

February 16, 2022

Re: Support for HF 2517 and HF 3148

Dear Chair Liebling and members of the House Health Finance and Policy Committee:

As Minnesota organizations committed to ensuring the best possible quality of life for patients dealing with serious illness and disease, we are writing in support of HF 2517 (Reyer), which would fund the Minnesota Palliative Care Advisory Council and HF 3148 (Reyer), legislation to modify the definition of palliative care in state statute.

In 2017, the Minnesota Legislature passed bi-partisan legislation to establish a Palliative Care Advisory Council to promote better quality and access to specialized care that provides relief from the symptoms and stress of serious, chronic, or life-limiting illnesses.

While many think of palliative care only in terms of end-of-life, hospice-oriented care, its application and potential impact are much broader. Palliative care helps reduce the symptoms, pain, and stress of a serious illness. It is provided by a team of trained specialists, which may include a physician, nurse, social worker, chaplain, and other care specialists who work alongside a patient's doctor to provide an extra layer of support. Palliative care is appropriate at any age and at any stage of a serious illness and can be provided alongside curative treatment.

Evidence-based research has demonstrated that patients in hospital systems with palliative care programs experience reduced emergency room visits, fewer days in intensive care and fewer hospital readmissions after discharge. Additionally, studies have shown that early access to palliative care for seriously ill patients can in some cases prolong patients' lives while promoting their well-being.

The Palliative Care Advisory Council has been tasked to assess the availability of palliative care in Minnesota, analyze barriers to palliative care, and make recommendations to the legislature. The Council is composed of 19 volunteer members with professional work experience or expertise in palliative care delivery models. Since its creation, the Council has provided five reports to the legislature, covering topics such as the availability of palliative care in hospitals across Minnesota, the number of hospice and palliative certified physicians and nurses in the state, and considerations for lawmakers on a range of topics, including the need to balance opioid policy with the need to support quality palliative care. We support HF 2517, which would continue funding for the Council and its important work.

In its 2021 report, the Palliative Care Advisory Council recommended the legislature modify the state definition of palliative care. State statute incorrectly defines palliative care as care for incurable diseases. HF 3148 would modify state statute to better reflect what palliative care is and does. A correct and comprehensive definition can help in clarifying to providers and patients that palliative care is not synonymous with end-of-life care, that it is beneficial at the time of diagnosis, and should not be limited to patients with terminal illness.

As Minnesota lawmakers strive to provide low-cost solutions that will improve the quality of health care for patients and support our health care workforce, expanding access to high quality palliative care to all patients with serious illness is a proven way to reach these goals. On behalf of our organizations, we ask you to support HF 2517 and HF 3148.

Signed,

Members of the Minnesota Palliative Care Coalition

