HOUSE AMENDMENTS TO HOUSE BILL 2981

By COMMITTEE ON HEALTH CARE

April 14

1	On page 1 of the printed bill, delete lines 4 through 31 and delete page 2 and insert:
2	"SECTION 1. (1) As used in this section:
3	"(a) 'Interdisciplinary team' means a group composed of the following individuals who are
4	trained or certified in palliative care:
5	"(A) A case manager who is a registered nurse licensed under ORS 678.010 to 678.410;
6	"(B) A medical social worker; and
7	"(C) A physician or other primary care provider.
8	"(b) 'Palliative care services' includes:
9	"(A) Palliative care assessment;
10	"(B) Advanced care planning including a discussion regarding completing a POLST;
11	"(C) Case management and care coordination provided by a registered nurse in an inter-
12	disciplinary team;
13	"(D) Pain and symptom management;
14	"(E) Mental health and medical social work services;
15	"(F) Twenty-four hour clinical telephone support;
16	"(G) Spiritual care services; and
17	"(H) Other services prescribed by the Oregon Health Authority by rule.
18	"(c) 'POLST' has the meaning given that term in ORS 127.663.
19	"(d) 'Residential care facility' has the meaning given that term in ORS 443.400.
20	"(e) 'Skilled nursing facility' has the meaning given that term in ORS 442.015.
21	"(2) The authority shall administer a program to provide palliative care services through
22	coordinated care organizations. The authority shall adopt by rule the eligibility requirements
23	and provider qualifications for the program including but not limited to all of the following:
24	"(a) A patient qualifies for palliative care services under the program if the patient:
25	"(A) Has been diagnosed with a serious illness with a life-limiting prognosis that nega-
26	tively impacts the patient's quality of life or the quality of life of the patient's caregiver; and
27	"(B) Palliative care is ordered by the patient's physician or other primary care provider.
28	"(b) The palliative care services, as determined and provided by an interdisciplinary team,
29	must be provided in the patient's choice of residence.
30	"(c) A provider of palliative care services under the program and a coordinated care or-
31	ganization shall determine the reimbursement paid for services by mutual agreement.
32	"(3) A residential care facility or a skilled nursing facility is not subject to the rules
33	adopted by the authority under subsection (2) of this section in the provision or arrangement
34	of palliative care services for residents of the facilities.".

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