



Testimony of Hilary Schneider, State Director of Government Relations and Advocacy,
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In Opposition to LD 1270 “An Act Regarding Patient-directed Care at the End of Life”

May 15, 2015

Good morning, Senator Brakey, Representative Gattine, and members of the Health and Human Services Committee. My name is Hilary Schneider and I am the State Director of Government Relations for the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN is the advocacy affiliate of the American Cancer Society (ACS). We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

I would like to thank you for this opportunity to submit the following testimony in opposition to LD 1270. ACS CAN is dedicated to improving the quality of life for all cancer patients by ensuring availability of adequate pain management and other aspects of palliative care throughout the continuum of the cancer experience. We support public policy that ensures access to palliative care services that address symptoms and side effects of cancer and its treatment beginning at diagnosis and continuing throughout the course of disease into long-term survivorship and death, based on frequent needs assessments for both patients and their families.

Ensuring that peoples’ lives are not overpowered by pain is a priority for ACS CAN because so many of those who face cancer also have their quality of life significantly affected by cancer-related pain. Although studies suggest that pain is frequently underassessed, underreported, and undertreated, a meta-analysis estimated the prevalence of pain to be 59% among patients in active treatment, 33% among survivors after treatment, and 64% among those with advanced/metastatic, terminal disease. Cancer-related pain reduces quality of life and is associated with depression and poor functioning.

In cancer patients, pain is one of the most feared and burdensome symptoms. Tremendous progress has been made over the past decade in regards to pain relief, and we now have the knowledge and tools to provide adequate cancer pain relief in most cases. Yet, the statistics describing the prevalence of cancer pain have remained largely unchanged for 40 years. There is consensus that nearly all cancer pain can be relieved. Several effective medications and non-drug therapies are available. When pain is assessed and managed appropriately across the entire cancer experience – from diagnosis, through treatment and into survivorship or as part of end of life care – studies have consistently shown that patients often have better health outcomes and also report significantly improved quality of life.

Under-treatment of pain remains a significant public health problem in the United States. This is particularly true in medically underserved populations. Uncontrolled pain can devastate quality of

life and severely limit daily functioning, affecting work, sleep and relationships. Pain can drive up costs through healthcare expenses, lost income, and lost productivity. Palliative care has been consistently shown to improve quality of life by addressing the harmful effects of pain, other physical symptoms, and emotional distress. It has also been shown to improve survival in some cancer patients and reduce costs driven by unnecessary use of hospitals, diagnostic and treatment interventions, and non-beneficial intensive care.

Numerous studies have documented a variety of barriers that contribute to inadequate pain control. Some of these barriers include:

- Lack of knowledge about the importance of pain control on the part of patients, survivors, their families, and other loved ones;
- Insufficient training and lack of knowledge of medical standards, current research, and clinical guidelines for appropriate pain assessment and treatment among healthcare professionals;
- Misperceptions and confusion about addiction, dependence and tolerance – which contribute to peoples’ fears about using pain medications and physicians’ reluctance to prescribe them;
- Lack of understanding about state policies that regulate prescribing practices and fear among healthcare professionals that they will be subject to investigation, disciplinary action, or criminal prosecution if they prescribe or dispense certain pain medicines.

The demand for Physician Assisted Suicide points to how poorly we are caring for people with serious, chronic illnesses. It also underscores the importance of integrating person centered, family focused care in delivery reform initiatives. Excellent palliative care alleviates emotional and physical distress and returns control of day to day living to the seriously ill person and family. This extra layer of support restores the joy in life and the reason for living. In fact, studies have shown that palliative care improves quality of life and may even increase length of life.

Our focus for policy and system change should be on enhancing care for people with serious illness through palliative care -- at any age, and any stage -- including promoting understanding about palliative care and improving access to it. ACS CAN stands ready to work with members of the Committee and the various stakeholders to maintain and promote balanced policies that improve and advance the provision of pain and symptom management and other palliative care services for all patients, survivors, and those at end of life.

Thank you for your time and attention, as well as your consideration of our comments. I would be happy to answer any questions you may have about this testimony.