

SB 177 -1 STAFF MEASURE SUMMARY

Senate Committee On Human Services

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Sub-Referral To: Senate Committee On Health Care

Meeting Dates: 2/7, 3/12

WHAT THE MEASURE DOES:

Expands definition of "health facility" to include hospice programs licensed by Oregon Health Authority (OHA) for purpose of identifying individuals in need of, providing information about, and facilitating access to palliative care. Effective 91st day after *sine die*.

REVENUE: No revenue impact.

FISCAL: Has minimal fiscal impact.

ISSUES DISCUSSED:

- Differences between palliative care and hospice care
- Billing practices for palliative care and hospice care

EFFECT OF AMENDMENT:

-1 Replaces measure. Allows hospice programs licensed by OHA to provide palliative care without in-home care agency license. Effective 91st day after *sine die*.

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued.

BACKGROUND:

Palliative care is centered on the quality of life of seriously ill patients and their families. Palliative care involves addressing the physical, social, and spiritual needs of a patient, as well as facilitating the patient's autonomy and access to information and options. Hospice programs provide 24-hour in-home and inpatient palliative care for patients experiencing life threatening diseases with limited prognoses. Hospice services include acute, respite, home care and grief services for patients and their families during the final stages of an illness, dying, and bereavement.

Hospitals and long term care facilities licensed by the Oregon Health Authority (OHA) and residential facilities licensed by either the Department of Human Services or OHA, are required to establish systems to identify persons who could benefit from palliative care; to provide information to them and their families, and to coordinate with primary care providers to facilitate access to appropriate palliative care. Senate Bill 177 applies the same requirements to hospice programs.