

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Alan Silvia

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 relative to equity for palliative care compassionate support.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Alan Silvia</i>	<i>7th Bristol</i>	<i>9/27/2021</i>

HOUSE No.

By Mr. Silvia of Fall River, a petition (subject to Joint Rule 12) of Alan Silvia relative to palliative care and end-of-life care and consultation. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act relative to equity for palliative care compassionate support.

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. It is the intent of this law to establish standards to ensure the delivery of
2 palliative care compassionate support services and to provide appropriate and equitable medical
3 care for all citizens of the Commonwealth living with a serious illness, regardless of economic
4 status, race, sex, gender, color, religion, disability, national origin, or age. This type of care is
5 focused on providing management of the symptoms and stress of a serious illness. It is also the
6 intent of this law to assure that these services are readily accessible across the health care system
7 in the Commonwealth with a focus on the poor and underserved communities. It is further the
8 intent of this law to increase access to information about palliative care compassionate support
9 treatment and improve quality of life for both the patient and family.

10 SECTION 2. Chapter 111 of the General Laws is hereby amended by striking out
11 section 227 and inserting in place thereof the following section:—

12 Section 227. (a) As used in this section, the following terms shall, unless the context
13 clearly requires otherwise, have the following meanings:

14 "Appropriate", consistent with applicable legal, health and professional standards, the
15 patient's clinical and other circumstances and the patient's reasonably known wishes and beliefs
16 which the attending health care practitioner will make every effort to determine.

17 "Attending health care practitioner", also known as an "attending health care clinician", a
18 licensed physician, physician assistant, nurse practitioner, advance practice nurse or registered
19 nurse who has primary responsibility for the care and treatment of the patient; provided that if
20 more than 1 of these practitioners share that responsibility, each of them shall have a
21 responsibility under this section, unless there is an agreement to assign that responsibility to 1
22 such person.

23 "Palliative care", a specific approach to health care treatment, also known as
24 "compassionate support", for the seriously ill and dying to prevent or relieve pain and suffering
25 and to enhance the patient's quality of life in an equitable manner, including but not limited to:
26 (1) hospice care; (2) specialized medical care and emotional and spiritual support for people with
27 serious advanced illnesses; (3) relief of symptoms, pain, and stress of serious illness; (4)
28 interdisciplinary end-of-life care and consultation with patients and family members; (5)
29 improvement of quality of life for both the patient and family; and (6) appropriate and equitable
30 care for any age and for any stage of serious illness, along with curative treatment.

31 "Serious illness or condition", an illness or condition that is significantly or substantially
32 life-limiting in terms of function, quantity, or quality, whether or not treatment is provided.

33 (b) The Commissioner shall adopt regulations requiring each licensed hospital, skilled
34 nursing facility, health center or assisted living facility to distribute to appropriate patients in its
35 care information regarding the availability of palliative care, including care at end of life. The
36 regulations shall establish standards for palliative care, including mental or behavioral health
37 services, and shall provide technical assistance for managed care plans to ensure delivery of
38 palliative care services in an equitable manner.

39 (c) If a patient is diagnosed with a serious illness or condition, the patient's attending
40 health care practitioner shall provide the patient with information and counseling regarding
41 palliative care, including care at end of life options appropriate for the patient, including but not
42 limited to: (i) the range of treatment and non-treatment options appropriate for the patient; (ii)
43 the prognosis, risks and benefits of the various options; and (iii) the patient's legal rights to
44 comprehensive pain and symptom management at the end of life. The information and
45 counseling may be provided orally or in writing. Where the patient lacks capacity to reasonably
46 understand and make informed choices relating to palliative care, the attending health care
47 practitioner shall provide information and counseling under this section to a person with
48 authority to make health care decisions for that patient.

49 If the attending health care practitioner fails to provide the patient with information and
50 counseling under this section in a timely manner, the attending health care practitioner shall
51 promptly arrange for another physician, physician assistant, nurse practitioner, advance practice
52 nurse or registered nurse licensed to do so or shall promptly refer or transfer the patient to
53 another physician, physician assistant, nurse practitioner, advance practice nurse or registered
54 nurse licensed to do so.

55 Nothing in this section shall be construed to permit any attending health care practitioner,
56 as defined in this section , or any other medical professional to offer physician assisted suicide or
57 prescribe medication with the intent to end life.

58 (d) The Department shall consult with the Hospice and Palliative Care Federation of
59 Massachusetts in developing educational documents, rules and regulations related to this section.

60 SECTION 3. The Commissioner shall adopt regulations pursuant to section 2(b) within
61 90 days of the effective date of this act.

62 SECTION 4. The Commissioner shall conduct a comprehensive evaluation of each
63 licensed hospital, skilled nursing facility, health center and assisted living facility in the
64 Commonwealth to determine current access to and availability of palliative care and the level of
65 care provided to residents of poor and underserved communities. The Commissioner shall submit
66 a written report to the Joint Committee on Public Health with findings and recommendations
67 focused on improving palliative care services to those communities. The Commissioner shall
68 issue the written report within 180 days of the effective date of this act.