be eligible for hospice services. They practice holistic, in-home, patient center care with a skilled team to support patients and those who care for them. However, current Oregon law does not allow free standing hospice programs licensed by the State to provide Palliative Care outside of the hospice eligibility requirements.

SB 177 corrects this oversite. It would allow hospice programs licensed by the Oregon health Authority to: provided information, deliver services, or refer patients they identify as appropriate for palliative care. This would fill a critical gap in care between standard home health needs and hospice needs.

I encourage you to support all Oregonians living with serious illness by allowing these highly trained hospice teams to provid this urgently needed care by supporting SB 177.

Sincerely,

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- Palliative Care fills a gap in care between home health and hospice.
- Current hospice licensure rules under OAR Division 35 do not allow hospices not affiliated with a Home Health or In-Home Services agency to offer palliative care services under their state licensure.
- Palliative care asks only if you suffer, not how long you have to live.
- Growing demand for community/home setting Palliative Care.
- Hospices practice holistic, in-home model of service delivery,
- Hospices are uniquely positioned and equipped to support community members with serious illness who may not yet be eligible for hospice services.
- Palliative Care has been shown to meet the quadruple aims of health care quality:
  - o improve patient satisfaction/experience with healthcare,
  - o improve the quality of the care delivered,
  - $\ensuremath{\mathsf{o}}$  reduce total health care costs, and
  - o reduce provider/clinician burnout.