

Senate Health and Human Services Committee

Sophie Walsh 271-3469

SB 248, establishing a committee to study palliative and hospice care in New Hampshire.

Hearing Date: March 5, 2025

Time Opened: 9:56 a.m.

Time Closed: 10:16 a.m.

Members of the Committee Present: Senators Rochefort, Avard, Birdsell, Prentiss and Long

Members of the Committee Absent: None

Bill Analysis: This bill establishes a committee to study palliative and hospice care in New Hampshire.

Sponsors:

Sen. Birdsell
Rep. Farrington

Sen. Avard
Rep. M. Pearson

Sen. Long

Who supports the bill: Rep. Janet Lucas, Colin McNabb (Saint Joseph Hospital), Mike Rollo (American Cancer Society Cancer Action Network), Bob Dunn (Roman Catholic Diocese of Manchester), Lisa Beaudoin (Strategies for Disability Equity), Marc Guillemette (Catholic Medical Center), Ellen Edgerly (Brain Injury Association of NH), Nicole LaChapelle, Melinda Simms, and Douglas Carmichael.

Who opposes the bill: Laura Condon and Jillian Haffner.

Who is neutral on the bill: Keli Totten (Granite State Home Health & Hospice Association).

Summary of testimony presented:

Senator Regina Birdsell, Senate District 19

- Senator Birdsell stated that this bill establishes a committee to examine palliative and hospice care in New Hampshire.
- This bill seeks to assess potential measures to support residents receiving palliative and hospice care and to allow them an easier way to move forward.

Colin McNabb, Saint Joseph Hospital

- Mr. McNabb stated that he is speaking in support of this bill as the Director of Mission Integration and Spiritual Care at Saint Joseph Hospital.

- Palliative and hospice care are essential components of the healthcare system, offering comfort to patients with serious illness and minimizing their suffering.
- Expanding hospice care services enhances support for both patients and their families.
- Mr. McNabb stated that society has a moral obligation to care for those who are suffering and to help take all possible measures to alleviate suffering.
- Common barriers to accessing palliative and hospice care include fear, lack of understanding and financial constraints.
- Saint Joseph Hospital is prepared to support the proposed study committee to ensure that all New Hampshire residents have access to these essential services.

Keliane Totten, Granite State Home Health & Hospice Association

- Ms. Totten introduced herself as the CEO of Granite State Home Health & Hospice Association. The Association is neutral on this bill.
- Granite State Home Health & Hospice Association supports increasing education and awareness about palliative care and hospice services. They would like to be included in future discussions as subject matter experts.
- Senator Birdsell reviewed the duties of the committee and asked if education should be included.
- Ms. Totten explained that through her conversations with others, there appears to be a lack of knowledge or awareness about how to access these benefits.
- Senator Rochefort noted that in his work in hospice care, he has seen concerns about finding providers who are capable of delivering palliative care. He asked if Ms. Totten has observed the education level of providers improving, or if this remains a barrier.
- Ms. Totten stated that the quality of hospice and palliative care in New Hampshire has improved over time. However, workforce challenges persist.
- Despite these challenges, the quality of care remains high. This is supported by continuing education requirements through regulations, and robust quality programs.
- Senator Rochefort asked if current education levels and access to educational resources are present and growing throughout the New Hampshire. Ms. Totten confirmed.

Bob Dunn, Roman Catholic Diocese of Manchester

- Mr. Dunn introduced himself as the Director of Public Policy for the Diocese of Manchester and expressed support for this bill on behalf of Bishop Libasci.
- Mr. Dunn referenced a message from Pope Francis to an international symposium on palliative care and highlighted the key points.

- This care is a genuine form of compassion that addresses physical, emotional, psychological, and spiritual suffering while affirming dignity.
- Care givers play an essential role in this, as their services help the sick and dying recognize that they are not isolated or burdensome.
- Mr. Dunn shared a personal story about losing two family members and expressed gratitude for the support provided by hospice care professionals.
- This study will serve as a focal point for providing access to information regarding palliative and hospice care services and enhancing access to these vital services.

Lisa Beaudoin, Strategies for Disability Equity

- Ms. Beaudoin stated that she is speaking in support of this bill because it represents a crucial and overdue initiative aimed to identify gaps in end-of-life care.
- Its objective is to guarantee that all New Hampshire residents, irrespective of their backgrounds, socioeconomic status, or disability have access to quality, compassionate, and equitable end-of-life care.
- Despite the palliative care workforce's unwavering commitment to professional excellence, New Hampshire's healthcare system is notably strained, resulting in significant disparities in access to palliative and hospice care.
- There is a recognized inadequacy in pain management and palliative care education, which is coupled with insufficient funding. Many of our most vulnerable residents are confronted with limited options when facing serious illnesses.
- Ms. Beaudoin stated that establishing this study committee is imperative, as it will facilitate a comprehensive examination of existing gaps from multiple perspectives. Healthcare providers, caregivers, patients and policy makers can collectively contribute to formulating effective solutions to address these deficiencies.
- She emphasized that the New Hampshire legislature has an obligation to prioritize the needs of all its residents, particularly those who are vulnerable.

Marc Guillemette, Catholic Medical Center

- Mr. Guillemette introduced himself as the Vice President of Catholic Mission Identity at Catholic Medical Center.
- He explained that there is a great deal of misunderstanding, particularly regarding palliative care. Many equate palliative care with hospice care.
- Palliative care is intended for individuals with chronic illnesses. It emphasizes symptom management, enabling patients to maintain a quality of life aligned with their personal goals.

- This committee would serve to educate New Hampshire citizens, clarifying such misconceptions.
- Mr. Guillemette explained that patients may receive great palliative care when hospitalized, but face a scarcity of palliative care programs after hospitalization. This is primarily due to low reimbursement rates.
- He noted that palliative care allows patients to remain out of the hospital, which thereby reduces overall medical costs.
- Mr. Guillemette stated that hospice care holds great value because it allows patients to spend their final days at home surrounded by family, rather than in a clinical setting.

Ellen Edgerly, Brain Injury Association of New Hampshire

- Ms. Edgerly introduced herself as the Community Organizer for the Brain Injury Association of New Hampshire.
- Brain injuries are lifelong, chronic conditions. Nearly all survivors require Medicaid for long-term care services. Unlike Medicare, Medicaid often provides limited access to palliative care services.
- Access to palliative care is crucial for brain injury survivors. It allows for individuals to remain in their home and in community-based settings, potentially delaying or preventing transitions to nursing facilities.
- It is essential for the State to study Medicaid access to palliative care for brain injury survivors, considering both fiscal implications and the potential for enhanced quality of life.
- Ms. Edgerly shared a personal story about her daughter sustaining a brain injury in 1992 that left her quadriplegic and with significant health complications. At that time, support services were scarce.
- Ms. Edgerly explained that in her recent conversations with case managers, she has observed an inconsistency in knowledge regarding Medicaid coverage for palliative care. Some case managers have reported limited coverage, while others say there is none at all.