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TO: Health and Government Operations
FROM: LeadingAge Maryland
SUBJECT: House Bill 378, Maryland Health Care Commission – Palliative Care Services – Workgroup
DATE: February 23, 2022
POSITION: **Favorable**

LeadingAge Maryland supports House Bill 378, Maryland Health Care Commission – Palliative Care Services – Workgroup.

LeadingAge Maryland is a community of more than 135 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

This bill requires the Maryland Health Care Commission to convene a workgroup of interested stakeholders to study palliative care services in the State. The Commission must submit an interim report to the Governor and General Assembly by July 1, 2023, and a final report by November 1, 2023 to include findings and recommendations to improve palliative care services in the State and the need for any legislative initiative.

In today’s society, people are living longer than ever – even those facing serious chronic illnesses can often enjoy a much longer lifespan than past generations thanks to advancement in the treatment of diseases including cancer, heart disease, diabetes, and COPD. While doctors may be successful in giving their patients a longer life, both the disease and the treatment can cause pain and other side effects.

Palliative care provides patients an option for pain and symptom management and higher quality of life while still pursuing curative measures. When a patient is seriously ill, they understand the value of each day. While patients must still face their illness, the support of palliative care in controlling pain and other symptoms can make each day a more positive experience that allows the patient to make the most of the time they have with their families and loved ones.

Unfortunately, palliative care is not widely available. For example, some hospitals and hospices can offer palliative care when a patient is in an inpatient setting, but not once an individual has gone back to their home. Some insurers will pay for palliative care services, and some will not. This means that for those organizations that do offer palliative services, it is often a loss leader. The results of this study could

be a helpful next step in determining strategies for ensuring palliative care is available and reimbursed in the future.

LeadingAge Maryland led a Palliative Care Workgroup from 2018-2019 to explore the barriers that are keeping Marylanders from accessing palliative care. In our discussions, we found that palliative care programs are difficult to find and are not available in all areas of the state. Our workgroup noted the importance of palliative care services as they provide necessary support and education to individuals faced with a serious medical diagnosis. Palliative care empowers both the person living with illness and their family to manage symptoms and prepare for a plan to address the illness and the emotional challenges of living with a life-limiting illness. Increasing the availability and awareness of palliative care in the state and educating the public about the many benefits could allow those facing serious illness better options for directing their own care and experiencing a better quality of life.

We suggest that the Commission, once established, adopt an established definition of palliative care for the purposes of this study. This will ensure a common understanding of what is meant by the term “palliative care”.

The results of this study could be useful in informing the State’s Total Cost of Care model, reducing healthcare costs, and improving quality of life for Marylanders. Palliative care has been shown to reduce the frequency of 911 calls, emergency department visits, and unnecessary hospitalizations ([see Health Affairs, July 2017](#)). A study by nonprofit economic research group, Florida TaxWatch, said that palliative care could reduce societal health care costs by \$103 billion within the next 20 years. The group recommended that policymakers expand palliative care utilization and noted a variety of challenges including lack of service reimbursement systems, lack of public awareness, workforce shortages and regulatory barriers. ([see Hospice News, April, 2019](#))

For these reasons, LeadingAge Maryland respectfully requests a favorable report for House Bill 378.

For additional information, please contact Aaron J. Greenfield, 410.446.1992