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# MEMORANDUM

Legislative Fiscal Office  
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**To:** Human Services Subcommittee of the Joint Committee on Ways and Means

**From:** Kim To, Legislative Fiscal Office, 503-986-1830

**Date:** Tuesday, June 16, 2015

**Subject:** SB 608 Relating to palliative care  
Work Session Recommendation

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Senate Bill 608 establishes the nine-member Palliative Care and Quality of Life Interdisciplinary Advisory Council in the Oregon Health Authority (OHA) to advise the OHA director on establishing, maintaining, operating and evaluating palliative care initiatives in Oregon. OHA is required to publish on its website information and resources about palliative care.

The measure previously had hearings in the Senate Committee on Health Care on 3/4/2015 and 4/13/2015.

The original staff measure summary and the fiscal impact statement are attached to this memo, and available on the Oregon Legislative Information System (OLIS).

## **Fiscal impact**

The Oregon Health Authority (OHA) anticipates the need for Policy Analyst 3 position (0.25 FTE) to support the new council and program. This position is estimated to cost \$49,779 General Fund in the 2015-17 biennium. This amount is minimal for OHA, and any budgetary actions required for the bill can be address during the 2015-17 rebalance.

## **Motion**

**Motion: Senator/Representative \_\_\_\_\_:**  
**I move SB 608 to the Full Committee with a “do pass” recommendation.**

## **Assignment of Carriers**

Full: \_\_\_\_\_

Senate: \_\_\_\_\_

House: \_\_\_\_\_

**FISCAL IMPACT OF PROPOSED LEGISLATION**

**Measure: SB 608 - A**

Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session  
Legislative Fiscal Office

*Only Impacts on Original or Engrossed  
Versions are Considered Official*

Prepared by: Kim To  
Reviewed by: Linda Ames  
Date: 4/14/2015

**Measure Description:**

Creates Palliative Care and Quality of Life Interdisciplinary Advisory Council in Oregon Health Authority.

**Government Unit(s) Affected:**

Oregon Health Authority (OHA)

**Summary of Expenditure Impact:**

	<b>2015-17 Biennium</b>	<b>2017-19 Biennium</b>
Personal Services	\$34,803	\$46,488
Services and Supplies	14,976	6,715
<b>Total General Fund</b>	<b>\$49,779</b>	<b>\$53,203</b>
Positions	1	1
FTE	0.19	0.25

**Local Government Mandate:**

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

**Analysis:**

Senate Bill 608 establishes the nine-member Palliative Care and Quality of Life Interdisciplinary Advisory Council in the Oregon Health Authority (OHA) to advise the OHA director on establishing, maintaining, operating and evaluating palliative care initiatives in Oregon. OHA is required to publish on its website information and resources about palliative care.

The Oregon Health Authority estimates the fiscal impact of carrying out the provisions of this bill to be \$49,779 General Fund, 1 position, and 0.19 FTE for the 2015-17 biennium. This amount reflects Personal Services and related Services & Supplies for one permanent quarter-time Operations and Policy Analyst 3 position to support the new Council and program.

This bill requires budgetary action for the appropriation of General Fund and position establishment.

**STAFF MEASURE SUMMARY****Senate Committee On Health Care****Fiscal:** Fiscal impact issued**Revenue:** No Revenue Impact**Action Date:** 04/13/15**Action:** Do Pass With Amendments And Requesting Referral To Ways And Means.  
(Printed A-Engrossed.)**Meeting Dates:** 03/04, 04/13**Vote:**

Yeas: 4 - Knopp, Monnes Anderson, Shields, Steiner Hayward

Exc: 1 - Kruse

**Prepared By:** Zena Rockowitz, Committee Administrator

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**WHAT THE MEASURE DOES:**

Defines “palliative care” as patient- and family-centered medical care that optimizes quality of life by anticipating, preventing and treating suffering caused by serious illness; addressing physical, social and spiritual needs; and facilitating autonomy, access, information and choices. Establishes nine-member Palliative Care and Quality of Life Interdisciplinary Advisory Council (Council) in Oregon Health Authority (OHA). Requires Council to advise on establishment, maintenance, operation and evaluation of palliative care initiatives. Specifies Council as individuals with collective expertise in interdisciplinary palliative care, expertise in nursing, social work and pharmacy, clergy or individuals with spiritual expertise, with at least two board-certified physicians or nurses having expertise in palliative care. Requires OHA to post information on website. Permits website information to include continuing education for health care providers, palliative care delivery in home and facilities, best practices for cultural competency, consumer education and referral information for culturally competent care. Requires health facilities to establish system for identifying patients or residents that could benefit from palliative care, provide information and facilitate access to palliative care.

