

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

State of Arkansas
91st General Assembly
Regular Session, 2017

As Engrossed: S3/20/17
A Bill

HOUSE BILL 2067

By: Representative Hammer

By: Senator Irvin

For An Act To Be Entitled

AN ACT TO CREATE THE PALLIATIVE CARE AND QUALITY OF
LIFE INTERDISCIPLINARY TASK FORCE; AND FOR OTHER
PURPOSES.

Subtitle

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 that optimizes quality of life by anticipating, preventing, and treating the suffering caused by a serious illness to address physical, emotional, social, and spiritual needs and facilitate 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, if needed; and

(C) Comprehensive pain and symptom management; and



(2) "Serious illness" means a medical illness or 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 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 task force shall consist of thirteen (13) members as follows:

(1) Nine (9) members appointed by the Governor as follows:

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

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

(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 Health Care Association;

(H) One (1) member who is a designee of the Arkansas Center for Health Improvement; and

(I) One (1) member, in consultation with the Surgeon General, who is a palliative care professional with expertise in the following knowledge areas, that may include without limitation:

(i) Interdisciplinary palliative care;

(ii) Medical, nursing, social work, pharmacy, or spiritual services;

(iii) Psycho-social issues involved in caregiving for patient and family caregivers or their advocates; and

(iv) Palliative care perspectives and challenges across multiple settings, including inpatient, outpatient, and community settings, and across pediatric, youth, adult, and geriatric populations;

(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 palliative care professional with expertise in the following knowledge areas, that may include without limitation:

(i) Interdisciplinary palliative care;

(ii) Medical, nursing, social work, pharmacy, or spiritual services;

(iii) Psycho-social issues involved in caregiving for patient and family caregivers or their advocates; and

(iv) Palliative care perspectives and challenges across multiple settings, including inpatient, outpatient, and community settings, and across pediatric, youth, adult, and geriatric populations; 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, advanced practice registered nurse, or nurse; and

(B) One (1) member, in consultation with the Surgeon General, who is a palliative care professional with expertise in the following knowledge areas, that may include without limitation:

(i) Interdisciplinary palliative care;

(ii) Medical, nursing, social work, pharmacy, or spiritual services;

(iii) Psycho-social issues involved in caregiving for patient and family caregivers or their advocates; and

(iv) Palliative care perspectives and challenges across multiple settings, including inpatient, outpatient, and community settings, and across pediatric, youth, adult, and geriatric populations;

(c) The members of the task force shall be appointed by September 1,

2017.

(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 task force shall select a chair and vice chair during the first meeting.

(2) The 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 task force shall constitute a quorum to transact business.

(g) The members of the task force may receive expense reimbursement in accordance with § 25-16-901 et seq.

(h) The Department of Health, in conjunction with the Department of Human Services, shall provide staff, information, and other assistance as reasonably necessary to assist the task force in its efficient organization.

(i) The purpose of the 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 task force shall expire on December 31, 2019, unless extended by the General Assembly.

20-8-703. 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, 2019, that includes 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 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, 2020, detailing the implementation

of the recommendations from the preliminary report.

(c) On and after the effective date of this section, the task force shall submit and present a quarterly report to the Senate Committee on Public Health, Welfare, and Labor and the House Committee on Public Health, Welfare, and Labor.

/s/Hammer