

March 9, 2023

The Honorable Tina Liebling
Chair, House Health Finance and Policy Committee
477 State Office Building
St. Paul, MN 55155

Re: Support for HF 1940

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 facing serious illness and disease, we are writing to support HF 1940 (Bierman).

HF 1940 seeks to achieve three important objectives for the patients and families we serve:

- Restore annual program funding to the Minnesota Palliative Care Advisory Council (the Council)
- Remove the Council's sunset date from statute, and
- Fund a Department of Human Services (DHS) study on the fiscal, medical, and social impacts of creating a palliative care benefit for Medical Assistance and MinnesotaCare enrollees

The potential value of increased access to palliative care for Minnesota patients and families is high. Palliative care relieves the symptoms and stress of serious, chronic, or life-limiting illnesses at any age and any stage of illness. Evidence-based research shows 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, early access to palliative care for seriously ill patients can prolong patients' lives while promoting their well-being.¹

The Legislature recognized this value in 2017 when it established the Council to assess the availability of palliative care in Minnesota, analyze barriers to palliative care, and make policy recommendations. The Council comprises 19 volunteer members with professional work experience or expertise in palliative care delivery models. Each year the Council produces an annual report with policy recommendations for the legislature: last year, the Legislature adopted the Council's proposed definition of palliative care, and this year's legislation includes the study the Council has recommended in its last two reports.

Although the Council continues to meet and produce annual reports, it has operated without administrative funding for the last two years, hindering its effectiveness. Council membership appointments are delayed, public-facing information is outdated, and Council members continue to redirect a portion of their efforts from policy work to administrative work to sustain progress on their assigned duties. The Council is scheduled to end in January 2025 – a flaw in its creation made more problematic by the operational issues described above. Restoring the Council's funding through the

Department of Health and removing its sunset date are essential steps to helping Council deliver its full potential to Minnesota.

We also urge the Legislature to support the Council's recommendation concerning a Comparative Cost Study. A few states have begun to develop palliative care benefits for their Medicaid programs, but no state has yet to launch a complete, stand-alone benefit model. The lack of this benefit means patients on MA or MinnesotaCare coverage are at risk of not receiving essential symptom management care.

There is strong evidence supporting the physical, emotional, and fiscal merits of covering palliative care for Medicaid patients. A December 2022 actuarial study commissioned by the National Academy for State Health Policy found that: "At a minimum... implementation of palliative care for all utilizers in a state Medicaid program would be overall cost neutral to the state while improving the quality of life for the members utilizing palliative care, as well as for their families."ⁱⁱ There is a possibility of program savings for such a benefit: the NASHP study projected a potential return on investment between \$0.80 and \$2.60 for every \$1 spent on palliative care.

As Minnesota lawmakers strive to provide low-cost solutions that will improve the quality of healthcare for patients and support our healthcare workforce, expanding access to palliative care is a proven way to reach these goals. On behalf of our organizations, we ask you to support HF 1940.

If you have any questions, please contact Dana Bacon, Senior Director, State Government Affairs at The Leukemia & Lymphoma Society, at 612.308.0479 or dana.bacon@lls.org.

Sincerely,

A Breath of Hope Lung Foundation
American Cancer Society Cancer Action Network
Advocates for Better Health
The Aliveness Project
ALS Association
Alzheimer's Association
American Indian Cancer Foundation
The Arc Minnesota
Children's Minnesota
Epilepsy Foundation of Minnesota
Health Care Agent Literacy Project
The Leukemia & Lymphoma Society

Mama Shu
Mayo Clinic
Minnesota Alliance for Ethical Healthcare
Minnesota Leadership Council on Aging
Minnesota Medical Association
Minnesota Network of Hospice and Palliative Care
Minnesota Ovarian Cancer Alliance
Minnesota Public Health Association
Minnesota Rural Health Association
National MS Society
MetroMN Oncology Nursing Society
Rainbow Health

ⁱ <https://www.capc.org/the-case-for-palliative-care/>

ⁱⁱ <https://nashp.org/palliative-care-in-medicare-costing-out-the-benefit-actuarial-analysis-of-medicare-experience/>