

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

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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.