**ISSUES DISCUSSED:**

- Cost reduction, decrease in hospital stay and 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
- Addressing issues of caregivers and family

**EFFECT OF COMMITTEE AMENDMENT:**

Removes Palliative Care Consumer and Professional Information and Education program in Oregon Health Authority (OHA). Removes requirement of all agencies to assist Council in duties. Permits, instead of requires, OHA to publish certain information on website. Removes directive for OHA to create other initiatives to promote palliative care. 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. Palliative care is reported 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 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, but the delivery of end-of-life care is increasingly challenged due to the rise in number of individuals with some combination of cognitive disabilities, chronic illness and functional limitations. Further, an inadequate number of palliative care specialists and lack of knowledge among other clinicians creates barriers. IOM's recommendations include expanding the knowledge base for all clinicians through professional education and development.

**PRELIMINARY STAFF MEASURE SUMMARY****Joint Committee On Ways and Means****Fiscal:** Fiscal impact issued**Revenue:** No Revenue Impact**Action Date:****Action:****Meeting Dates:****Prepared By:** Kim To, Fiscal Analyst**WHAT THE MEASURE DOES:**

Defines “palliative care” as patient- and family-centered medical care that optimizes quality of life by anticipating, preventing and treating suffering caused by serious illness; addressing physical, social and spiritual needs; and facilitating autonomy, access, information and choices. Establishes nine-member Palliative Care and Quality of Life Interdisciplinary Advisory Council (Council) in Oregon Health Authority (OHA). Requires Council to advise on establishment, maintenance, operation and evaluation of palliative care initiatives. Specifies Council as individuals with collective expertise in interdisciplinary palliative care, expertise in nursing, social work and pharmacy, clergy or individuals with spiritual expertise, with at least two board-certified physicians or nurses having expertise in palliative care. Requires OHA to post information on website. Permits website information to include continuing education for health care providers, palliative care delivery in home and facilities, best practices for cultural competency, consumer education and referral information for culturally competent care. Requires health facilities to establish system for identifying patients or residents that could benefit from palliative care, provide information and facilitate access to palliative care.

**ISSUES DISCUSSED:**

- Minimal Fiscal Impact.

**EFFECT OF COMMITTEE AMENDMENT:**

No amendment.

**BACKGROUND:**

Palliative care is a system of health care treatment also known as supportive care, comfort care or symptom management. Palliative care is reported 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 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, but the delivery of end-of-life care is increasingly challenged due to the rise in number of individuals with some combination of cognitive disabilities, chronic illness and functional limitations. Further, an inadequate number of palliative care specialists and lack of knowledge among other clinicians creates barriers. IOM’s recommendations include expanding the knowledge base for all clinicians through professional education and development.

**A-Engrossed**  
**Senate Bill 608**

Ordered by the Senate April 15  
Including Senate Amendments dated April 15

Sponsored by Senators STEINER HAYWARD, KRUSE; Senators KNOPP, MONNES ANDERSON, SHIELDS, Representatives GREENLICK, NOSSE (at the request of American Cancer Society-Cancer Action Network)

**SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Creates Palliative Care and Quality of Life Interdisciplinary Advisory Council in Oregon Health Authority. Specifies duties and membership.

*[Establishes Palliative Care Consumer and Professional Information and Education Program in]*  
**Requires** Oregon Health Authority to provide information about palliative care.

**A BILL FOR AN ACT**

1  
2 Relating to palliative care.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. (1) The Palliative Care and Quality of Life Interdisciplinary Advisory Council**  
5 **is established in the Oregon Health Authority consisting of nine members appointed by the**  
6 **Director of the Oregon Health Authority.**

7 **(2) The council shall consult with and advise the director on:**

8 **(a) Matters related to the establishment, maintenance, operation and evaluation of**  
9 **palliative care initiatives in this state; and**

10 **(b) The implementation of section 5 of this 2015 Act.**

11 **(3) The members of the council must include:**

12 **(a) Individuals with collective expertise in interdisciplinary palliative care provided in a**  
13 **variety of settings and to children, youths, adults and the elderly;**

