



AN ASSOCIATION OF
MONTANA HEALTH
CARE PROVIDERS

SENATE FINANCE AND CLAIRS
 COMMITTEE NO. 11
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 FILE NO. HB 742

Testimony in Support of HB 742

Create registry for declarations concerning life-sustaining treatment

MHA supports passage of HB 742, a bill that will make consumers' registered advance directives (e.g. Living Will, Durable Power of Attorney for Health Care) immediately available to health care providers. MHA's primary concern is that this bill be enacted statewide, so that all patients and providers have the opportunity to follow patients' wishes for end-of-life care.

We have never been more aware of the need to do advance care planning, whether that means completing a Living Will or Durable Power of Attorney for Health Care. The potential outcome of what can happen without these documents has been made frightfully clear to us in recent times. Personal and family tragedy can be minimized by knowing what the patient wants, and having that information at the fingertips of those providing the services facilitates delivery of appropriate care. This is not something people usually carry in their pockets, so secure, electronic access provides an enormous advantage in an uncertain situation.

Besides avoiding the emotional and spiritual anguish that can be incurred by difficult life-sustaining decisions, implementing advance directives can help conserve resources. The majority of health care costs occur at the end of life, much of which may not be necessary or even appropriate. Of the total amount spent in the last year of life, nearly 40% is spent in the last 30 days (*Lubitz J, Riley G. Trends in Medicare payments in the last year of life. NEJM 1993;328:1092-6*). "Medical care at the end of life consumes 10-12% of the total health care budget and 27% of the Medicare budget. Hospice care and advance directives can save between 25% and 40% of health care costs during the last month of life," reports E.J. Emanuel in the Journal of the American Medical Association. (*Emanuel EJ. Cost savings at the end of life: what do the data show? JAMA 1996; 275:1907-1914*). Other data suggest that systematic implementation of a program to increase use of advance directives reduces health care services utilization without affecting satisfaction or mortality (*Molloy DW, Guyatt GH, et al. Systematic implementation of an advance directive program in nursing homes: a randomized controlled trial. JAMA. 2000 Mar 15;283(11):1481-2.*)

These are pretty strong statements, but they clearly demonstrate a way to recoup any money spent on establishing a statewide registry. The projected expense of \$100,000 would be recovered fairly quickly if 40% (or even 20%) of our health care costs can be pared down. Since spending on health care at the end of life is mostly related to elderly people, Montana can expect the expenses in this area to continue to rise as our demographic ages. In a state that was 14th in the nation in population aged 65+ in 2000 (and whose population aged 85+ increased 66%--compared to 34% nationwide--between 1993 and 2003), it would only be prudent to implement any possible cost-saving methods for health care. When most other methods concentrate on cutting access and expenditures, it shows good stewardship to put in place this type of win-win system.

MHA urges the committee to support this bill as it is—a simple, streamlined, and affordable process that will enhance the last wishes of anyone who participates. Thank you for this opportunity to present our information.

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