

2019 Regular Session

SENATE BILL NO. 119

BY SENATORS COLOMB, BARROW, BISHOP, BOUDREAUX, CARTER, CHABERT,
CLAITOR, CORTEZ, ERDEY, HENSGENS, HEWITT, JOHNS,
LAFLEUR, LONG, MARTINY, MILLS, MORRELL, PETERSON,
PRICE, GARY SMITH, THOMPSON AND WALSWORTH

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

HEALTH SERVICES. Creates the Palliative Care Interdisciplinary Advisory Council.
(8/1/19)

1 AN ACT

2 To enact R.S. 36:259(B)(36) and R.S. 40:2018.6, relative to the Palliative Care

3 Interdisciplinary Advisory Council; to provide for placement within the Louisiana

4 Department of Health; to provide for legislative intent; to provide for subject matter

5 to be studied by the council; to provide for definitions; to provide for council

6 membership; to provide for minimum organization and task requirements; to provide

7 for staff support; to provide for recommendations to the legislature; to provide for

8 termination; and to provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. R.S. 36:259(B)(36) is hereby enacted to read as follows:

11 §259. Transfer of agencies and functions to Louisiana Department of Health

12 * * *

13 B. The following agencies, as defined in R.S. 36:3, are placed within the

14 Louisiana Department of Health and shall perform and exercise their powers, duties,

15 functions, and responsibilities as otherwise provided by law:

16 * * *

17 **(36) The Palliative Care Interdisciplinary Advisory Council (R.S.**

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40:2018.6).

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Section 2. R.S. 40:2018.6 is hereby enacted to read as follows:

§2018.6. 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 serious 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 serious 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

1 families, including bereavement counseling, if indicated.

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

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

8 (4) "Secretary" means the secretary of the Louisiana Department of
9 Health.

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

17 (2) The council shall be composed of the following seventeen members:

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

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

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

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

29 (e) One palliative care program administrator or director with current

1 operational experience managing a palliative care program appointed by the
2 governor.

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

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

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

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

11 (j) The Medicaid director or his designee.

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

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

16 (b) The American Cancer Society Cancer Action Network.

17 (c) The Home Care Association of Louisiana.

18 (d) Hospice of Acadiana.

19 (e) Hospice of Baton Rouge.

20 (f) The Louisiana Nursing Home Association.

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

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

24 (i) AARP Louisiana (AARP).

25 (j) The Alzheimer's Association.

26 (k) Louisiana State Medical Society.

27 (l) ALS Association Louisiana-Mississippi Chapter.

28 (4)(a) Members serve at the pleasure of their appointing authorities. If
29 any appointed member misses three consecutive meetings, the secretary shall

1 notify the appointing authority and a new appointment shall be made. If a
2 vacancy occurs on the council, the appointing authority shall make a new
3 appointment.

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

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

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

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

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

18 (1) Conduct an analysis and submit a report of its findings to the senate
19 and house committees on health and welfare on February first of each year, to
20 include the following:

21 (a) Availability of palliative care in this state for patients in the early
22 stages of serious illness.

23 (b) Barriers to greater access to palliative care.

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

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

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

1 decisions.

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

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

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

12 (1) Links to external resources regarding palliative care.

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

15 (3) Information about palliative care delivery in the home, primary,
 16 secondary, and tertiary environments.

17 (4) Consumer educational materials regarding palliative care, including
 18 hospice care.

19 G. Unless reauthorized by the legislature, the provisions of this Section
 20 shall expire on March 31, 2022, and this Section shall be considered repealed on
 21 that date.

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Christine Arbo Peck.

SB 119 Reengrossed

DIGEST
2019 Regular Session

Colomb

Proposed law defines palliative care as person-centered, family-focused care that provides a patient with relief from the symptoms, pain, and stress of a serious illness. Proposed law provides that palliative care is appropriate for a patient of any age and at any stage of a serious 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 serious illness.

Proposed law establishes the Palliative Care Interdisciplinary Advisory Council to study and make recommendations to the secretary and the legislature regarding the availability of

patient-centered and family-focused palliative care in this state. Proposed law provides that the secretary shall call the first meeting and that the council shall meet at least twice a year.

Proposed law provides that the department shall provide staff support for the council and shall post notices and materials regarding the council on its website.

Proposed law provides that council members 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 and shall include seventeen members: four physicians, three nurses, one palliative care program administrator, one social worker, one pharmacist, one spiritual care advisor, one insurance administrator, three patient and family advocates, the secretary of the Louisiana Department of Health or his designee who shall be a nonvoting member, and the Medicaid director or his designee.

Proposed law provides for analysis of information regarding palliative care to be included in recommendations to the secretary and the legislature and for the creation of an educational initiative, including the addition of such information on the department's website. Proposed law provides for a report to the legislature on February 1st of each year.

Proposed law terminates on March 31, 2022, unless reauthorized by the legislature.

Effective August 1, 2019.

(Adds R.S. 36:259(B)(36) and R.S. 40:2018.6)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill

1. Provides that one of the four physician members of the council shall be board certified in pediatric palliative care.
2. Adds the Medicaid director to the council.
3. Adds authority for the council to engage and solicit input from, at a minimum, certain identified stakeholders.
4. Increases the number of meetings a member may miss before being replaced from two to three.
5. Increases frequency of council meetings from twice each year to quarterly each year.
6. Changes the definition of "palliative care".
7. Makes technical corrections.

Senate Floor Amendments to engrossed bill

1. Makes technical amendments.
2. Replaces the ex officio nonvoting member appointed as a representative of the secretary with the secretary or his designee specifies the secretary shall be a nonvoting member.