A BILL

To amend section 3712.01 and to enact sections 3701.36, 3701.361, 3701.362, and 3712.063 of the Revised Code to create the Palliative Care and Quality of Life Interdisciplinary Council, to establish the Palliative Care Consumer and Professional Information and Education Program, to require health care facilities to identify patients and residents who could benefit from palliative care, and to authorize certain hospice care programs to provide palliative care to patients other than hospice patients.

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

Section 1. That section 3712.01 be amended and sections 3701.36, 3701.361, 3701.362, and 3712.063 of the Revised Code be
enacted to read as follows:

Sec. 3701.36. (A) As used in this section and sections 3701.361 and 3701.362 of the Revised Code, "palliative care" has the same meaning as in section 3712.01 of the Revised Code.

(B) There is hereby created the palliative care and quality of life interdisciplinary council. Subject to division (C) of this section, members of the council shall be appointed by the director of health and include individuals with expertise in palliative care who represent the following professions or constituencies:

1. Physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, including those board-certified in pediatrics and those board-certified in psychiatry;

2. Physician assistants authorized to practice under Chapter 4730. of the Revised Code;

3. Advanced practice registered nurses licensed under Chapter 4723. of the Revised Code who are designated as clinical nurse specialists or certified nurse practitioners;

4. Registered nurses and licensed practical nurses licensed under Chapter 4723. of the Revised Code;

5. Licensed professional clinical counselors or licensed professional counselors licensed under Chapter 4757. of the Revised Code;

6. Independent social workers or social workers licensed under Chapter 4757. of the Revised Code;

7. Pharmacists licensed under Chapter 4729. of the Revised Code;
(8) Psychologists licensed under Chapter 4732. of the Revised Code;

(9) Marriage and family therapists licensed under Chapter 4757. of the Revised Code;

(10) Child life specialists;

(11) Health insurers;

(12) Clergy or spiritual advisers;

(13) Patients;

(14) Family caregivers.

The council's membership also may include employees of agencies of this state that administer programs pertaining to palliative care or are otherwise concerned with the delivery of palliative care in this state.

(C) Members shall include individuals who have worked with various age groups (including children and the elderly), as well as those who have experience or expertise in various palliative care delivery models (including acute care, long-term care, hospice, home health agency, home-based care, and spiritual care). At least two members shall be physicians who are board-certified in hospice and palliative care. No more than twenty individuals shall serve as members of the council at any one time and no more than two members shall be employed by or practice at the same health care facility or emergency medical service organization.

In making appointments to the council, the director shall seek to include as members individuals who represent underserved areas of the state and to ensure that all geographic areas of the state are represented.
(D) The director shall make the initial appointments to
the council not later than ninety days after the effective date
of this section. Terms of office shall be three years. Each
member shall hold office from the date of appointment until the
end of the term for which the member was appointed. In the event
of death, removal, resignation, or incapacity of a council
member, the director shall appoint a successor who shall hold
office for the remainder of the term for which the successor's
predecessor was appointed. A member shall continue in office
subsequent to the expiration date of the member's term until the
member's successor takes office, or until a period of sixty days
has elapsed, whichever occurs first.

The council shall meet at the call of the director of
health, but not less than twice annually. The council shall
select annually from among its members a chairperson and vice-
chairperson, whose duties shall be established by the council.

Each member shall serve without compensation, except to
the extent that serving on the council is considered part of the
member's regular employment duties.

(E) The council shall do all of the following:

(1) Consult with and advise the director on matters
related to the establishment, maintenance, operation, and
evaluation of palliative care initiatives in this state;

(2) Consult with the department of health for the purposes
of sections 3701.361 and 3701.362 of the Revised Code;

(3) Identify national organizations that have established
standards of practice and best practice models for palliative
care;

(4) Identify initiatives established at the national and
state levels aimed at integrating palliative care services into the health care system and enhancing the use and development of those services;

(5) Establish guidelines for health care facilities to use in identifying patients who could benefit from palliative care and in determining appropriate types of services for such patients;

(6) On or before December 31 of each year, prepare and submit to the governor, general assembly, directors of aging and health, superintendent of insurance, executive director of the office of health transformation, and medicaid director a report of recommendations for improving the provision of palliative care services in this state.

The council shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code.

(F) The department of health shall provide to the council the administrative support necessary to execute its duties. At the request of the council, the department shall examine potential sources of funding to assist with any duties described in this section or sections 3701.361 and 3701.362 of the Revised Code.

(G) The council is not subject to sections 101.82 to 101.87 of the Revised Code.

Sec. 3701.361. The palliative care consumer and professional information and education program is hereby established in the department of health. The purpose of the program is to maximize the effectiveness of palliative care initiatives in this state by ensuring that comprehensive and accurate information and education on palliative care is
available to the public, health care providers, and health care facilities.

The department shall publish on its web site information on palliative care, including information on continuing education opportunities for health care professionals; information about palliative care delivery in a patient's home and in primary, secondary, and tertiary environments; best practices for palliative care delivery; and consumer educational materials and referral information on palliative care, including hospice. The department may develop and implement other initiatives regarding palliative care services and education as the department determines necessary. In implementing this section, the department shall consult with the palliative care and quality of life interdisciplinary council created under section 3701.36 of the Revised Code.

Sec. 3701.362. (A) As used in this section:

(1) "Health care facility" means any of the following:

(a) A hospital registered under section 3701.07 of the Revised Code;

(b) An ambulatory surgical facility as defined in section 3702.30 of the Revised Code;

(c) A nursing home, residential care facility, county home, or district home as defined in section 3721.01 of the Revised Code;

(d) A veterans' home operated under Chapter 5907. of the Revised Code;

(e) A hospice care program or pediatric respite care program as defined in section 3712.01 of the Revised Code;
(f) A home health agency as defined in section 3701.881 of the Revised Code.

