

SB 177 A STAFF MEASURE SUMMARY

House Committee On Health Care

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Meeting Dates: 4/25, 5/2

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.

REVENUE: No revenue impact.

FISCAL: Statement issued: indeterminate.

ISSUES DISCUSSED:

- Hospice and palliative care services; distinction between hospice and primary palliative care
- Gaps in palliative care; need for in home palliative care services
- Pain management and symptom control provided by hospice agencies that offer palliative care
- Consistency in care and services through care continuum (e.g., treatment of a chronic condition to end-of-life)
- Hospice care as a defined benefit in Medicare, federal restrictions, ability to bill for palliative care services, reimbursement

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

Palliative care is patient- and family-centered medical care that focuses on the quality of life of seriously ill patients and their families. Palliative care addresses the physical, social, and spiritual needs of a patient while facilitating the patient's authority, access to information, and choice. Palliative care can include discussion of treatment goals and available treatment options, as well as pain and symptom management. Palliative care is most often provided in hospitals, but can be provided in homes, nursing homes, and other settings (i.e., outpatient settings).

Hospice care similarly addresses the comprehensive needs of patients and families, but is offered when life expectancy is measured in months or weeks. Hospice care is most commonly provided in the patient's home.

Senate Bill 177-A allows standalone hospice programs to provide palliative care service without an in-home care agency license.

1st Chamber vote (Senate): Ayes, 26, Excused, 4.