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Testimony for HB 2981

Marianne Parshley, MD FACP
Governor, Oregon Chapter American College of Physicians

I am writing on behalf of my patients and their families, *(as well as representing the Oregon Chapter American College of Physicians - an organization of more than 1900 internal medicine physicians and trainees)*, to urge your support of this bill which would bring palliative care to frail and seriously ill patients in our communities even if they do not require hospitalization or qualify for hospice. As you may know palliative care is a team-based specialty that helps reduce symptoms and stress of serious illness for both patients and their family caregivers. Palliative care teams serve patients at any age and any stage of serious illness providing patient-centered holistic care and may be given simultaneously with curative interventions.

As a general internist for 30 plus years in east Portland, caring for patients with complex chronic disease and serious illness and trained in primary and intermediate palliative care, I know that patients often prefer remaining in their homes while being treated for their serious illness. By being able to call on specialty palliative care teams in their homes or in long term or foster care facilities, primary care physicians and their teams can extend their support for these patients. We can help keep them comfortable and give them a better quality of life in their residences and provide patient goal centered care rather than sending again and again to the hospital for symptom control.

Over the years I have had many patients who would have been better served by home based palliative care. Currently I can think of at least 4 of my patients who would benefit from such care at home with conditions ranging from extensive cancer to dementia to end stage heart failure. Their spouses and families are also often my patients and having the support of community palliative care would ease their stress as well.

Beyond providing better care for these patients, palliative care has been shown to reduce utilization of more expensive routes of treatment including but not limited to emergency rooms and hospitalizations, which actually saves money for the payers. For example, Aetna showed an 81% decrease in acute hospitalizations, saving 12,000 dollars per participating member; Kaiser showed a savings of 8000 per member while increasing patient satisfaction by 13%.

HB 2981 echoes a similar bill passed in California in 2018. Since its passage, there has been much needed growth in community palliative care programs and services. In fact, a California statewide study showed a return on investment of 3:1 for community-based palliative care which is now delivered as a result of their bill.

In summary, to help our communities, patients and their families, I strongly encourage you to pass this bill, which will increase services to a very vulnerable population while reducing costs for the state.