

HB 2981 A STAFF MEASURE SUMMARY

House Committee On Health Care

Action Date: 03/18/21

Action: Do pass with amendments and be referred to Ways and Means by prior reference.
(Printed A-Eng.)

Vote: 10-0-0-0

Yeas: 10 - Alonso Leon, Campos, Dexter, Drazan, Hayden, Moore-Green, Noble, Prusak, Salinas, Schouten

Fiscal: Fiscal impact issued

Revenue: No revenue impact

Prepared By: Oliver Droppers, LPRO Analyst

Meeting Dates: 2/18, 3/18

WHAT THE MEASURE DOES:

Defines "interdisciplinary team" as a group of health care professionals who are trained or certified in palliative care. Authorizes Oregon Health Authority (OHA) to administer a program to provide palliative care services through coordinated care organizations (CCOs). Directs OHA to define eligibility requirements and provider qualifications for palliative care services in rule. Specifies residential care or skilled nursing facilities are not subject to rules promulgated by OHA.

ISSUES DISCUSSED:

- Reduced health care costs using palliative care services
- Inpatient and out-patient care settings for palliative care
- Multidisciplinary teams to provide palliative care; patient-centric focused
- Limited ability to seek reimbursement for services provided by palliative care team
- Whether measure will require new staff in Oregon Health Authority
- Clarification on whether palliative care services providing in long-term care settings are included in measure
- Timeframe palliative care services are reimbursable

EFFECT OF AMENDMENT:

Replaces the measure.

BACKGROUND:

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 a serious illness, regardless of prognosis. The care involves addressing the patient's physical, social, and spiritual needs, as well as facilitating the patient's authority, access to information, and choice. Palliative care includes, but is not limited to: discussing a patient's goals for treatment; discussing the treatment options that are appropriate for the patient; and comprehensive pain and symptom management. In comparison, hospice care may be provided to an individual with a terminal illness whose health care professional certifies they have six months or less to live and have also decided to no longer receive treatment for their illness (e.g., end-of-life care).

Medicare and most Medicaid programs and private insurers cover one form of supportive care—hospice—for patients who are dying. Coverage of, and reimbursement for, palliative care services by Medicaid varies by state. According to the National Academy for State Health Policy, as of January 2021, six states provided funds for palliative care programs and education.

House Bill 2981 A requires the Oregon Health Authority to administer a program to provide palliative care services for Medicaid members enrolled in coordinated care organizations.