## A-Engrossed Senate Bill 179

Ordered by the Senate April 15 Including Senate Amendments dated April 15

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Human Services)

## **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.

Requires [Department of Human Services] Oregon Health Authority to administer program to provide palliative care [pilot project to] services and support provision of home- and community-based end of life care. Specifies eligibility, services[,] and provider qualifications [and reimbursement. Requires department to report evaluation of pilot project to interim committees of Legislative Assembly no later than September 15, 2022].

[Sunsets January 2, 2024.]

## A BILL FOR AN ACT

2 Relating to palliative care.

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- Be It Enacted by the People of the State of Oregon:
  - SECTION 1. The Oregon Health Authority shall establish and administer, through feefor-service payment or through coordinated care organizations, a program to provide palliative care services and support the provision of home- and community-based end of life care. The authority shall adopt by rule eligibility requirements, provider qualifications, services to be provided and rates of reimbursement, consistent with the following guidelines:
    - (1) A patient shall qualify for palliative care if:
  - (a) The patient has been diagnosed with a serious illness with a life limiting prognosis of 24 months or less that negatively impacts the patient's or caregiver's quality of life;
    - (b) Palliative care is ordered by a physician or primary health care provider; and
- (c) The patient may be at risk for frequent emergency department visits or frequent hospitalizations.
  - (2) The palliative care services must be provided by an interdisciplinary team of providers who are trained or certified in palliative care. A team must include:
    - (a) A case manager who is a registered nurse under ORS 678.010 to 678.410;
    - (b) A medical social worker; and
    - (c) A physician or other primary health care provider.
- (3) The palliative care must be provided in the patient's residence of choice, which may include a long term care facility, as defined in ORS 442.015.
- 22 (4) The services that must be provided, as determined by the team, include, but are not limited to:
  - (a) Palliative care assessment;
  - (b) Advanced care planning including discussion regarding completion of a POLST, as

**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	defined	in	ORS	127.66	:3

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- (c) Case management and care coordination provided by a registered nurse under ORS 678.010 to 678.410;
  - (d) Pain and symptom management;
  - (e) Mental health and medical social work services;
    - (f) Twenty-four hour clinical telephone support; and
    - (g) Spiritual care services.
- (5) Providers of palliative care under this section must be reimbursed through agreements with coordinated care organizations or by fee-for-service payment per episode of care or through a mutually agreed upon payment structure.

SECTION 2. (1) Section 1 of this 2019 Act becomes operative on the later of July 1, 2020, or the date that the Centers for Medicare and Medicaid Services approves the implementation of section 1 of this 2019 Act.

(2) The Oregon Health Authority shall immediately notify the Legislative Counsel if the Centers for Medicare and Medicaid Services approves or disapproves, in whole or in part, the implementation of section 1 of this 2019 Act.

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