

Subject: Senate Bill 179 concerning palliative care

From: Central City Concern

To: Senator Gesler, Chair, Senator Dallas Heard Vice-Chair and members of the Senate Human Services Committee

Date: 2/6/2019

Central City Concern is a non-profit direct service organization that provides integrated primary and behavioral health care, affordable housing and stabilizing services to people impacted by homelessness, poverty and substance use disorder in the Portland Metro Area. In 2019 we will be celebrating our 40th anniversary.

The homeless population is aging in our communities; more people with advanced medical illness are on the streets. These individuals struggle to manage complex medical conditions, such as congestive heart failure and liver disease, and many have co-occurring behavioral health conditions. Interim housing, with wraparound social, behavioral health and medical services, is essential to restore not just functional status, but dignity and well-being. At the Blackburn Center, Central City Concern (CCC) will provide care that can screen for and address these physical and behavioral impairments alongside improved models of palliative and advanced illness care.

CCC's Housing is Health initiative is exploring how to best provide the right combination of supportive housing and end-of-life care for highly complex individuals who are not in care facilities or hospitals and end up dying on the street.

Our Projected Program Model:

Central City Concern plans to implement a new palliative care model with 10 housing units in the Blackburn Center, serving 20-30 people per year, which combines these program elements:

- Supportive Housing
 - Provide a stable environment in which to manage health and connect individuals to services that support relationships with healthcare providers
 - Provide housing plus services at a lower level of expense than other residential facilities, by leveraging tax credits and economies of scale
 - Create equity for people facing death, since people who have housing and caregiver resources are able to choose to die at home
- End-of Life Primary Care
 - Meet the needs of highly complex, tri-morbid individuals who have experienced or are experiencing homelessness
 - Provide intensive primary care in a team model, including social work, behavioral health support and clinical pharmacy
 - Significantly improve patient quality of life and lower symptom burden
 - Improve quality of care, reduce unnecessary utilization
 - Bend the cost curve, through net savings—due to avoidance of preventable crises

At this time, in order to adequately fund this program we will be seeking philanthropic donations. While we greatly appreciate the generosity of all donors, we do believe that something as critical as this type of care should also be supported by the state, in particular by our state Medicaid program.

Legislative Suggestions

In general we support the language of both Senate Bill 177 and 179. We have the following suggestions on how to improve Senate Bill 179:

- Have the Oregon Health Authority lead on the development and execution of a palliative care program
 - We do support an inter-agency approach between the Oregon Health Authority (OHA) and the Department of Human Services (DHS). OHA should be the driver behind this work because it is specifically a health care intervention. However, we also support DHS staying connected to this work as well. Often times, people dealing with these serious illnesses that cause health decomposition will have difficulty with other components of their living including access to food and paying rent. DHS has the expertise when it comes to managing access to other safety net programs that are needed to maintain minimum quality of life.
- Allow people who are eligible for Medicare to access palliative care
 - The current version of the bill states that people who are eligible for Medicare should not be eligible for a palliative care program. Many of the people who need palliative care the most are low-income seniors. Please do not remove these people from eligibility.
- Remove the sunset provision
 - While we understand that having a pilot program can create an opportunity to gather data and better understand the long-term value of a program, palliative care is a missing link in our system of care, not something that needs to be tested for viability.

We ask you to support Senate Bill 179 with these recommended changes. We greatly appreciate the leadership of Senator Gesler and the Senate Human Services Committee in forwarding this discussion. This is the right thing to do. Our communities have a moral responsibility to ensure that people who cannot help themselves don't die on the street.

Thank you,

Brianna Sustersic, MD
Senior Medical Director of Primary Care
Old Town Clinic - Central City Concern

Mercedes Elizalde
Public Policy Director
Central City Concern