



Hospice & Palliative Care Network OF MARYLAND

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

RE: SUPPORT: House Bill 378 - *Maryland Health Care Commission – Palliative Services – Workgroup*

Dear Chair Pendergrass:

On behalf of the Hospice & Palliative Care Network of Maryland (HPCNM), we **support** House Bill 378. House Bill 378 is modeled after a similar study done in Hawaii in 2019. The bill requires the Maryland Health Care Commission to form a workgroup to study palliative care services and make recommendations to improve/expand palliative care services in the State. The workgroup is required to examine: (1) the state of palliative care services offered in the State; (2) the capacity of palliative care providers to provide services; (3) any geographic areas where significant gaps in palliative care services may exist; (4) opportunities to collaborate with key stakeholders who are positioned to develop a strategy or plan for improving and expanding the provision of high-quality palliative medicine and care services; (5) the feasibility of financial support for a long-term expansion of palliative care services, including insurance coverage; (6) a plan for ongoing data collection for purposes of the monitoring and improvement of palliative care services; (7) engagement strategies for educating the public about palliative care to empower individuals to make informed decisions about an individual's preferred care when faced with serious illness; and (8) any other strategies that would improve palliative care services.

Palliative care is often misunderstood and under-utilized. Often it is confused with hospice care. While both may be end-of-life care the main difference is that palliative care can be provided when a patient is still receiving treatment for a serious illness, such as cancer, heart failure, dementia, or Parkinson's disease. In palliative care, a patient does not have to give up treatment. Palliative care is meant to enhance a patient care by focusing on quality of life for them and their family. Palliative care can be helpful at any stage of illness and is best provided soon after an individual is diagnosed. In addition to improving quality of life and helping with symptoms, palliative care can help patients understand their choices for medical treatment. Patients may receive palliative care in a variety of settings, such as hospitals, at home or in other institutional settings. Unfortunately, insurance coverage is not consistent across payers.



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Palliative care can also offer relief from symptoms associated with the fallout of the current pandemic by offering support for patients and their family. It has been noted that Covid symptoms such as fear, shortness of breath, along with others linger even after a patient has recovered. The goal of House Bill 378 is to gather information on how palliative care services are being delivered and utilized in Maryland. With this information, Maryland will be better positioned to develop a comprehensive strategy to better improve care delivery and address healthcare disparities for those suffering serious illness in Maryland. This not only benefits the patient but aligns with the goals of Maryland's Total Cost of Care model by lowering health care costs through reduced hospital admissions and a greater reduction in overall system costs.

For these reasons, we urge a favorable vote on House Bill 378.

Sincerely,

Peggy Funk
Executive Director
Hospice & Palliative Care Network of Maryland

cc: The Honorable Ken Kerr
Members of the House Health and Government Operations Committee