

January 25th, 2018

To: Chairwoman Schmidt and Members of the Senate Public Health & Welfare Committee

Re: Testimony in Support of House Bill 2031

I am writing this testimony on behalf of myself, as well as Stormont Vail Health, noting our support of HB 2031.

I currently serve as Medical Director for our Palliative Medicine & Supportive Care team at Stormont Vail Health. Through our service line, we offer support for patients and families facing serious illness to provide relief from pain and other symptoms, assist in the navigation of a complicated medical system, and act as advocates for their unique needs, no matter their age, diagnosis or stage of disease. Palliative medicine provides benefits for patients with a wide array of conditions including cancer, dementia, heart failure, lung disease, renal disease, liver disease, neurological conditions such as ALS, AIDs, congenital illnesses in children, and many other life-limiting conditions. Although related, palliative medicine is distinct from hospice, and is provided at the same time patients are pursuing other treatments. This is an important point, as far too often the initiation of services is delayed based on the prevailing misconception that palliative medicine is meant only to treat patients who are imminently dying. Counter to this, palliative medicine is meant to help improve quality of life for patients *living* with advanced illness, and many of our patients are followed for years.

In 2017, we provided care for almost 1,200 patients through our inpatient service and an additional 200 patients in our outpatient clinic. In 2018, we expect these numbers to increase substantially. Despite this, we know that there are still many more patients and families who would benefit from our care. This is not a problem limited to our institution, but rather reflects both the widespread lack of understanding of palliative medicine as well as a nationwide shortage of palliative medicine providers. In Kansas, this shortage is further exacerbated as our state includes many rural and remote communities where access to specialty services is limited. Thus, workforce deficits, as well as deficiencies in public and professional knowledge, need to be addressed if the quality of care for persons with serious illness and their families is to be improved. The creation of an Advisory Council and a Palliative Care Education Program would be major steps toward achieving this goal.

At this time, I am happy to lend my support toward this bill and will continue to offer my support in any form deemed necessary in the future in order to enhance the provision of palliative medicine to our Kansas families and communities.

Sincerely,

Brandy Ficek, M.D., MBA
Medical Director
Palliative Medicine & Supportive Care, Stormont Vail Health