

HOUSE No. 2104

The Commonwealth of Massachusetts

PRESENTED BY:

Chris Walsh

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An act to improve quality of life by expanding access to palliative care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Chris Walsh</i>	<i>6th Middlesex</i>
<i>Marcos A. Devers</i>	<i>16th Essex</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Frank I. Smizik</i>	<i>15th Norfolk</i>

HOUSE No. 2104

By Mr. Walsh of Framingham, a petition (accompanied by bill, House, No. 2104) of Chris Walsh and others for legislation to establish a palliative care and quality of life interdisciplinary advisory council. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An act to improve quality of life by expanding access to palliative care.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 111 of the General Laws is hereby amended by adding at the end
2 thereof the following sections:-

3 Section 225. There shall be established a “State Palliative Care and Quality of Life
4 Interdisciplinary Advisory Council” within the Department.

5 The Council shall be established by the Commissioner and shall consist of, and shall
6 include interdisciplinary palliative care medical, nursing, social work, pharmacy, and spiritual
7 professional expertise; patient and family caregiver advocate representation; and any relevant
8 appointees from the Department or state committees or councils that the Commissioner
9 determines appropriate. Membership shall specifically include health professionals having
10 palliative care work experience and/or expertise in palliative care delivery models in a variety of
11 inpatient, outpatient, and community settings (e.g., acute-care, long term care, and hospice) and
12 with a variety of populations, including pediatric, youth and adults. At least two council
13 members shall be board-certified hospice and palliative medicine physicians and/or nurses.
14 Council members shall serve for a period of three years at the pleasure of the Department and
15 their respective appointing authorities. The members shall elect a chair and vice chair whose
16 duties shall be established by the Advisory Council. The Department shall fix a time and place
17 for regular meetings of the Advisory Council, which shall meet at least twice yearly.

18

19 Council members shall receive no compensation for their services, but shall be allowed
20 actual and necessary expenses in the performance of their duties.

21 The Palliative Care and Quality of Life Interdisciplinary Advisory Council shall consult
22 with and advise the Department on matters related to the establishment, maintenance, operation,
23 and outcomes evaluation of palliative care initiatives in the state.

24

25 Section 226. There is hereby established a statewide “Palliative Care Consumer and
26 Professional Information and Education Program” within the Department the purpose of which
27 shall be to maximize the effectiveness of palliative care initiatives in the state by ensuring that
28 comprehensive and accurate information and education about palliative care is available to the
29 public, health care providers, and health care facilities.

30 The Department shall publish on its Web site information and resources, including links
31 to external resources, about palliative care for the public, health care providers, and health care
32 facilities. This shall include, but not be limited to, continuing educational opportunities for
33 health care providers; information about palliative care delivery in the home, primary, secondary,
34 and tertiary environments; best practices for palliative care delivery; and consumer educational
35 materials and referral information for palliative care, including hospice.

36 The Department may develop and implement any other initiatives regarding palliative
37 care services and education that the Department determines would further the purposes of this
38 section.

39 In implementing this section, the Department shall consult with the Palliative Care and
40 Quality of Life Interdisciplinary Advisory Council established in section 225 of Chapter 111 of
41 the General Laws.

42 SECTION 2. Chapter 111 of the General Laws is hereby amended in section 51 by
43 adding at the end thereof the following:-

44 After January 1, 2015, no original license shall be granted to establish or maintain a
45 health care facility, health maintenance organization or acute-care hospital, as defined by section
46 25B unless each has established a system for identifying patients or residents who could benefit
47 from palliative care and provides information about and facilitates access to appropriate
48 palliative care services for patients or residents with serious illness.

49 The Department shall carry out this section with the consultation of the Palliative Care
50 and Quality of Life Interdisciplinary Advisory Council. In carrying out this section, the
51 Department shall take into account factors that may impact the development of such a system
52 and its ability to facilitate access to palliative care, including the size of the organization; access
53 and proximity to palliative care services, including the availability of hospice and palliative care
54 board-certified practitioners and related workforce staff; and geographic factors.

55 If an organization fails to carry out the provisions of this Section, the Commissioner shall
56 require the organization to provide a plan of action to bring the organization into compliance and
57 may impose a civil monetary penalty.

58 SECTION 3. Chapter 111 of the General Laws is hereby amended in section 52 by
59 adding at the end thereof the following:-

60 "Appropriate" means consistent with applicable legal, health and professional standards;
61 the patient's clinical and other circumstances; and the patient's reasonably known wishes and
62 beliefs.

63 "Medical care" means services provided, requested, or supervised by a physician or
64 advanced practice nurse.

65 "Palliative care" means patient- and family-centered medical care that optimizes quality
66 of life by anticipating, preventing, and treating suffering caused by serious illness. Palliative care
67 throughout the continuum of illness involves addressing physical, emotional, social, and spiritual
68 needs and facilitating patient autonomy, access to information, and choice. Palliative care
69 includes, but is not limited to, discussions of the patient's goals for treatment; discussion of
70 treatment options appropriate to the patient, including, where appropriate, hospice care; and
71 comprehensive pain and symptom management.

72 "Serious Illness" means any medical illness or physical injury or condition that
73 substantially impacts quality of life for more than a short period of time. Serious illness includes,
74 but is not limited to, cancer; heart, renal or liver failure; lung disease; and Alzheimer's disease
75 and related dementias.