

HOUSE No. 3977

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, March 25, 2014.

The committee on Public Health to whom were referred the petition (accompanied by bill, House, No. 2104) of Chris Walsh and others for legislation to establish a palliative care and quality of life interdisciplinary advisory council, reports recommending that the accompanying bill (House, No. 3977) ought to pass.

For the committee,

JEFFREY SANCHEZ.

HOUSE No. 3977

The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

An act to improve quality of life by expanding access to palliative care.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 111 of the General Laws is hereby amended by adding at the end
2 thereof the following sections:-

3 Section 230. There shall be established a “State Palliative Care and Quality of Life
4 Interdisciplinary Advisory Council” within the department.

5 The Council shall be established by the Commissioner and shall consist of 13 members,
6 and shall include interdisciplinary palliative care medical, nursing, social work, pharmacy, and
7 spiritual professional expertise; patient and family caregiver advocate representation; and any
8 relevant appointees from the Department or state committees or councils that the Commissioner
9 determines appropriate. Membership shall specifically include health professionals having
10 palliative care work experience and/or expertise in palliative care delivery models in a variety of
11 inpatient, outpatient, and community settings (e.g., acute-care, long term care, and hospice) and
12 with a variety of populations, including pediatric, youth and adults. At least two council
13 members shall be board-certified hospice and palliative medicine physicians and/or nurses.
14 Council members shall serve for a period of three years at the pleasure of the Department and
15 their respective appointing authorities. The members shall elect a chair and vice chair whose
16 duties shall be established by the Advisory Council. The Department shall fix a time and place
17 for regular meetings of the Advisory Council, which shall meet at least twice yearly.

18 Council members shall receive no compensation for their services, but shall be allowed
19 actual and necessary expenses in the performance of their duties.

20 The Palliative Care and Quality of Life Interdisciplinary Advisory Council shall consult
21 with and advise the Department on matters related to the establishment, maintenance, operation,
22 and outcomes evaluation of palliative care initiatives in the state.

23 Section 231. There is hereby established a statewide “Palliative Care Consumer and
24 Professional Information and Education Program” within the Department the purpose of which
25 shall be to maximize the effectiveness of palliative care initiatives in the state by ensuring that
26 comprehensive and accurate information and education about palliative care is available to the
27 public, health care providers, and health care facilities.

28 The Department shall publish on its Web site information and resources, including links
29 to external resources, about palliative care for the public, health care providers, and health care
30 facilities. This shall include, but not be limited to, continuing educational opportunities for
31 health care providers; information about palliative care delivery in the home, primary, secondary,
32 and tertiary environments; best practices for palliative care delivery; and consumer educational
33 materials and referral information for palliative care, including hospice.

34 The Department may develop and implement any other initiatives regarding palliative
35 care services and education that the Department determines would further the purposes of this
36 section.

37 In implementing this section, the Department shall consult with the Palliative Care and
38 Quality of Life Interdisciplinary Advisory Council established in section 230of Chapter 111 of
39 the General Laws.

40 SECTION 2. Chapter 111 of the General Laws is hereby amended in section 52 by
41 adding at the end thereof the following:-

42 "Appropriate" means consistent with applicable legal, health and professional standards;
43 the patient's clinical and other circumstances; and the patient's reasonably known wishes and
44 beliefs.

45 “Medical care” means services provided, requested, or supervised by a physician or
46 advanced practice nurse.

47 “Palliative care” means patient- and familycentered medical care that optimizes quality of
48 life by anticipating, preventing, and treating suffering caused by serious illness. Palliative care
49 throughout the continuum of illness involves addressing physical, emotional, social, and spiritual
50 needs and facilitating patient autonomy, access to information, and choice. Palliative care
51 includes, but is not limited to, discussions of the patient’s goals for treatment; discussion of
52 treatment options appropriate to the patient, including, where appropriate, hospice care; and
53 comprehensive pain and symptom management.

54 “Serious Illness” means any medical illness or physical injury or condition that
55 substantially impacts quality of life for more than a short period of time. Serious illness includes,
56 but is not limited to, cancer; heart, renal or liver failure; lung disease; and Alzheimer's disease
57 and related dementias.