

PRELIMINARY STAFF MEASURE SUMMARY**CARRIER:**

Senate Committee on Senate Health Care

REVENUE: No revenue impact (introduced)**FISCAL: Fiscal statement issued****Action:****Vote:****Yeas:****Nays:****Exc.:****Prepared By:** Zena Rockowitz, Administrator**Meeting Dates:** 3/4, 3/30, 4/13

WHAT THE MEASURE DOES: Establishes 9-member Palliative Care and Quality of Life Interdisciplinary Action Council in Oregon Health Authority (OHA) appointed by director of OHA. Requires Council to advise director on matters relating to establishment, maintenance, operation and evaluation of palliative care initiatives. Specifies members of the Council as individual with collective expertise in interdisciplinary palliative care provided in variety of settings, individuals with expertise in nursing, social work and pharmacy, members of the clergy or individuals with spiritual expertise, at least two board-certified physicians or nurses with expertise in palliative care. Establishes Palliative Care Consumer and Professional Information Education Program in OHA to post information on website on continuing education for health care providers, information about palliative care delivery in the home and facilities, best practices for and cultural competency of palliative care delivery, consumer education, referral information for culturally competent care. Defines “palliative care” as patient centered and family centered medical care that optimizes patient’s quality of life by anticipating, preventing, and treating suffering caused by serious illness, addressing patient’s physical, social, and spiritual needs, and facilitating autonomy, access, information, and choices. Requires health facilities to establish a system for identifying patients or residents that could benefit from palliative care, provide information to patients, families, and residents about palliative care, and facilitate access of patients and residents to appropriate palliative care. Defines “serious illness” as any illness, physical injury, or condition that substantially impairs quality of life for more than a short period of time. Defines “health facilities” as hospitals and long term care facilities. Defines “appropriate” as consistent with legal, health and professional standards, patient’s clinical circumstances, and patient’s known wishes.

ISSUES DISCUSSED:

- Cost reduction, decrease in hospital stay, improvement in quality of life
- Need for communication, coordination, and team approach
- Lack of information for public about palliative care
- Distinction between hospice and palliative care
- Addresses issues of caregivers and family

EFFECT OF COMMITTEE AMENDMENT: -2 Amendment: Removes Palliative Care Consumer and Professional Information and Education program in Oregon Health Authority. Removes requirement of all agencies to assist council in duties. Permits, instead of requires, OHA to publish certain information on website, limited to specified information. Requires health facilities to coordinate with patient’s or resident’s primary care provider if practicable.

BACKGROUND: Palliative care is a system of health care treatment also known as supportive care, comfort care, or symptom management. Its intention is to ensure quality of life and dignity of patients and families during end of life illnesses. Palliative care begins at diagnosis of life-threatening diseases and is typically provided by a team of health care professionals to address physical, intellectual, emotional, social, and spiritual components. Research suggests that

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This summary has not been adopted or officially endorsed by action of the committee.

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palliative care helps to address advanced disease challenges including physical distress, fragmented care, strains on caregiver and support systems, and high overall health costs.

A 2014 Institute of Medicine (IOM) report states that palliative care affords patients the highest quality of life for the most time possible. The IOM reports that the delivery of end-of-life care is increasingly challenging due to the rise in number of individuals with some combination of cognitive disabilities, chronic illness, and functional limitations. There is an inadequate number of palliative care specialists and lack of knowledge among other clinicians which makes coordinating care challenging. IOM recommends that organizations take measures to increase the number of specialists, and expand knowledge base for all clinicians through professional education and development.