



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

I am the Chief Executive Officer of Willamette Valley Hospice, located in Salem, Oregon. I am also the Chair of the Public Policy Committee for the Oregon Hospice & Palliative Care Association (OHPCA).

Willamette Valley Hospice and OHPCA support the concept of Senate Bill 179 but have some amendment recommendations.

The Center for Advancement of Palliative Care defines palliative care as patient-centered medical care focused on providing symptom relief with the goal of improving quality of life for both the patient living with serious illness and their caregiver. Palliative care can be provided in the patient's residence of choice with services provided by an interdisciplinary team of professionals working together to coordinate care to support patients and their caregivers.

Many rural Oregon communities are challenged with inadequate access to health care and palliative care provided in the home can substantially improve delivery of health care services and improve the quality of life for patients suffering from chronic illness.

Amendment Suggestions:

Learning lessons from other states that are now providing palliative care through their Medicaid programs, we recommend that this not be a pilot program. There is substantial evidence of palliative care improving quality of life to patients and their caregivers while saving health care insurers and providers substantial costs as emergency room visits and hospital admissions decrease due to the care provided at home and the ongoing patient education and goals of care discussions.

We recommend changing the assigned State of Oregon department from Department of Human Services to Oregon Health Authority as Oregon Health Authority currently oversees and administers the Coordinated Care Organizations responsible for the care of Oregon Medicaid patients.


We recommend basing the definition palliative care eligibility and services on national guidelines established by the Center for Advancement of Palliative Care. The guidelines are well accepted throughout the nation when providing palliative care services.

We recommend defining specific services and multidisciplinary team members and adding minimum qualifications for staff to ensure quality of care. Successful home based palliative care services throughout the nation include qualified nurses, social workers, and other disciplines depending on the patient and caregiver needs.

We recommend that reimbursement models be established individually with Coordinated Care Organizations familiar with their own market needs using fee-for-service payment per episode of care or through other mutually agreed upon payment structures.

Thank you Senator Gelser and members of the Committee for helping to bring this bill forward and having this hearing.

Sincerely,


Iria T. Nishimura, R.N., MSN
CEO/Executive Director