14 **(b) Individuals with expertise in nursing, social work and pharmacy;**

15 **(c) Members of the clergy or individuals who have professional spiritual expertise; and**

16 **(d) At least two board-certified physicians or nurses with expertise in palliative care.**

17 **(4) The term of office of each member is three years but a member serves at the pleasure**  
18 **of the director. Before the expiration of the term of a member, the director shall appoint a**  
19 **successor whose term begins on January 1, next following. A member is eligible for reap-**  
20 **pointment. If there is a vacancy for any cause, the director shall make an appointment to**  
21 **become immediately effective for the unexpired term.**

22 **(5) The council shall select one of its members as chairperson and another as vice**  
23 **chairperson, for such terms and with duties and powers necessary for the performance of**  
24 **the functions of such offices as the council determines.**

25 **(6) A majority of the members of the council constitutes a quorum for the transaction**  
26 **of business.**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 (7) The council shall meet at least twice every year at a place, day and hour determined  
2 by the council. The council may also meet at other times and places specified by the call of  
3 the chairperson or of a majority of the members of the council.

4 (8) A member of the council is not entitled to compensation but in the discretion of the  
5 director may be reimbursed from funds available to the authority for actual and necessary  
6 travel and other expenses incurred by the member in the performance of the member's of-  
7 ficial duties in the manner and amount provided in ORS 292.495.

8 (9) The authority shall provide staff support to the council.

9 **SECTION 2.** All appointments to the Palliative Care and Quality of Life Interdisciplinary  
10 Advisory Council under section 1 of this 2015 Act must be completed not later than 90 days  
11 after adjournment sine die of the 2015 regular session of the Seventy-eighth Legislative As-  
12 sembly.

13 **SECTION 3.** Notwithstanding the term of office specified in section 1 of this 2015 Act, of  
14 the members first appointed to the Palliative Care and Quality of Life Interdisciplinary Ad-  
15 visory Council:

16 (1) Three shall serve for terms ending December 31, 2017.

17 (2) Three shall serve for terms ending December 31, 2018.

18 (3) Three shall serve for terms ending December 31, 2019.

19 **SECTION 4.** (1) The Oregon Health Authority shall publish on its website information and  
20 resources, including links to external resources, about palliative care. This may include, but  
21 is not limited to:

22 (a) Continuing educational opportunities for health care providers;

23 (b) Information about palliative care delivery in the home and in primary, secondary and  
24 tertiary care facilities;

25 (c) Best practices for and cultural competency in the delivery of palliative care;

26 (d) Consumer education materials; and

27 (e) Referral information for culturally competent palliative care.

28 (2) The authority shall consult with the Palliative Care and Quality of Life Interdiscipli-  
29 nary Advisory Council in carrying out this section.

30 **SECTION 5.** (1) As used in this section and sections 1 and 4 of this 2015 Act:

31 (a) "Appropriate" means consistent with applicable legal, health and professional stan-  
32 dards, a patient's clinical and other circumstances, and the patient's known wishes and be-  
33 liefs.

34 (b) "Health facility" includes:

35 (A) Hospitals and long term care facilities licensed under ORS 441.025; and

36 (B) Residential facilities licensed under ORS 443.415.

37 (c) "Medical care" means professional services for a patient that are provided, requested  
38 or supervised by a physician, nurse practitioner or physician assistant.

39 (d)(A) "Palliative care" means patient-centered and family-centered medical care that  
40 optimizes a patient's quality of life by anticipating, preventing and treating the suffering  
41 caused by serious illness and involves addressing the patient's physical, social and spiritual  
42 needs and facilitating the patient's autonomy, access to information and choice.

43 (B) "Palliative care" includes, but is not limited to:

44 (i) Discussing a patient's goals for treatment;

45 (ii) Discussing the treatment options that are appropriate for the patient; and

- 1       **(iii) Comprehensive pain and symptom management.**
  - 2       **(e) “Serious illness” means any illness, physical injury or condition that substantially**
  - 3 **impairs a patient’s quality of life for more than a short period of time.**
  - 4       **(2) A health facility shall:**
  - 5       **(a) Establish a system for identifying patients or residents who could benefit from**
  - 6 **palliative care;**
  - 7       **(b) Provide information to patients, residents and their families about palliative care; and**
  - 8       **(c) Coordinate with a patient’s or resident’s primary care provider, if practicable, to fa-**
  - 9  **facilitate the access of patients and residents with serious illnesses to appropriate palliative**
  - 10  **care.**
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