

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2013

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A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT - PALLIATIVE CARE AND  
QUALITY OF LIFE - SERVICES AND EDUCATION

Introduced By: Senators Lynch, Goodwin, Ottiano, Miller, and Gallo

Date Introduced: February 12, 2013

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND  
2 GOVERNMENT" is hereby amended by adding thereto the following chapter:

3 CHAPTER 155

4 RHODE ISLAND PALLIATIVE CARE

5 **42-155-1. Purpose.** – The purpose of this chapter is to improve the quality and delivery  
6 of patient centered and family focused care in Rhode Island by establishing a state advisory  
7 council on palliative care and quality of life, a palliative care consumer and professional  
8 information and education program, and a palliative care access initiative in Rhode Island.

9 **42-155-2. State palliative care and quality of life interdisciplinary advisory council.** –  
10 (a) Advisory council established. Not later than 90 days after the enactment of this section, the  
11 department of health shall establish a “State Palliative Care and Quality of Life Interdisciplinary  
12 Advisory Council” within the department of health.

13 (b) Membership terms.

14 (1) Council membership shall be appointed by the secretary of the executive office of  
15 health and human services, and shall include interdisciplinary palliative care medical, nursing,  
16 social work, pharmacy, and spiritual professional expertise; patient and family caregiver advocate  
17 representation; and any relevant appointees from the department of health or state committees or  
18 councils that the secretary determines appropriate. Membership shall specifically include health

1 professionals having palliative care work experience and/or expertise in palliative care delivery  
2 models in a variety of inpatient, outpatient, and community settings (e.g., acute-care, long-term  
3 care, and hospice) and with a variety of populations, including pediatric, youth and adults. At  
4 least two (2) council members shall be board-certified hospice and palliative medicine physicians  
5 and/or nurses.

6 (2) Council members shall serve for a period of three (3) years.

7 (3) Advisory council members shall serve at the pleasure of the department of health and  
8 their respective appointing authorities. The members shall elect a chair and vice chair whose  
9 duties shall be established by the advisory council. The department of health shall fix a time and  
10 place for regular meetings of the advisory council, which shall meet at least twice yearly.

11 (c) General provisions. Council members shall receive no compensation for their  
12 services, but shall be allowed actual and necessary expenses in the performance of their duties.

13 (d) Duties. The palliative care and quality of life interdisciplinary advisory council shall  
14 consult with and advise the department of health on matters related to the establishment,  
15 maintenance, operation, and outcomes evaluation of palliative care initiatives in the state.

16 **42-155-3. Palliative care consumer and professional information and education**  
17 **program. – (a) Information and education program established. There is created a statewide**  
18 **“Palliative Care Consumer and Professional Information and Education Program” in the**  
19 **department of health.**

20 (b) Purpose and activities.

21 (1) The purpose of the palliative care consumer and professional information and  
22 education program is to maximize the effectiveness of palliative care initiatives in the state by  
23 ensuring that comprehensive and accurate information and education about palliative care is  
24 available to the public, health care providers, and health care facilities.

25 (2) The department of health shall publish on its website information and resources,  
26 including links to external resources, about palliative care for the public, health care providers,  
27 and health care facilities. This shall include, but not be limited to, continuing educational  
28 opportunities for health care providers; information about palliative care delivery in the home,  
29 primary, secondary, and tertiary environments; best practices for palliative care delivery; and  
30 consumer educational materials and referral information for palliative care, including hospice.

31 (3) The department of health may develop and implement any other initiatives regarding  
32 palliative care services and education that the department of health determines would further the  
33 purposes of this section.

34 (c) Implementation. The department of health shall consult with the palliative care and

1 quality of life interdisciplinary advisory council in implementing this section.

2 **42-155-4. Palliative care access.** – (a) Definitions. For the purposes of this section, the  
3 following terms shall have the following meanings:

4 (1) "Appropriate" means consistent with applicable legal, health and professional  
5 standards; the patient's clinical and other circumstances; and the patient's reasonably known  
6 wishes and beliefs.

7 (2) "Medical care" means services provided, requested, or supervised by a physician or  
8 advanced practice nurse.

9 (3) "Palliative care" means patient- and family-centered medical care that optimizes  
10 quality of life by anticipating, preventing, and treating suffering caused by serious illness.  
11 Palliative care throughout the continuum of illness involves addressing physical, emotional,  
12 social, and spiritual needs and facilitating patient autonomy, access to information, and choice.  
13 Palliative care includes, but is not limited to, discussions of the patient's goals for treatment;  
14 discussion of treatment options appropriate to the patient, including, where appropriate, hospice  
15 care; and comprehensive pain and symptom management.

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

20 (b) Palliative care access in Rhode Island health facilities.

21 (1) On or before January 1, 2015, all organizations which require a license to operate  
22 shall:

23 (i) Establish a system for identifying patients or residents who could benefit from  
24 palliative care.

25 (ii) Provide information about and facilitate access to appropriate palliative care services  
26 for patients or residents with serious illness.

27 (c) Implementation and enforcement.

28 (1) The department of health shall carry out this section with the consultation of the  
29 palliative care and quality of life interdisciplinary advisory council.

30 (2) In carrying out this section, the department of health shall take into account factors  
31 that may impact the development of such a system and its ability to facilitate access to palliative  
32 care, including the size of the organization, access and proximity to palliative care services,  
33 including the availability of hospice and palliative care board-certified practitioners and related  
34 workforce staff; and geographic factors.

1           (3) Enforcement. If an organization fails to carry out the provisions of this section, the  
2 secretary shall require the organization to provide a plan of action to bring the organization into  
3 compliance and may impose a civil monetary penalty.

4           SECTION 2. This act shall take effect 90 days after the date of passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

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RELATING TO STATE AFFAIRS AND GOVERNMENT - PALLIATIVE CARE AND  
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