

HOUSE No. 4520

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, November 3, 2014.

The committee on Ways and Means, to whom was referred the Bill to improve quality of life by expanding access to palliative care (House, No. 3977), reports recommending that the same ought to pass with an amendment substituting therefor the accompanying bill (House, No. 4520).

For the committee,

BRIAN S. DEMPSEY.

The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

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 the
2 following 2 sections:-

3 Section 231. (a) As used in sections 231 and 232, inclusive, the following words shall,
4 unless the context clearly indicates otherwise, have the following meanings:-

5 “Palliative care”, patient and family-centered medical care that optimizes quality of life
6 by anticipating, preventing, and treating suffering caused by medical illness or physical injury
7 that substantially impacts a patient’s quality of life, including, but not limited to, addressing
8 physical, emotional, social and spiritual needs; facilitating patient autonomy; access to
9 information, and choice; discussions of the patient’s goals for treatment; discussion of treatment
10 options appropriate to the patient, including, where appropriate, hospice care; and comprehensive
11 pain and symptom management.

12 (b) There shall be a palliative care and quality of life interdisciplinary advisory council,
13 hereinafter referred to as the council, within the department.

14 The council shall be convened by the commissioner and shall consist of 13 members
15 from the interdisciplinary fields of palliative care, medical, nursing, social work, pharmacy and
16 spiritual as well as patient and family caregiver advocate representation and any other appointees
17 that the commissioner deems appropriate. Membership shall include health professionals having
18 palliative care work experience or expertise in palliative care delivery models in a variety of
19 inpatient, outpatient and community settings, including acute care, long term care and hospice,
20 and with a variety of populations, including pediatric, youth and adults. At least 2 council
21 members shall be board-certified hospice and palliative medicine physicians or nurses. Council
22 members shall serve for a period of 3 years at the pleasure of the commissioner. The members
23 shall elect a chair and vice chair whose duties shall be established by the council. The

24 department shall provide a place for regular meetings of the council, which shall meet at least
25 twice yearly.

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

28 The council shall consult with and advise the department on matters related to the
29 establishment, maintenance, operation, and outcomes evaluation of palliative care initiatives in
30 the commonwealth.

31 Section 232. Subject to appropriation, there shall be a statewide palliative care consumer
32 and professional information and education program, hereinafter referred to as the program,
33 within the department the purpose of which shall be to maximize the effectiveness of palliative
34 care initiatives in the commonwealth by ensuring that comprehensive and accurate information
35 and education about palliative care is available to the public, health care providers and health
36 care facilities.

37 The department shall publish on its website information and resources, including links to
38 external resources, about the program for the public, health care providers and health care
39 facilities, including, but not be limited to, continuing educational opportunities for health care
40 providers; information about palliative care delivery in the home, primary, secondary, and
41 tertiary environments; best practices for palliative care delivery; and consumer educational
42 materials and referral information for palliative care, including hospice.

43 The department may develop and implement any other initiatives regarding palliative
44 care services and education that the department determines would further the purposes of this
45 section.

46 In implementing the program, the department shall consult with the palliative care and
47 quality of life interdisciplinary advisory council established in section 231.