

As Reported by the House Aging and Long Term Care Committee

132nd General Assembly

Regular Session

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Sub. H. B. No. 286

Representative LaTourette

Cosponsors: Representatives Arndt, Schaffer, Schuring

A BILL

To amend section 3712.01 and to enact sections 1
3701.36, 3701.361, 3701.362, and 3712.063 of the 2
Revised Code to create the Palliative Care and 3
Quality of Life Interdisciplinary Council, to 4
establish the Palliative Care Consumer and 5
Professional Information and Education Program, 6
to require health care facilities to identify 7
patients and residents who could benefit from 8
palliative care, and to authorize certain 9
hospice care programs to provide palliative care 10
to patients other than hospice patients. 11

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 3712.01 be amended and sections 12
3701.36, 3701.361, 3701.362, and 3712.063 of the Revised Code be 13
enacted to read as follows: 14

Sec. 3701.36. (A) As used in this section and sections 15
3701.361 and 3701.362 of the Revised Code, "palliative care" has 16
the same meaning as in section 3712.01 of the Revised Code. 17

(B) There is hereby created the palliative care and 18

quality of life interdisciplinary council. Subject to division 19
(C) of this section, members of the council shall be appointed 20
by the director of health and include individuals with expertise 21
in palliative care who represent the following professions or 22
constituencies: 23

(1) Physicians authorized under Chapter 4731. of the 24
Revised Code to practice medicine and surgery or osteopathic 25
medicine and surgery, including those board-certified in 26
pediatrics and those board-certified in psychiatry; 27

(2) Physician assistants authorized to practice under 28
Chapter 4730. of the Revised Code; 29

(3) Advanced practice registered nurses licensed under 30
Chapter 4723. of the Revised Code who are designated as clinical 31
nurse specialists or certified nurse practitioners; 32

(4) Registered nurses and licensed practical nurses 33
licensed under Chapter 4723. of the Revised Code; 34

(5) Licensed professional clinical counselors or licensed 35
professional counselors licensed under Chapter 4757. of the 36
Revised Code; 37

(6) Independent social workers or social workers licensed 38
under Chapter 4757. of the Revised Code; 39

(7) Pharmacists licensed under Chapter 4729. of the 40
Revised Code; 41

(8) Psychologists licensed under Chapter 4732. of the 42
Revised Code; 43

(9) Marriage and family therapists licensed under Chapter 44
4757. of the Revised Code; 45

(10) Child life specialists; 46

(11) Health insurers; 47

(12) Clergy or spiritual advisers; 48

(13) Patients; 49

(14) Family caregivers. 50

The council's membership also may include employees of 51
agencies of this state that administer programs pertaining to 52
palliative care or are otherwise concerned with the delivery of 53
palliative care in this state. 54

(C) Members shall include individuals who have worked with 55
various age groups (including children and the elderly), as well 56
as those who have experience or expertise in various palliative 57
care delivery models (including acute care, long-term care, 58
hospice, home health agency, home-based care, and spiritual 59
care). At least two members shall be physicians who are board- 60
certified in hospice and palliative care. No more than twenty 61
individuals shall serve as members of the council at any one 62
time and no more than two members shall be employed by or 63
practice at the same health care facility or emergency medical 64
service organization. 65

In making appointments to the council, the director shall 66
seek to include as members individuals who represent underserved 67
areas of the state and to ensure that all geographic areas of 68
the state are represented. 69

(D) The director shall make the initial appointments to 70
the council not later than ninety days after the effective date 71
of this section. Terms of office shall be three years. Each 72
member shall hold office from the date of appointment until the 73

end of the term for which the member was appointed. In the event 74
of death, removal, resignation, or incapacity of a council 75
member, the director shall appoint a successor who shall hold 76
office for the remainder of the term for which the successor's 77
predecessor was appointed. A member shall continue in office 78
subsequent to the expiration date of the member's term until the 79
member's successor takes office, or until a period of sixty days 80
has elapsed, whichever occurs first. 81

The council shall meet at the call of the director of 82
health, but not less than twice annually. The council shall 83
select annually from among its members a chairperson and vice- 84
chairperson, whose duties shall be established by the council. 85

Each member shall serve without compensation, except to 86
the extent that serving on the council is considered part of the 87
member's regular employment duties. 88

(E) The council shall do all of the following: 89

(1) Consult with and advise the director on matters 90
related to the establishment, maintenance, operation, and 91
evaluation of palliative care initiatives in this state; 92

(2) Consult with the department of health for the purposes 93
of sections 3701.361 and 3701.362 of the Revised Code; 94

(3) Identify national organizations that have established 95
standards of practice and best practice models for palliative 96
care; 97

