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# Northwest Permanente Medical Group

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February 7, 2019

2701 NW Vaughn St  
Portland, OR 97210

Testimony re: SB 179

Dear Chair Gelser and members of the committee:

My name is Dr. Jennifer A. Black. I am a board-certified Hospice and Palliative Medicine physician with 18 years' experience in the field. I have served as a Hospice Medical Director for several hospice agencies, assisted several hospitals and medical groups in starting palliative care programs, and was part of Kaiser Permanente when we began our Home-Based Palliative Care program in 2002. I currently serve as Chief of the Department of Palliative Medicine for Kaiser Permanente.

As a Permanente physician, I am grateful to work for an organization which has long recognized the benefits of palliative care to its members. Hospice is a wonderful program, but the eligibility guidelines state that patients must have a six-month prognosis, and choose to stop life-prolonging therapies, to be eligible for the benefit. I have witnessed time and again the agony patients—particularly younger ones-- endure when making what seems to them to be a very final choice. The existence of a palliative care program such as Kaiser's allows patient to have the in-home support and symptom management hospice provides, while giving them time--- to continue treatments they're not yet ready to stop, and, to come to terms with a life-limiting prognosis. SB 179 creates a way for patients who are not ready to stop disease-focused treatment, or who are not yet eligible for hospice—to access similar benefits.

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At Kaiser Permanente, we have found that home-based palliative care programs reduce emergency room and hospital utilization by approximately 40%. While cost savings are important, the benefit to patients and families are far greater: Studies show that most of us want to be cared for at home as we near the end of our lives. We want our pain and symptoms managed, our loved ones near, and our wishes respected. Yet, a majority of us still die in hospitals, often in isolation, with poor pain control, receiving unwanted interventions. This happens because death—and hospice—remain taboo topics—and when we don't have the conversation, our care teams assume we want life-prolonging care. The addition of palliative care to the continuum helps normalize goals of care discussions by creating a “bridge” between hospice and usual care. Patients with palliative care access report greater overall satisfaction with their health care, and, because they've had the opportunity to discuss goals and wishes, tend to choose hospice earlier than those without a palliative care option.

As a physician, I've had the privilege of caring for many hospice patients, and many on Kaiser Permanente's home-based palliative care program. It's clear to me that patients need both programs. My palliative care patients needed time—time to try that last chemo regimen, to see that grandchild graduate, to get back on that motorcycle, take a family vacation---and time to talk to me and my team about what lay ahead, sharing hopes, fears and wishes. SB 179 would provide Oregon residents with an important new health care choice—an additional layer of support, when they need it most.

Thank you for listening.

Sincerely,

*Jennifer A Black, MD*

Dr. Jennifer A. Black, MD, HMDC

Chief of Palliative Medicine, Northwest Permanente Medical Group