



# OHIO LEGISLATIVE SERVICE COMMISSION

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## Bill Analysis

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### **Sub. H.B. 286**

132nd General Assembly  
(As Passed by the House)

**Reps.** LaTourette, Arndt, Schaffer, Schuring, Anielski, Antonio, Ashford, Barnes, Blessing, Boggs, Boyd, Brenner, Brown, Carfagna, Celebrezze, Cera, Clyde, Craig, Cupp, Dean, DeVitis, Edwards, Faber, Fedor, Galonski, Gavarone, Ginter, Green, Greenspan, Hagan, Hambley, Hill, Holmes, Howse, Huffman, Hughes, Ingram, Kick, Landis, Lang, Leland, Lepore-Hagan, Lipps, Manning, McColley, Miller, O'Brien, Patterson, Patton, Pelanda, Perales, Ramos, Reece, Reineke, Rezabek, Riedel, Rogers, Ryan, Scherer, Seitz, Sheehy, K. Smith, R. Smith, Sprague, Stein, Sweeney, Sykes, Thompson, West, Young, Rosenberger

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## **BILL SUMMARY**

- Creates the Palliative Care and Quality of Life Interdisciplinary Council to consult with and advise the Department of Health on matters related to palliative care initiatives.
- Establishes the Palliative Care Consumer and Professional Information and Education Program in the Department of Health and requires the Department to publish on its website certain information regarding palliative care.
- Requires specified health care facilities and providers to establish a system for identifying patients or residents who could benefit from palliative care and to provide information on palliative care.
- Authorizes a licensed hospice care program operating an inpatient hospice care facility or unit to provide palliative care to a patient other than a hospice patient.

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## **CONTENT AND OPERATION**

### **Palliative Care and Quality of Life Interdisciplinary Council**

The bill creates the Palliative Care and Quality of Life Interdisciplinary Council and requires it to consult with and advise the Director of Health on matters related to

the establishment, maintenance, operation, and evaluation of palliative care initiatives in Ohio.<sup>1</sup>

### **Council duties**

In addition to consulting on matters related to palliative care initiatives, the Council must do all of the following:<sup>2</sup>

(1) Consult with the Department of Health about the Palliative Care Consumer and Professional Information and Education Program (described below);

(2) Consult with the Department about the duty of health care facilities under the bill to identify those who could benefit from palliative care and to provide information to such individuals;

(3) Identify national organizations that have established standards of practice and best practice models for palliative care;

(4) Identify initiatives established at the national and state levels aimed at integrating palliative care services into the health care system and enhancing the use and development of those services;

(5) Establish guidelines for health care facilities to use in identifying patients who could benefit from palliative care and in determining appropriate types of services for such patients;

(6) Prepare an annual report of recommendations for improving the provision of palliative care services in Ohio.

### **Recommendations**

The Council's report of recommendations must be submitted on or before December 31 of each year to all of the following: the General Assembly, Governor, Directors of Aging and Health, Superintendent of Insurance, Executive Director of the Office of Health Transformation, and Medicaid Director.<sup>3</sup>

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<sup>1</sup> R.C. 3701.36(E)(1).

<sup>2</sup> R.C. 3701.36(E)(2) to (6).

<sup>3</sup> R.C. 3701.36(E)(6).



## Council membership

The Director of Health is charged with appointing council members. They must include individuals with expertise in palliative care who represent the following constituencies or professions:<sup>4</sup>

- (1) Patients;
- (2) Family caregivers;
- (3) Clergy or spiritual advisers;
- (4) Physicians, including those board-certified in pediatrics and those board-certified in psychiatry;
- (5) Physician assistants;
- (6) Licensed practical nurses and registered nurses, including advanced practice registered nurses who are certified nurse practitioners or clinical nurse specialists;
- (7) Licensed professional clinical counselors or licensed professional counselors;
- (8) Independent social workers or social workers;
- (9) Pharmacists;
- (10) Psychologists;
- (11) Marriage and family therapists;
- (12) Child life specialists;
- (13) Health insurers.

The membership must also include individuals who have worked with differing age groups and those who have experience or expertise in various palliative care delivery models, including acute care, long-term care, hospice, home health agency, home-based care, and spiritual care. Employees of state agencies that administer programs pertaining to palliative care or are otherwise concerned with the delivery of palliative care in Ohio also may be included as members.<sup>5</sup>

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<sup>4</sup> R.C. 3701.36(B).

<sup>5</sup> R.C. 3701.36(C).



At least two members of the Council must be physicians who are board-certified in hospice and palliative care and no more than 20 individuals may serve as members at any one time. The bill prohibits more than two members from being employed by or practicing at the same health care facility or emergency medical service organization.<sup>6</sup>

In making appointments to the Council, the Director must seek to include as members individuals who represent underserved areas of Ohio and to ensure that all geographic areas of Ohio are represented.<sup>7</sup>

### **Initial appointments**

The Director must make initial appointments not later than 90 days after the bill's effective date.<sup>8</sup>

### **Membership terms**

Terms of office are for three years. Each member holds office from the date of appointment until the end of the term for which the member was appointed. A member must continue in office after the member's term expires until the member's successor takes office, or until a period of 60 days has elapsed, whichever occurs first. In the event of a member's death, removal, resignation, or incapacity, the Director must appoint a successor to hold office for the remainder of the predecessor's term.<sup>9</sup>

### **Meetings and chairpersons**

The Council must meet at the call of the Director, but not less than twice a year. Each year, the Council must select from among its members a chairperson and vice-chairperson. The duties of the chairperson and vice-chairperson are to be established by the Council.<sup>10</sup>

### **Compensation**

Each member is to serve without compensation, except to the extent that serving on the Council is considered part of the member's regular employment duties.<sup>11</sup>

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<sup>6</sup> R.C. 3701.36(C).

