## SENATE AMENDMENTS TO SENATE BILL 179

By COMMITTEE ON HEALTH CARE

April 15

"SECTION 1. The Oregon Health Authority shall establish and administer, through fee-

On page 1 of the printed bill, delete lines 4 through 28 and delete page 2 and insert:

3	for-service payment or through coordinated care organizations, a program to provide
4	palliative care services and support the provision of home- and community-based end of life
5	care. The authority shall adopt by rule eligibility requirements, provider qualifications, ser-
6	vices to be provided and rates of reimbursement, consistent with the following guidelines:
7	"(1) A patient shall qualify for palliative care if:
8	"(a) The patient has been diagnosed with a serious illness with a life limiting prognosis
9	of 24 months or less that negatively impacts the patient's or caregiver's quality of life;
10	"(b) Palliative care is ordered by a physician or primary health care provider; and
11	"(c) The patient may be at risk for frequent emergency department visits or frequent
12	hospitalizations.
13	"(2) The palliative care services must be provided by an interdisciplinary team of pro-
14	viders who are trained or certified in palliative care. A team must include:
15	"(a) A case manager who is a registered nurse under ORS 678.010 to 678.410;
16	"(b) A medical social worker; and
17	"(c) A physician or other primary health care provider.
18	"(3) The palliative care must be provided in the patient's residence of choice, which may
19	include a long term care facility, as defined in ORS 442.015.
20	"(4) The services that must be provided, as determined by the team, include, but are not
21	limited to:
22	"(a) Palliative care assessment;
23	"(b) Advanced care planning including discussion regarding completion of a POLST, as
24	defined in ORS 127.663;
25	"(c) Case management and care coordination provided by a registered nurse under ORS
26	678.010 to 678.410;
27	"(d) Pain and symptom management;
28	"(e) Mental health and medical social work services;
29	"(f) Twenty-four hour clinical telephone support; and
30	"(g) Spiritual care services.
31	"(5) Providers of palliative care under this section must be reimbursed through agree-
32	ments with coordinated care organizations or by fee-for-service payment per episode of care
33	or through a mutually agreed upon payment structure.
34	"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 implementa-

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1 tion of section 1 of this 2019 Act.

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"(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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