(2) "Serious illness" means any medical illness or physical injury or condition that substantially impacts quality of life for more than a short period of time. "Serious illness" includes, but is not limited to, cancer; heart, renal, or liver failure; lung disease; and Alzheimer's disease and related dementia.

(B) A health care facility shall do both of the following:

(1) Establish a system for identifying patients or residents who could benefit from palliative care;

(2) Provide information on palliative care services to patients and residents who could benefit from palliative care.

Sec. 3712.01. As used in this chapter:

(A) "Hospice care program" means a coordinated program of home, outpatient, and inpatient care and services that is operated by a person or public agency and that provides the following care and services to hospice patients, including services as indicated below to hospice patients' families, through a medically directed interdisciplinary team, under interdisciplinary plans of care established pursuant to section 3712.06 of the Revised Code, in order to meet the physical, psychological, social, spiritual, and other special needs that are experienced during the final stages of illness, dying, and bereavement:

(1) Nursing care by or under the supervision of a registered nurse;

(2) Physical, occupational, or speech or language therapy,
unless waived by the department of health pursuant to rules adopted under division (A) of section 3712.03 of the Revised Code;

(3) Medical social services by a social worker under the direction of a physician;

(4) Services of a home health aide;

(5) Medical supplies, including drugs and biologicals, and the use of medical appliances;

(6) Physician's services;

(7) Short-term inpatient care, including both palliative and respite care and procedures;

(8) Counseling for hospice patients and hospice patients' families;

(9) Services of volunteers under the direction of the provider of the hospice care program;

(10) Bereavement services for hospice patients' families.

"Hospice care program" does not include a pediatric respite care program.

(B) "Hospice patient" means a patient, other than a pediatric respite care patient, who has been diagnosed as terminally ill, has an anticipated life expectancy of six months or less, and has voluntarily requested and is receiving care from a person or public agency licensed under this chapter to provide a hospice care program.

(C) "Hospice patient's family" means a hospice patient's immediate family members, including a spouse, brother, sister, child, or parent, and any other relative or individual who has
significant personal ties to the patient and who is designated as a member of the patient's family by mutual agreement of the patient, the relative or individual, and the patient's interdisciplinary team.

(D) "Interdisciplinary team" means a working unit composed of professional and lay persons that includes at least a physician, a registered nurse, a social worker, a member of the clergy or a counselor, and a volunteer.

(E) "Palliative care" means treatment specialized care for a patient of any age diagnosed with a serious or life-threatening illness directed at controlling pain, relieving other symptoms, and enhancing the quality of life of the patient and the patient's family rather than treatment for the purpose of cure that is provided at any stage of the illness by an interdisciplinary team working in consultation with other health care professionals, including those who may be seeking to cure the illness and that aims to do all of the following:

(1) Relieve the symptoms, stress, and suffering resulting from the illness;

(2) Improve the quality of life of the patient and the patient's family;

(3) Address the patient's physical, emotional, social, and spiritual needs;

(4) Facilitate patient autonomy, access to information, and medical decision making.

Nothing in this section shall be interpreted to mean that palliative care can be provided only as a component of a hospice care program or pediatric respite care program.
(F) "Physician" means a person authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(G) "Attending physician" means the physician identified by the hospice patient, pediatric respite care patient, hospice patient's family, or pediatric respite care patient's family as having primary responsibility for the medical care of the hospice patient or pediatric respite care patient.

(H) "Registered nurse" means a person registered under Chapter 4723. of the Revised Code to practice professional nursing.

(I) "Social worker" means a person licensed under Chapter 4757. of the Revised Code to practice as a social worker or independent social worker.

(J) "Pediatric respite care program" means a program operated by a person or public agency that provides inpatient respite care and related services, including all of the following services, only to pediatric respite care patients and, as indicated below, pediatric respite care patients' families, in order to meet the physical, psychological, social, spiritual, and other special needs that are experienced during or leading up to the final stages of illness, dying, and bereavement:

(1) Short-term inpatient care, including both palliative and respite care and procedures;

(2) Nursing care by or under the supervision of a registered nurse;

(3) Physician's services;

(4) Medical social services by a social worker under the
(5) Medical supplies, including drugs and biologicals, and the use of medical appliances;

(6) Counseling for pediatric respite care patients and pediatric respite care patients' families;

(7) Bereavement services for respite care patients' families.

"Pediatric respite care program" does not include a hospice care program.

(K) "Pediatric respite care patient" means a patient, other than a hospice patient, who is less than twenty-seven years of age and to whom all of the following conditions apply:

(1) The patient has been diagnosed with a disease or condition that is life-threatening and is expected to shorten the life expectancy that would have applied to the patient absent the patient's diagnosis, regardless of whether the patient is terminally ill.

(2) The diagnosis described in division (K)(1) of this section occurred while the patient was less than eighteen years of age.

(3) The patient has voluntarily requested and is receiving care from a person or public agency licensed under this chapter to provide a pediatric respite care program.

(L) "Pediatric respite care patient's family" means a pediatric respite care patient's family members, including a spouse, brother, sister, child, or parent, and any other relative or individual who has significant personal ties to the patient and who is designated as a member of the patient's
family by mutual agreement of the patient, the relative or individual, and the patient's interdisciplinary team.

Sec. 3712.063. Notwithstanding any conflicting provision of the Revised Code, if a person or public agency licensed under section 3712.04 of the Revised Code to provide a hospice care program operates an inpatient hospice care facility or unit, the person or agency may provide palliative care to a patient other than a hospice patient.

Section 2. That existing section 3712.01 of the Revised Code is hereby repealed.