

02.18.2021 CareOregon Testimony to House Health Care Committee

Chair Prusak and Members of the Committee:

Thank you for this opportunity to provide testimony on legislation that represents an excellent opportunity to advance the benefits of palliative care in Oregon. We write in support of HB 2981 and we hope to offer guidance and assistance to ensure the legislation is optimized to allow palliative care to be accessed by the Oregon Health Plan members who need it most.

CareOregon is a nonprofit that has served Oregon Health Plan members for over 25 years and is a founding member of Health Share of Oregon, one of the CCOs that contracts to manage Medicaid benefits in the Portland Metro area. CareOregon manages the behavioral health benefits for Health Share's 300,000 members, the physical health benefits for 200,000 of those members, and dental health benefits for 70,000 Health Share Members. Additionally, CareOregon manages OHP benefits for 45,000 members in Jackson County through ownership of Jackson Care Connect, and 30,000 members in Clatsop, Columbia and Tillamook counties through ownership of Columbia Pacific CCO. In 2017, CareOregon entered a strategic partnership with Housecall Providers. Since 1995, Housecall Providers has been the solution for community members whose medical needs could not be met in a traditional setting. For over 25 years, Housecall Providers has provided person-centered, home-based primary and palliative care in the Portland metropolitan area to better serve the needs of medically complex individuals and prevent unnecessary emergency and inpatient care. In 2009, Housecall Providers opened a community-based hospice which provides interdisciplinary end-of-life care to Medicaid, Medicare, and commercially insured patients.

Together, CareOregon and Housecall Providers represent one of the nation's longest running Medicaid-focused outpatient palliative care programs. Over the program's history, we've engaged in ongoing iterative design to meet the needs of the population, value-based payment, and clinical role development. We support HB 2981 because we have firsthand experience with the benefits palliative care brings to Medicaid beneficiaries and the health care system.

There are three primary reasons that CareOregon and Housecall Providers urge the passage of HB 2981: (1) palliative care enhances the quality of life and health outcomes of patients suffering from life-limiting serious illness, (2) industry analyses have consistently shown significant cost savings when patients receive palliative care services, and these cost savings range from \$10,000 - \$33,000 per patient per year, and (3) palliative care offers an important alternative to hospice services for patients who, for a variety of reasons, have not embraced











hospice care. Analyses have shown that Medicaid beneficiaries utilize hospice benefits at a significantly lower rate than other populations which results in more suffering and lower quality care as resources are increasingly focused on more affluent and visible patient groups. It has also been shown that patients who receive palliative care early in the course of their serious illness are more likely to accept hospice services when their illness becomes terminal than those patients who did not receive palliative care.

Research predicts conservatively that 61% of all deaths statewide will benefit from palliative care services. In 2018, there were 36,191 deaths in Oregon. Assuming a 61% benefit rate, this translates to 22,800 lives potentially affected by full access to palliative care services at the state level.

Additionally, the implementation of SB 1004 in California, which similarly requires statewide Medicaid access to palliative care, provides important lessons from which we can improve our Oregon-based efforts through further review and discussion. Based on our historical experience and the work in the California, we know that the unique needs of those that benefit from palliative care require any pilot project to be free of restrictive, "one size fits all" approaches. We urge deliberate, well informed discussions to figure out how best to make this work for Oregon.

We are excited about the potential of this legislation, and we look forward to participating in the conversation as these concepts move through the legislature and the agency. If we can be of any assistance to you as this conversation moves forward, please do not hesitate to reach out to us.

Sincerely,

Stefan Shearer, MPA:HA

Public Policy & Regulatory Affairs Specialist

CareOregon