February 5, 2019

Testimony to the Oregon Senate Human Services Committee regarding support for SB 178

Dear Chair Gelser and members of the committee,

My name is Pam Hiransomboon-Vogel. I am a family nurse practitioner, board-certified in hospice and palliative care and family practice (FNP-BC, ACHPN). My current clinical practice is at Bristol Hospice of Oregon where I serve hospice patients in a variety of settings including private homes, nursing homes, assisted living facilities, memory care facilities, and inpatient hospice facilities. Our patients reside in Clackamas, Linn, Marion, Multnomah, Polk, Wasco, Washington, and Yamhill counties. I represent Nurse Practitioners of Oregon on the Oregon POLST Coalition. I serve on the leadership council as a palliative care expert on the Northwest Heart Failure Consortium. I also serve as a subject matter expert consultant (relating to geriatrics, palliative care, and long term care) to the Oregon State Board of Nursing.

I am writing in support of SB 178 as a palliative care/hospice clinician and as a patient advocate.

In my past and present clinical practice, I have encountered many clinical situations where the lack of hospice election language in ORS 127.635 prohibited terminally ill patients from receiving expert end-of-life care that hospice could provide.

One of the unintended consequences of the interventions related to the opioid crisis, is the hesitancy from clinicians to treat symptoms related to dying such as pain, anxiety, and shortness of breath with opioid and benzodiazepine due to the concern of violating the new opioid prescribing guideline. I once encountered a 70-year-old previously homeless patient who was deemed to be terminally ill due to end-stage liver disease. He was placed in a nursing home following hospitalization. He did not have any families, friends, or advance directive but he previously expressed the desire for comfort-focused care when he had the capacity to express his wishes. He did not have explicit access to hospice election due to the lack of hospice election language in ORS 127.635. Because he was not receiving hospice care, the nursing home health care provider did not feel comfortable treating his pain and shortness of breath related to terminal severe ascites with appropriate use of opioid. There was no expertise in end-of-life care from the hospice interdisciplinary team to lead the plan of care to manage burdensome symptoms related to dying. The patient died after days of suffering that could have been avoided if he was enrolled in a hospice program.

SB 178 will allow health care representatives to specifically elect hospice treatment on behalf of the incapacitated principal who is terminally ill and hospice eligible and ensure access to specialized palliative care for patients at the end of their lives.

Thank you for taking the time to consider my support for SB 178.

Sincerely,

Pam DNP, FNP-BC, ACHPN

Pam Hiransomboon-Vogel, DNP, FNP-BC, ACHPN