

March 28, 2011

TO: Representative Ryan I. Yamane
Chair, Committee on Health

Representative Dee Morikawa
Vice Chair, Committee on Health

FROM: Representative Marilyn Lee

SUBJECT: Testimony in Support of HCR 25, HCR 68/HR 61, and HCR 55/HR 48

I am in support of HCR 25, HCR 68/HR 61, and HCR 55/HR 48. According to Dr. R. Sean Morrison, Hermann Merkin Professor of Palliative Care at the Mount Sinai School of Medicine, "Palliative care is specialized healthcare for anyone who is diagnosed with a serious and life-threatening illness, starting when they get the diagnosis, regardless of the prognosis."¹ Palliative care means patient and family centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs to facilitate patient autonomy, access to information, and choice.

These days, if you make it to 65, you will probably live beyond 82. The numbers of older citizens and people living with chronic diseases are increasing. Palliative care is often the most desirable and effective care for many of these people as well as a cost effective choice.

- . Palliative care improves the quality of life.
- . Growing bodies of research support the use of palliative care.
- . Palliative care is recognized as a medical sub-specialty by internal medicine and family medicine boards.
- . Palliative care supports physicians with guidance in how to deal with a patient's need for a plan to proceed with their illness—helping them set goals and suggesting bedside management of symptoms.
- . Palliative care is usually cost effective or cost neutral.

¹ Morrison, R. Sean. "Palliative Care: A Novel Solution to the Healthcare Crisis." *Syracuse University Maxwell School of Citizenship and Public Affairs Center for Policy Research Policy Brief*, Syracuse University. No. 43/2010. <http://www-cpr.maxwell.syr.edu> (28 March 2011).

People have a right to know about palliative care. Standards, however, that apply to specific situations need to be established. National Health Care reform included recommendations for the National Institutes of Health to provide more research funding for palliative care. Palliative care is not just about better end of life care, but it is about improving care for people with serious or life-threatening illness throughout their lives.

Famous science fiction writer Isaac Asimov once said, "Life is pleasant. Death is peaceful. It's the transition that's troublesome." Palliative care can ease this transition.

I urge the members of the committee to support these resolutions.

**Testimony by:
Ann Frost, PT
HCR68/HR61, Requesting Health Insurers in Hawaii to
Provide Coverage or Reimbursement for Services Related to
Palliative Care
Hse HLT Hearing, Tuesday, March 29, 2011
Room 329 – 9:00 am**



Position: Request Deferral

Chair Yamane, and Members of the Hse HLT Committee:

I am Ann Frost, P.T., President of HAPTA and member of HAPTA's Legislative Committee. HAPTA represents 250 physical therapists and physical therapist assistants employed in hospitals, nursing homes, the Armed Forces, the Department of Education and Department of Health (DOH) systems, and private clinics throughout our community. Physical therapists work with everyone, from infants to the elderly, to restore and improve function and quality of life. We are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum function from neuromusculoskeletal injuries and impairments.

As physical therapists, we are part of the team of clinicians that provide care to patients with severe chronic pain or acute pain originating from cancer or noncancerous conditions. We do agree that affordable access to palliative care for severely ill patients improves the quality of life, allows patients to choose their treatment options and is a cost-effective or cost neutral alternative treatment.

However, we request that HCR 68 be deferred in favor of two other palliative care concurrent resolutions that are on the hearing docket:

HCR 25, Requesting the Auditor to Conduct an Impact Assessment Report on Legislation Mandating Coverage of Palliative Care, and

HCR 55, Requesting the Development and Implementation of a Pain and Palliative Care Policy.

I can be reached at (808) 382-2655 if you have any questions. Thank you for the opportunity to testify.