

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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