

Senate Bill 179

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SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires Department of Human Services to administer palliative care pilot project to support provision of community-based end of life care. Specifies eligibility, services, provider qualifications and reimbursement. Requires department to report evaluation of pilot project to interim committees of Legislative Assembly no later than September 15, 2022.

Sunsets January 2, 2024.

A BILL FOR AN ACT

1
2 Relating to palliative care.

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

4 **SECTION 1. (1) The Department of Human Services shall administer a palliative care**
5 **pilot project to support the provision of community-based end of life care. The department**
6 **shall adopt by rule application and eligibility requirements, provider qualifications, services**
7 **to be provided and rates of reimbursement, consistent with the following guidelines:**

8 (a) A patient shall qualify for palliative care through the pilot project if the patient:

9 (A) Has a prognosis of death in 12 months or less;

10 (B) Has received medical therapy and no longer wants medical therapy or medical ther-
11 apy is no longer effective;

12 (C) Has frequent visits to the emergency department or frequent hospital admissions;

13 (D) Is diagnosed with chronic heart failure, chronic obstructive coronary disease, late
14 stage liver disease, advanced cancer or other life-threatening disease prescribed by the de-
15 partment by rule; and

16 (E) Is not eligible for Medicare.

17 (b) The palliative care must be provided by licensed clinical staff with palliative care
18 training or certification.

19 (c) The palliative care must be provided in the patient's home or in a skilled nursing fa-
20 cility as:

21 (A) Short-term palliative care provided for a period of up to seven days; or

22 (B) Intensive palliative care provided by a multidisciplinary team in two-week increments
23 for up to 12 months.

24 (d) The services that must be provided include, but are not limited to:

25 (A) Palliative care assessment;

26 (B) Advanced care planning;

27 (C) Completion of a POLST, as defined in ORS 127.663;

28 (D) Care management and coordination;

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

- 1 **(E) Pain and symptom management;**
 - 2 **(F) Mental health and medical social services;**
 - 3 **(G) Twenty-four hour telephone support; and**
 - 4 **(H) Chaplain services.**
 - 5 **(e) Providers shall be reimbursed by:**
 - 6 **(A)(i) An engagement fee per patient for short-term palliative care; or**
 - 7 **(ii) A biweekly fee per patient for intensive palliative care;**
 - 8 **(B) An all-inclusive rate per member;**
 - 9 **(C) A fee for completion of a POLST;**
 - 10 **(D) A hospital avoidance incentive for each 14-day period; and**
 - 11 **(E) Any other quality incentives prescribed by the department by rule.**
 - 12 **(2) The department shall conduct an evaluation of the pilot project every six months**
 - 13 **based on patient satisfaction surveys and reduced overall costs of care.**
 - 14 **(3) The department shall report to the interim committees of the Legislative Assembly**
 - 15 **related to health, no later than September 15, 2022, on the results of the department’s eval-**
 - 16 **uations under subsection (2) of this section and the department’s assessment of the pilot**
 - 17 **project overall.**
 - 18 **SECTION 2.** **Section 1 of this 2019 Act is repealed on January 2, 2024.**
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