

Requested by SENATE COMMITTEE ON HEALTH CARE (at the request of Willamette Valley Hospice)

**PROPOSED AMENDMENTS TO  
SENATE BILL 179**

1 On page 1 of the printed bill, delete lines 4 through 28 and delete page  
2 2 and insert:

3 **“SECTION 1. The Oregon Health Authority shall establish and ad-  
4 minister, through fee-for-service payment or through coordinated care  
5 organizations, a program to provide palliative care services and sup-  
6 port the provision of home- and community-based end of life care. The  
7 authority shall adopt by rule eligibility requirements, provider quali-  
8 fications, services to be provided and rates of reimbursement, con-  
9 sistent with the following guidelines:**

10 **“(1) A patient shall qualify for palliative care if:**

11 **“(a) The patient has been diagnosed with a serious illness with a life  
12 limiting prognosis of 24 months or less that negatively impacts the  
13 patient’s or caregiver’s quality of life;**

14 **“(b) Palliative care is ordered by a physician or primary health care  
15 provider; and**

16 **“(c) The patient may be at risk for frequent emergency department  
17 visits or frequent hospitalizations.**

18 **“(2) The palliative care services must be provided by an interdis-  
19 plinary team of providers who are trained or certified in palliative  
20 care. A team must include:**

21 **“(a) A case manager who is a registered nurse under ORS 678.010**

1 to 678.410;

2 “(b) A medical social worker; and

3 “(c) A physician or other primary health care provider.

4 “(3) The palliative care must be provided in the patient’s residence  
5 of choice, which may include a long term care facility, as defined in  
6 ORS 442.015.

7 “(4) The services that must be provided, as determined by the team,  
8 include, but are not limited to:

9 “(a) Palliative care assessment;

10 “(b) Advanced care planning including discussion regarding com-  
11 pletion of a POLST, as defined in ORS 127.663;

12 “(c) Case management and care coordination provided by a regis-  
13 tered nurse under ORS 678.010 to 678.410;

14 “(d) Pain and symptom management;

15 “(e) Mental health and medical social work services;

16 “(f) Twenty-four hour clinical telephone support; and

17 “(g) Spiritual care services.

18 “(5) Providers of palliative care under this section must be reim-  
19 bursed through agreements with coordinated care organizations or by  
20 fee-for-service payment per episode of care or through a mutually  
21 agreed upon payment structure.

22 **“SECTION 2. (1) Section 1 of this 2019 Act becomes operative on the**  
23 **later of July 1, 2020, or the date that the Centers for Medicare and**  
24 **Medicaid Services approves the implementation of section 1 of this 2019**  
25 **Act.**

26 “(2) The Oregon Health Authority shall immediately notify the  
27 Legislative Counsel if the Centers for Medicare and Medicaid Services  
28 approves or disapproves, in whole or in part, the implementation of  
29 section 1 of this 2019 Act.”.

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