

Minnesota Palliative Care Coalition
Statement of Support for a
Palliative Care Advisory Committee in Minnesota

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 state legislation (SF 112 and HF 345) to create a volunteer-driven palliative care advisory committee managed through the Department of Health.

As introduced, this legislation will create a palliative care advisory committee to promote better quality and access to specialized care that provides relief from the symptoms and stress of serious, chronic, or life-limiting illnesses. These conditions may include cancer, congestive heart failure, chronic obstructive pulmonary disease, kidney failure, Alzheimer's disease, Parkinson's disease, Amyotrophic Lateral Sclerosis (ALS), pediatric conditions such as genetic and neurological disorders, and many more.

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 gives patients relief from the symptoms, pain and stress of a serious illness – whatever the diagnosis, with the goal of improving quality of life for both the patient and the family. 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.

Over the past ten years, hospitals across the country have seen the triple-aim benefits of palliative care, which yields better quality patient care and family satisfaction at a lower cost. 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 quality of life.

Although there has been considerable growth in the number of hospital- and community-based palliative care programs in Minnesota and across the country, there are still barriers that have prevented all patients and families facing a serious illness from having access to palliative care programs and services. There are simply not enough practicing health care professionals trained in the medical subspecialty of palliative care, not enough programs established in Minnesota hospitals and communities, and not enough education about palliative care for active medical professionals (both in primary care and specialty settings), patients, and families.

Creating a Palliative Care Advisory Committee in Minnesota will help address these issues. The committee will help lawmakers analyze and identify strategies for improving the quality of life for the rapidly growing population of patients facing serious illness. The makeup of the committee will ensure a diverse and well-informed set of professional and public views is brought together – much like a palliative care team itself – to monitor palliative care trends in Minnesota and to recommend steps our state can take to ensure better quality and access to this care. Minnesota would do well to join the 13 states that have already adopted this approach.

As Minnesota lawmakers strive to provide low-cost solutions that will improve the quality of health care for patients, expanding access to high quality palliative care to all patients with serious illness is a proven way to reach these goals. We call on state lawmakers to support SF 112 and HF 345 to make a difference in the lives of patients and their families.

Signed,

Members of the Minnesota Palliative Care Coalition



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