

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas
90th General Assembly
Regular Session, 2015

A Bill

HOUSE BILL 1686

By: Representative L. Fite

For An Act To Be Entitled

AN ACT TO ESTABLISH A PALLIATIVE CARE PROGRAM IN THE DEPARTMENT OF HEALTH; TO CREATE THE PALLIATIVE CARE AND QUALITY OF LIFE INTERDISCIPLINARY TASK FORCE; AND FOR OTHER PURPOSES.

Subtitle

TO ESTABLISH A PALLIATIVE CARE PROGRAM IN THE DEPARTMENT OF HEALTH; AND TO CREATE THE PALLIATIVE CARE AND QUALITY OF LIFE INTERDISCIPLINARY TASK FORCE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 8, is amended to add an additional subchapter to read as follows:

Subchapter 7 – Palliative Care

20-8-701. Definitions.

As used in this subchapter:

(1) "Palliative care" means patient-centered and family-centered medical care offered throughout the continuum of an illness which optimizes quality of life by anticipating, preventing, and treating the suffering caused by a serious illness that addresses physical, emotional, social, and spiritual needs and facilitates patient autonomy, access to information, and choice, including without limitation:

(A) Discussion of the patient's goals for treatment;

(B) Discussions of treatment options appropriate to the



patient, including hospice care; and

(C) Comprehensive pain and symptom management;

(2) "Serious illness" means a medical illness of physical injury or condition that substantially impacts quality of life for more than a short period of time, including without limitation cancer, renal failure, liver failure, heart disease, lung disease, and Alzheimer's disease and related dementia.

20-8-702. Palliative Care Program.

(a) The Department of Health shall:

(1) Establish the Palliative Care Program with the purpose of maximizing the effectiveness of palliative care initiatives in the state by making comprehensive and accurate information and education about palliative care available to the public, healthcare professionals, and healthcare facilities; and

(2) Publish on its website information and resources about palliative care, including without limitation:

(A) Continuing education opportunities for healthcare professionals;

(B) Information about palliative care delivery in the home and in primary, secondary, and tertiary care setting; and

(C) Consumer educational materials and referral information for palliative care, including hospice.

(b) The department may develop and implement other initiatives regarding palliative care services and education to further the purpose of this section.

(c) The department shall consult with the Palliative Care and Quality of Life Interdisciplinary Task Force in implementing this section.

20-8-703. Palliative Care and Quality of Life Interdisciplinary Task Force – Creation – Membership.

(a) There is created the Palliative Care and Quality of Life Interdisciplinary Task Force.

(b) The Palliative Care and Quality of Life Interdisciplinary Task Force shall consist of twelve (12) members as follows:

(1) Eight (8) members appointed by the Governor as follows:

(A) One (1) member who is the designee of the American Cancer Society;

(B) One (1) member who is a designee of the Hospice and Palliative Care Association;

(C) One (1) member who is a designee of the Department of Veterans Affairs;

(D) One (1) member who is a designee of the Arkansas Heart Association;

(E) One (1) member who is a designee of the Arkansas Hospital Association;

(F) One (1) member who is a designee of the Arkansas Medical Society;

(G) One (1) member who is a designee of the Arkansas Healthcare Association; and

(H) One (1) member, in consultation with the Surgeon General, who is a professional with expertise in palliative care, including without limitation:

(i) Interdisciplinary palliative care;

(ii) Medical, nursing, social work, pharmacy, and spiritual expertise;

(iii) Patient and family caregivers or their advocates; and

(iv) Experts with perspective of palliative care in a variety of inpatient, outpatient, and community settings, including acute care, long-term care, hospice, and with a variety of populations, including pediatric, youth, and adult;

(2) Two (2) members appointed by the President Pro Tempore of the Senate as follows:

(A) One (1) member who is a board-certified hospice and palliative medicine physician, physician assistant, or nurse; and

(B) One (1) member, in consultation with the Surgeon General, who is a professional with expertise in palliative care, including without limitation:

(i) Interdisciplinary palliative care;

(ii) Medical, nursing, social work, pharmacy, and spiritual expertise;

(iii) Patient and family caregivers or their advocates; and

(iv) Experts with perspective of palliative care in a variety of inpatient, outpatient, and community settings, including acute care, long-term care, hospice, and with a variety of populations, including pediatric, youth, and adult; and

(3) Two (2) members appointed by the Speaker of the House of Representatives as follows:

(A) One (1) member who is a board-certified hospice and palliative medicine physician, physician assistant, or nurse; and

(B) One (1) member, in consultation with the Surgeon General, who is a professional with expertise in palliative care, including without limitation:

(i) Interdisciplinary palliative care;

(ii) Medical, nursing, social work, pharmacy, and spiritual expertise;

(iii) Patient and family caregivers or their advocates; and

(iv) Experts with perspective of palliative care in a variety of inpatient, outpatient, and community settings, including acute care, long-term care, hospice, and with a variety of populations, including pediatric, youth, and adult;

(c) The members of the Palliative Care and Quality of Life Interdisciplinary Task Force shall be appointed by September 1, 2015.

(d) In the event of a vacancy in the membership of the task force, a person shall be appointed by the appropriate individual and who meets the applicable eligibility requirements of the vacated position to fill the vacancy for the remainder of the term.

(e)(1) The Palliative Care and Quality of Life Interdisciplinary Task Force shall select a chair and vice chair during the first meeting.

(2) The Palliative Care and Quality of Life Interdisciplinary Task Force shall hold at least two (2) regular meetings in each calendar year at a time and place determined by the task force.

(f) Seven (7) members of the Palliative Care and Quality of Life Interdisciplinary Task Force shall constitute a quorum to transact business.

(g) The members of the Palliative Care and Quality of Life

Interdisciplinary Task Force may receive expense reimbursement in accordance with § 25-16-901 et seq.

(h) The Department of Health shall provide staff, information, and other assistance as reasonably necessary to assist the Palliative Care and Quality of Life Interdisciplinary Task Force for its efficient organization.

(i) The purpose of the Palliative Care and Quality of Life Interdisciplinary Task Force is to consult with and advise the Department of Health on matters relating to the establishment, maintenance, operation, and outcome evaluation of palliative care initiatives in the state.

(j) The Palliative Care and Quality of Life Interdisciplinary Task Force shall expire on December 31, 2018, unless extended by the General Assembly.

20-8-704. Reports.

(a) The Palliative Care and Quality of Life Interdisciplinary Task Force shall submit a preliminary report to the Governor, President Pro Tempore of the Senate, and the Speaker of the House of Representatives on or before January 17, 2017, including without limitation:

(1) Recommendations for the establishment, maintenance, operation, and outcome evaluation of palliative care initiatives in the state; and

(2) Recommendations for any statutory changes to be considered by the General Assembly.

(b) The Palliative Care and Quality of Life Interdisciplinary Task Force shall submit a follow-up report to the Governor, President Pro Tempore of the Senate, and the Speaker of the House of Representatives on or before December 31, 2018, detailing the implementation of the recommendations from the preliminary report.