

SB 177 STAFF MEASURE SUMMARY

Senate Committee On Human Services

Action Date: 03/12/19

Action: Do pass and refer to Health Care by prior reference.

Vote: 5-0-0-0

Yeas: 5 - Fagan, Gelser, Heard, Knopp, Monnes Anderson

Fiscal: Has minimal fiscal impact

Revenue: No revenue impact

Prepared By: Jamie Hinsz, LPRO Analyst

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 following adjournment *sine die*.

ISSUES DISCUSSED:

- Differences between palliative care and hospice care
- Billing practices for palliative care and hospice care
- Referral to another committee

EFFECT OF AMENDMENT:

No amendment.

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. Senate Bill 177 applies the same requirements to hospice programs.