<sup>7</sup> R.C. 3701.36(C).

<sup>8</sup> R.C. 3701.36(D).

<sup>9</sup> R.C. 3701.36(D).

<sup>10</sup> R.C. 3701.36(D).

<sup>11</sup> R.C. 3701.36(D).

## **Administrative support**

The bill requires the Department to provide administrative support to the Council.<sup>12</sup>

## **Funding sources**

At the request of the Council, the Department must examine potential sources of funding to assist with any duties established by the bill.<sup>13</sup>

## **Sunset review**

The bill specifies that the Council is not subject to the law governing the sunset review of agencies.<sup>14</sup>

## **Palliative Care Consumer and Professional Information and Education Program**

The bill establishes the Palliative Care Consumer and Professional Information and Education Program in the Department of Health. It specifies that the Program's purpose is to maximize the effectiveness of palliative care initiatives in Ohio by ensuring that comprehensive and accurate information and education on palliative care is available to the public, health care providers, and health care facilities. As part of the Program, the Department must consult with the Palliative Care and Quality of Life Interdisciplinary Council.<sup>15</sup>

## **Department website**

The bill requires the Department to publish on its website information about palliative care, including all of the following:<sup>16</sup>

- (1) Continuing education opportunities for health care professionals;
- (2) Information about palliative care delivery in a patient's home and in primary, secondary, and tertiary environments;
- (3) Best practices for palliative care delivery;

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<sup>12</sup> R.C. 3701.36(F).

<sup>13</sup> R.C. 3701.36(F).

<sup>14</sup> R.C. 3701.36(G) (referencing R.C. 101.82 to 101.87, not in the bill).

<sup>15</sup> R.C. 3701.361.

<sup>16</sup> R.C. 3701.361.



(4) Consumer educational materials and referral information for palliative care, including hospice.

### **Program initiatives**

Under the bill, the Department may develop and implement any other initiatives regarding palliative care services and education it determines necessary.<sup>17</sup>

### **Duties of health care facilities and providers**

The bill requires certain health care facilities and providers to establish a system for identifying patients or residents who could benefit from palliative care. It also requires each of them to provide information on palliative care services to patients and residents who could benefit from palliative care.<sup>18</sup> The following health care facilities and providers are subject to these requirements: hospitals, ambulatory surgical facilities, nursing homes, residential care facilities, county or district homes, veterans' homes, home health agencies, hospice care programs, and pediatric respite care programs.<sup>19</sup>

### **Palliative care definition**

The bill defines "palliative care" as specialized care for a patient of any age diagnosed with a serious illness that is provided at any stage of the illness by an interdisciplinary team working in consultation with other health care professionals, including those who may be seeking to cure the illness, and that aims to do all of the following:<sup>20</sup>

- (1) Relieve the symptoms, stress, and suffering resulting from the illness;
- (2) Improve the quality of life of the patient and the patient's family;
- (3) Address the patient's physical, emotional, social, and spiritual needs;
- (4) Facilitate patient autonomy, access to information, and medical decision making.

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<sup>17</sup> R.C. 3701.361.

<sup>18</sup> R.C. 3701.362.

<sup>19</sup> R.C. 3701.362(A)(1).

<sup>20</sup> R.C. 3712.01(E).

This definition applies to all of the following: (1) the Palliative Care and Quality of Life Interdisciplinary Council and the Palliative Care Consumer and Professional Information and Education Program established by the bill, (2) the bill's requirements that health care facilities and providers establish a system for identifying patients who could benefit from palliative care and provide information on such care, and (3) the law governing licensed hospice care programs.

Existing law defines palliative care – for purposes of the law relating to licensed hospice care programs – as treatment for a patient with a serious or life-threatening illness directed at controlling pain, relieving other symptoms, and enhancing the quality of life of the patient and the patient's family rather than treatment for the purpose of cure.<sup>21</sup>

### **Hospice care programs**

The bill authorizes a licensed hospice care program operating an inpatient hospice care facility or unit to provide palliative care to a patient other than a hospice patient.<sup>22</sup>

Current law limits the provision of services – including palliative care – by a licensed hospice care program to hospice patients. To be considered a hospice patient under existing law, an individual must have been diagnosed as terminally ill, have an anticipated life expectancy of six months or less, and have voluntarily requested and be receiving care from a licensed hospice care program.<sup>23</sup>

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## **HISTORY**

<b>ACTION</b>	<b>DATE</b>
Introduced	06-22-17
Reported, H. Aging & Long Term Care	10-26-17
Passed House (91–0)	11-29-17

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<sup>21</sup> R.C. 3712.01(E).

<sup>22</sup> R.C. 3712.063.

<sup>23</sup> R.C. 3712.01(A).

