

As Introduced

131st General Assembly

Regular Session

2015-2016

H. B. No. 603

Representative LaTourette

A BILL

To enact sections 3701.97, 3701.971, and 3701.972 1
of the Revised Code to create the Palliative 2
Care and Quality of Life Interdisciplinary 3
Council, to establish the Palliative Care 4
Consumer and Professional Information and 5
Education Program, and to require health care 6
facilities to identify patients and residents 7
who could benefit from palliative care. 8

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

Section 1. That sections 3701.97, 3701.971, and 3701.972 9
of the Revised Code be enacted to read as follows: 10

Sec. 3701.97. (A) As used in this section and sections 11
3701.971 and 3701.972 of the Revised Code, "palliative care" has 12
the same meaning as in section 3712.01 of the Revised Code. 13

(B) There is hereby created the palliative care and 14
quality of life interdisciplinary council. Subject to division 15
(C) of this section, members of the council shall be appointed 16
by the director of health and include individuals with expertise 17
in palliative care who represent the following professions or 18
constituencies: 19

(1) Physicians authorized under Chapter 4731. of the 20
Revised Code to practice medicine and surgery or osteopathic 21
medicine and surgery; 22

(2) Physician assistants authorized to practice under 23
Chapter 4730. of the Revised Code; 24

(3) Registered nurses and licensed practical nurses 25
licensed under Chapter 4723. of the Revised Code and individuals 26
who hold a certificate of authority issued under that chapter 27
that authorizes the practice of nursing as a clinical nurse 28
specialist or certified nurse practitioner; 29

(4) Licensed professional clinical counselors or licensed 30
professional counselors licensed under Chapter 4757. of the 31
Revised Code; 32

(5) Independent social workers or social workers licensed 33
under Chapter 4757. of the Revised Code; 34

(6) Pharmacists licensed under Chapter 4729. of the 35
Revised Code; 36

(7) Clergy or spiritual advisers; 37

(8) Patients; 38

(9) Family caregivers. 39

The council's membership also may include employees of 40
agencies of this state that administer programs pertaining to 41
palliative care or are otherwise concerned with the delivery of 42
palliative care in this state. 43

(C) Members shall include individuals who have worked with 44
various age groups (including children and the elderly), as well 45
as those who have experience or expertise in various palliative 46

care delivery models (including acute care, long-term care, and hospice). At least two members shall be physicians or nurses who are board-certified in hospice or palliative care. 47
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(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. 50
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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. 62
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A member shall serve without compensation except to the extent that serving on the council is considered part of the member's regular employment duties. Members shall be reimbursed for actual and necessary expenses incurred in the performance of their official duties. 66
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(E) The council shall consult with and advise the director on matters related to the establishment, maintenance, operation, and evaluation of palliative care initiatives in this state. The council also shall consult with the department of health for the purposes of sections 3701.971 and 3701.972 of the Revised Code. 71
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(F) The department of health shall provide to the council 76
the administrative support necessary to execute its duties. 77

(G) The council is not subject to sections 101.82 to 78
101.87 of the Revised Code. 79

Sec. 3701.971. The palliative care consumer and 80
professional information and education program is hereby 81
established in the department of health. The purpose of the 82
program is to maximize the effectiveness of palliative care 83
initiatives in this state by ensuring that comprehensive and 84
accurate information and education on palliative care is 85
available to the public, health care providers, and health care 86
facilities. 87

The department shall publish on its web site information 88
on palliative care, including information on continuing 89
education opportunities for health care professionals; 90
information about palliative care delivery in a patient's home 91
and in primary, secondary, and tertiary environments; best 92
practices for palliative care delivery; and consumer educational 93
materials and referral information on palliative care, including 94
hospice. The department may develop and implement other 95
initiatives regarding palliative care services and education as 96
the department determines necessary. In implementing this 97
section, the department shall consult with the palliative care 98
and quality of life interdisciplinary council created under 99
section 3701.97 of the Revised Code. 100

Sec. 3701.972. (A) As used in this section: 101

(1) "Health care facility" means any of the following: 102

(a) A hospital registered under section 3701.07 of the 103
Revised Code; 104

<u>(b) An ambulatory surgical facility as defined in section</u>	105
<u>3702.30 of the Revised Code;</u>	106
<u>(c) A nursing home, residential care facility, county</u>	107
<u>home, or district home as defined in section 3721.01 of the</u>	108
<u>Revised Code;</u>	109
<u>(d) A veterans' home operated under Chapter 5907. of the</u>	110
<u>Revised Code;</u>	111
<u>(e) A residential facility as defined in section 5119.34</u>	112
<u>of the Revised Code;</u>	113
<u>(f) A hospice care program or pediatric respite care</u>	114
<u>program as defined in section 3712.01 of the Revised Code.</u>	115
<u>(2) "Serious illness" means any medical illness or</u>	116
<u>physical injury or condition that substantially impacts quality</u>	117
<u>of life for more than a short period of time. "Serious illness"</u>	118
<u>includes cancer; heart, renal, or liver failure; lung disease;</u>	119
<u>and Alzheimer's disease and related dementias.</u>	120
<u>(B) A health care facility shall do both of the following:</u>	121
<u>(1) Establish a system for identifying patients or</u>	122
<u>residents who could benefit from palliative care;</u>	123
<u>(2) Provide information on and facilitate access to</u>	124
<u>appropriate palliative care services for patients and residents</u>	125
<u>with a serious illness.</u>	126
<u>(C) If the director of health determines that a health</u>	127
<u>care facility has failed to comply with this section, the</u>	128
<u>director may require the facility to file with the department of</u>	129
<u>health a plan to bring the facility into compliance. The</u>	130
<u>director may also impose a fine that the director considers</u>	131
<u>appropriate. On request of the director, the attorney general</u>	132

shall bring and prosecute to judgment a civil action to collect 133
any fine imposed under this division that remains unpaid. All 134
finances collected under this division shall be deposited into the 135
state treasury to the credit of the general operations fund 136
created under section 3701.83 of the Revised Code. 137

(D) In implementing this section, the department shall do 138
both of the following: 139

(1) Consider factors that may impact a health care 140
facility's ability to comply with this section. These factors 141
may include the facility's size; its proximity and access to 142
palliative care services, including the availability of 143
practitioners who are board-certified in hospice or palliative 144
care; and geography; 145

(2) Consult with the palliative care and quality of life 146
interdisciplinary council created under section 3701.97 of the 147
Revised Code. 148