

**HOUSE . . . . . No. 2104**

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**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:	DATE ADDED:
<i>Chris Walsh</i>	<i>6th Middlesex</i>	<i>1/17/2013</i>
<i>Marcos A. Devers</i>	<i>16th Essex</i>	<i>2/1/2013</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>	<i>1/31/2013</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>2/1/2013</i>
<i>Frank I. Smizik</i>	<i>15th Norfolk</i>	<i>1/30/2013</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.