

**SB 177 -1 STAFF MEASURE SUMMARY**

**Senate Committee On Health Care**

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**Prepared By:** Brian Nieuburt, LPRO Analyst

**Meeting Dates:** 3/25

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**WHAT THE MEASURE DOES:**

Provides that hospice programs are not required to be licensed as an in-home care agency to provide palliative care. Takes effect on 91st day following adjournment sine die.

**ISSUES DISCUSSED:**

**EFFECT OF AMENDMENT:**

-1 Replaces measure. Provides that hospice programs are not required to be licensed as an in-home care agency to provide palliative care. Takes effect on 91st day following adjournment sine die.

**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.