Enrolled Senate Bill 608

Sponsored by Senators STEINER HAYWARD, KRUSE; Senators JOHNSON, KNOPP, MONNES ANDERSON, SHIELDS, Representatives GREENLICK, KENY-GUYER, NOSSE (at the request of American Cancer Society-Cancer Action Network)

CHAPTER

AN ACT

Relating to palliative care.

Be It Enacted by the People of the State of Oregon:

<u>SECTION 1.</u> (1) The Palliative Care and Quality of Life Interdisciplinary Advisory Council is established in the Oregon Health Authority consisting of nine members appointed by the Director of the Oregon Health Authority.

(2) The council shall consult with and advise the director on:

(a) Matters related to the establishment, maintenance, operation and evaluation of palliative care initiatives in this state; and

(b) The implementation of section 5 of this 2015 Act.

(3) The members of the council must include:

(a) Individuals with collective expertise in interdisciplinary palliative care provided in a variety of settings and to children, youths, adults and the elderly;

(b) Individuals with expertise in nursing, social work and pharmacy;

(c) Members of the clergy or individuals who have professional spiritual expertise; and

(d) At least two board-certified physicians or nurses with expertise in palliative care.

(4) The term of office of each member is three years but a member serves at the pleasure of the director. Before the expiration of the term of a member, the director shall appoint a successor whose term begins on January 1, next following. A member is eligible for reappointment. If there is a vacancy for any cause, the director shall make an appointment to become immediately effective for the unexpired term.

(5) The council shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the council determines.

(6) A majority of the members of the council constitutes a quorum for the transaction of business.

(7) The council shall meet at least twice every year at a place, day and hour determined by the council. The council may also meet at other times and places specified by the call of the chairperson or of a majority of the members of the council.

(8) A member of the council is not entitled to compensation but in the discretion of the director may be reimbursed from funds available to the authority for actual and necessary travel and other expenses incurred by the member in the performance of the member's official duties in the manner and amount provided in ORS 292.495.

(9) The authority shall provide staff support to the council.

SECTION 2. All appointments to the Palliative Care and Quality of Life Interdisciplinary Advisory Council under section 1 of this 2015 Act must be completed not later than 90 days after adjournment sine die of the 2015 regular session of the Seventy-eighth Legislative Assembly.

<u>SECTION 3.</u> Notwithstanding the term of office specified in section 1 of this 2015 Act, of the members first appointed to the Palliative Care and Quality of Life Interdisciplinary Advisory Council:

(1) Three shall serve for terms ending December 31, 2017.

(2) Three shall serve for terms ending December 31, 2018.

(3) Three shall serve for terms ending December 31, 2019.

<u>SECTION 4.</u> (1) The Oregon Health Authority shall publish on its website information and resources, including links to external resources, about palliative care. This may include, but is not limited to:

(a) Continuing educational opportunities for health care providers;

(b) Information about palliative care delivery in the home and in primary, secondary and tertiary care facilities;

(c) Best practices for and cultural competency in the delivery of palliative care;

(d) Consumer education materials; and

(e) Referral information for culturally competent palliative care.

(2) The authority shall consult with the Palliative Care and Quality of Life Interdisciplinary Advisory Council in carrying out this section.

SECTION 5. (1) As used in this section and sections 1 and 4 of this 2015 Act:

(a) "Appropriate" means consistent with applicable legal, health and professional standards, a patient's clinical and other circumstances, and the patient's known wishes and beliefs.

(b) "Health facility" includes:

(A) Hospitals and long term care facilities licensed under ORS 441.025; and

(B) Residential facilities licensed under ORS 443.415.

(c) "Medical care" means professional services for a patient that are provided, requested or supervised by a physician, nurse practitioner or physician assistant.

(d)(A) "Palliative care" means patient-centered and family-centered medical care that optimizes a patient's quality of life by anticipating, preventing and treating the suffering caused by serious illness and involves addressing the patient's physical, social and spiritual needs and facilitating the patient's autonomy, access to information and choice.

(B) "Palliative care" includes, but is not limited to:

(i) Discussing a patient's goals for treatment;

(ii) Discussing the treatment options that are appropriate for the patient; and

(iii) Comprehensive pain and symptom management.

(e) "Serious illness" means any illness, physical injury or condition that substantially impairs a patient's quality of life for more than a short period of time.

(2) A health facility shall:

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

(b) Provide information to patients, residents and their families about palliative care; and

(c) Coordinate with a patient's or resident's primary care provider, if practicable, to facilitate the access of patients and residents with serious illnesses to appropriate palliative care. Passed by Senate June 24, 2015 **Received by Governor:** Approved: Lori L. Brocker, Secretary of Senate Peter Courtney, President of Senate Passed by House July 1, 2015 Kate Brown, Governor Filed in Office of Secretary of State: Tina Kotek, Speaker of House

Jeanne P. Atkins, Secretary of State