HEALTH SERVICES. Extends the termination date of the Palliative Care Interdisciplinary Advisory Council for three years. (8/1/22)

AN ACT
To amend and reenact R.S. 36:259(B)(36), to enact R.S. 40:2018.7, and to repeal R.S. 40:2018.6, relative to the Palliative Care Interdisciplinary Advisory Council; to provide for placement within the Louisiana Department of Health; to provide for legislative intent; to provide for subject matter to be studied by the council; to provide for definitions; to provide for council membership; to provide for minimum organization and task requirements; to provide for staff support; to provide for recommendations to the legislature; to provide for termination; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:
Section 1. R.S. 36:259(B)(36) is hereby amended and reenacted to read as follows:
§259. Transfer of agencies and functions to Louisiana Department of Health

B. The following agencies, as defined in R.S. 36:3, are placed within the Louisiana Department of Health and shall perform and exercise their powers, duties, functions, and responsibilities as otherwise provided by law:
(36) The Palliative Care Interdisciplinary Advisory Council (R.S. 40:2018.6)

(R.S. 40:2018.7).

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Section 2. R.S. 40:2018.7 is hereby enacted to read as follows:

§2018.7. Palliative Care Interdisciplinary Advisory Council creation; purpose; termination

A. The legislature finds and declares that research indicates palliative care is appropriate for a patient of any age and at any stage of a life-threatening illness and can reduce medical costs and patient recovery time when provided by an interdisciplinary team of physicians, nurses, social workers, and other healthcare specialists in order to provide an additional source of support to a patient with a life-threatening illness.

B. For purposes of this Section, the following definitions shall apply:

(1) "Council" means the Palliative Care Interdisciplinary Advisory Council.

(2) "Department" means the Louisiana Department of Health.

(3) "Palliative care" means an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illnesses, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual. "Palliative care" services:

(a) Provide relief from pain and other distressing symptoms.

(b) Affirm life and regards dying as a normal process.

(c) Intend neither to hasten or postpone death.

(d) Integrate the psychosocial and spiritual aspects of patient care.

(e) Offer a support system to help patients live as actively as possible until death.

(f) Offer a support system to help the family cope during the patient's
illness and in their own bereavement.

(g) Use a team approach to address the needs of patients and their families, including bereavement counseling, if indicated.

(h) Will enhance quality of life, and may also positively influence the course of illness.

(i) Are applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

(j) Include "palliative care for children", which means the care appropriate for children and their families that begins at diagnosis and continues regardless of whether or not the treatment is directed at the disease. "Palliative care for children" requires health providers to evaluate and alleviate a child's physical, psychological, and social distress through a multi-disciplinary approach that includes the family and makes use of available community resources which can be successfully implemented even if resources are limited. "Palliative care for children" includes active total care of the child's body, mind, and spirit, and the support given to the family. "Palliative care for children" can be provided in tertiary care facilities, in community health centers, and in children's homes.

(d) "Secretary" means the secretary of the Louisiana Department of Health.

C.(1) The legislature hereby creates within the Louisiana Department of Health, the Palliative Care Interdisciplinary Advisory Council to assess the availability of patient-centered and family-focused palliative care in this state and make recommendations to the secretary and the legislature. Members of the council shall have at least two years of experience providing individual or interdisciplinary palliative care to pediatric, youth, or adult populations in inpatient, outpatient, or community settings.
(2) The council shall be composed of the following seventeen members:

(a) Four physician members, including two who are board certified in hospice and palliative care, one who shall be board certified in pain management, and one who shall be board certified in pediatric care appointed by the Louisiana State Board of Medical Examiners.

(b) Three nurse members, including two who are advanced practice registered nurses who are board certified in hospice and palliative care appointed by the Louisiana State Board of Nursing.

(c) One pharmacist member with experience providing palliative care appointed by the Louisiana Board of Pharmacy.

(d) One social worker with experience providing palliative care appointed by the Louisiana State Board of Social Work Examiners.

(e) One palliative care program administrator or director with current operational experience managing a palliative care program appointed by the governor.

(f) One spiritual care professional with experience providing palliative care appointed by the governor.

(g) One insurance plan administrator with experience in reimbursement coverage and claims processing for palliative care services appointed by the governor.

(h) Three patient and family advocate members who are independent of a hospital or other healthcare facility appointed by the governor.

(i) The secretary or his designee, who shall be a nonvoting member.

(j) The Medicaid director or his designee.

(3) The council may engage and solicit, as necessary, input, recommendations, and guidance pertaining to palliative care from interested parties and stakeholders including but not limited to the following:

(a) The Louisiana-Mississippi Hospice and Palliative Care Organization.

(b) The American Cancer Society Cancer Action Network.
(c) The HomeCare Association of Louisiana.

(d) Hospice of Acadiana.

(e) Hospice of Baton Rouge.

(f) The Louisiana Nursing Home Association.

(g) The Louisiana Department of Health, office for citizens with developmental disabilities.

(h) The Louisiana Department of Health, office of behavioral health.

(i) AARP Louisiana (AARP).


(k) Louisiana State Medical Society.

(l) ALS Association Louisiana-Mississippi Chapter.

(4)(a) Members serve at the pleasure of their appointing authorities. If any appointed member misses three consecutive meetings, the secretary shall notify the appointing authority and a new appointment shall be made. If a vacancy occurs on the council, the appointing authority shall make a new appointment.

(b) Members of the council shall serve without compensation.

D.(1) The secretary shall call the first meeting of the council at which the members shall elect and establish the duties of a chair and vice chair.

(2) The chair shall set a time and place for regular public meetings of the council, which shall occur at least quarterly each calendar year.

(3) The department shall provide staff support to the council and shall provide a dedicated link on its website for information regarding the council, including meeting dates and times, minutes from meetings, and any reports or data considered by the council.

E. The council shall consult with and advise the secretary on matters related to the establishment, maintenance, operation, and outcome evaluation of the palliative care consumer and professional information and education established by this Section. In doing so, the council shall perform the following
tasks:

(1) Conduct an analysis and submit a report of its findings to the Senate and House committees on health and welfare on February first of each year, to include the following:

(a) Availability of palliative care, including palliative care for children, in this state for patients in the early stages of a life-threatening illness.

(b) Barriers to greater access to palliative care.

(c) Policies, practices, and protocols in this state concerning patient's rights related to palliative care, including the following:

(i) Whether a palliative care team member may introduce palliative care options to a patient without the consent of the patient's attending physician.

(ii) The practices and protocols for discussions between a palliative care team member and a patient on life-sustaining treatment or advance directives decisions.

(iii) The practices and protocols on informed consent and disclosure requirements for palliative care services.

(2) Establish a statewide palliative care consumer and professional information and education program, in consultation with the department, to ensure that comprehensive and accurate information and education about palliative care are available to the public, healthcare providers, and healthcare facilities.

F. To advance the educational initiative of the council set forth in Paragraph (E)(2) of this Section, the department shall make available on its website the following information and resources regarding palliative care:

(1) Links to external resources regarding palliative care.

(2) Continuing education opportunities on palliative care for healthcare providers.

(3) Information about palliative care delivery in the home, primary, secondary, and tertiary environments.
(4) Consumer educational materials regarding palliative care, including hospice care.

G. The provisions of this Section shall terminate on August 1, 2025.

Section 3. R.S. 40:2018.6 is hereby repealed.