

**From:** Erik Fromme [<mailto:frommee@ohsu.edu>]

**Sent:** Tuesday, June 02, 2015 10:51 AM

**To:** [Sen.RichardDevlin@state.or.us](mailto:Sen.RichardDevlin@state.or.us); [Rep.PeterBuckley@state.or.us](mailto:Rep.PeterBuckley@state.or.us); [Sen.AlanBates@state.or.us](mailto:Sen.AlanBates@state.or.us);  
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**Cc:** Troy Rayburn; Julie Hanna; Susan Hedlund

**Subject:** SB 608 relating to Palliative Care \* Action Requested

**Importance:** High

Dear Esteemed Senators and Representatives,

Please see the attached letter in support of SB608 and I'd be happy to talk to anyone who has questions about this important bill!

Erik

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June 8, 2015

The Joint Ways and Means Subcommittee on Human Services  
c/o The Honorable Nancy Nathanson, Co-Chair  
The Honorable Alan Bates, Co-Chair  
Oregon State Legislature  
Salem, Oregon 97301

**RE: SB 608 relating to palliative care**

Dear Co-Chairs and Members of the Committee:

Thank you for hearing SB 608 and inviting testimony from the American Cancer Society Cancer Action Network (ACS CAN). SB 608 was recently assigned to your committee by the co-chairs of the full Joint Ways and Means Committee and legislative leadership.

As part of our 2015 legislative agenda, ACS CAN is endorsing legislation that improves the quality and delivery of palliative care services in Oregon by convening an interdisciplinary council to work through a host of questions and issues regarding palliative care.

Our bill is supported by a *broad and diverse coalition* of hospitals, health care organizations, and community groups who include health related services in their mission. In summary, below is a short list of SB 608's wide-ranging coalition:

- 1 - AARP \*
- 2 - American Lung Association
- 3 - Cambia Health \*
- 4 - Cascade Aids Project \*
- 5 - Elders in Action Council
- 6- Familias en Acción \*
- 7 - Kaiser Permanente
- 8 - Leukemia Lymphoma Society \*
- 9 - National Association of Social Workers \*
- 10 - Oregon Association of Hospitals and Health Systems \*
- 11 - One in Four Chronic Health \*
- 12 - Oregon Health Science University (OHSU) \*
- 13 - Oregon Nurses Association
- 14 - Oregon Primary Care Association \*
- 15 - Providence Hospital (Portland, OR) \*
- 16 - St. Charles Hospital (Bend, OR) \*
- 17 - Susan G. Komen Foundation \*
- 18 - Numerous cancer survivors and/or family and care providers \*

On March 4, SB 608 received unanimous bipartisan support from the Senate Committee on Health Care. A comprehensive set of panels testified in support. The \* after the organization's name denotes those that testified in support on March 4, and/or submitted supportive testimony or who have advocated for SB 608 throughout the legislative session. There was no opposition testimony on March 4. ACS CAN has also worked to significantly minimize the original fiscal impact. This total fiscal impact is approximately \$53,000.

What is Palliative Care? Palliative care is specialized medical care that focuses on providing patients with relief from the symptoms, pain, and stress associated with serious illnesses. It provides a coordinated and team-based approach among medical professionals to help ensure the patients' needs are met throughout treatment and survivorship. It gives patients and their families a voice in realizing their treatment goals, and is appropriate at any age and any stage in a serious illness. It can be applied to both in-patient and out-patient services.

Why Palliative Care? People want palliative care. Recent public opinion research shows that once informed about palliative care, 92% of consumers say these services should be available for seriously ill patients and their families. Palliative care is also supported by an overwhelming majority of doctors. It is also important to note that quality care leads to cost reduction. Recent studies indicate that by closely matching treatments with a patient's goals, and improving their quality of life, palliative care can provide substantial cost reduction. It reduces long lengths of hospital stay, high costs per day, and high utilization of critical care and other hospital resources.

In addition, in any organization communication barriers develop as professionals go about their busy schedules. People become preoccupied with multiple responsibilities and forget to communicate and coordinate needed services in the most efficient manner. The interdisciplinary council will identify and work through these types of issues that prevent patients and their caregivers from receiving the best service possible. The council will further raise awareness, availability, and utilization of palliative care services.

SB 608 further specifies council membership, purpose and responsibilities, number of meetings (two a year), and meeting / administrative requirements.

ACS CAN passed the same legislation in five other states (CT, RI, MA, NH, and MD) with no or very little fiscal impact. The only expenses these five states incurred were printing costs for informational meeting materials, council members' travel, and catered meals for working lunch meetings.

Once again, thank you for hearing this good-little bill.

Best regards,



Troy Rayburn, Director

Oregon Government Relations

American Cancer Society Cancer Action Network (ACS CAN)