(4) Identify initiatives established at the national and 98
state levels aimed at integrating palliative care services into 99
the health care system and enhancing the use and development of 100
those services; 101

(5) Establish guidelines for health care facilities to use 102
in identifying patients who could benefit from palliative care 103
and in determining appropriate types of services for such 104
patients; 105

(6) On or before December 31 of each year, prepare and 106
submit to the governor, general assembly, directors of aging and 107
health, superintendent of insurance, executive director of the 108
office of health transformation, and medicaid director a report 109
of recommendations for improving the provision of palliative 110
care services in this state. 111

The council shall submit the report to the general 112
assembly in accordance with section 101.68 of the Revised Code. 113

(F) The department of health shall provide to the council 114
the administrative support necessary to execute its duties. At 115
the request of the council, the department shall examine 116
potential sources of funding to assist with any duties described 117
in this section or sections 3701.361 and 3701.362 of the Revised 118
Code. 119

(G) The council is not subject to sections 101.82 to 120
101.87 of the Revised Code. 121

Sec. 3701.361. The palliative care consumer and 122
professional information and education program is hereby 123
established in the department of health. The purpose of the 124
program is to maximize the effectiveness of palliative care 125
initiatives in this state by ensuring that comprehensive and 126
accurate information and education on palliative care is 127
available to the public, health care providers, and health care 128
facilities. 129

The department shall publish on its web site information 130

on palliative care, including information on continuing 131
education opportunities for health care professionals; 132
information about palliative care delivery in a patient's home 133
and in primary, secondary, and tertiary environments; best 134
practices for palliative care delivery; and consumer educational 135
materials and referral information on palliative care, including 136
hospice. The department may develop and implement other 137
initiatives regarding palliative care services and education as 138
the department determines necessary. In implementing this 139
section, the department shall consult with the palliative care 140
and quality of life interdisciplinary council created under 141
section 3701.36 of the Revised Code. 142

Sec. 3701.362. (A) As used in this section: 143

(1) "Health care facility" means any of the following: 144

(a) A hospital registered under section 3701.07 of the 145
Revised Code; 146

(b) An ambulatory surgical facility as defined in section 147
3702.30 of the Revised Code; 148

(c) A nursing home, residential care facility, county 149
home, or district home as defined in section 3721.01 of the 150
Revised Code; 151

(d) A veterans' home operated under Chapter 5907. of the 152
Revised Code; 153

(e) A hospice care program or pediatric respite care 154
program as defined in section 3712.01 of the Revised Code; 155

(f) A home health agency as defined in section 3701.881 of 156
the Revised Code. 157

(2) "Serious illness" means any medical illness or 158

physical injury or condition that substantially impacts quality 159
of life for more than a short period of time. "Serious illness" 160
includes, but is not limited to, cancer; heart, renal, or liver 161
failure; lung disease; and Alzheimer's disease and related 162
dementia. 163

(B) A health care facility shall do both of the following: 164

(1) Establish a system for identifying patients or 165
residents who could benefit from palliative care; 166

(2) Provide information on palliative care services to 167
patients and residents who could benefit from palliative care. 168

Sec. 3712.01. As used in this chapter: 169

(A) "Hospice care program" means a coordinated program of 170
home, outpatient, and inpatient care and services that is 171
operated by a person or public agency and that provides the 172
following care and services to hospice patients, including 173
services as indicated below to hospice patients' families, 174
through a medically directed interdisciplinary team, under 175
interdisciplinary plans of care established pursuant to section 176
3712.06 of the Revised Code, in order to meet the physical, 177
psychological, social, spiritual, and other special needs that 178
are experienced during the final stages of illness, dying, and 179
bereavement: 180

(1) Nursing care by or under the supervision of a 181
registered nurse; 182

(2) Physical, occupational, or speech or language therapy, 183
unless waived by the department of health pursuant to rules 184
adopted under division (A) of section 3712.03 of the Revised 185
Code; 186

(3) Medical social services by a social worker under the direction of a physician;	187 188
(4) Services of a home health aide;	189
(5) Medical supplies, including drugs and biologicals, and the use of medical appliances;	190 191
(6) Physician's services;	192
(7) Short-term inpatient care, including both palliative and respite care and procedures;	193 194
(8) Counseling for hospice patients and hospice patients' families;	195 196
(9) Services of volunteers under the direction of the provider of the hospice care program;	197 198
(10) Bereavement services for hospice patients' families.	199
"Hospice care program" does not include a pediatric respite care program.	200 201
(B) "Hospice patient" means a patient, other than a pediatric respite care patient, who has been diagnosed as terminally ill, has an anticipated life expectancy of six months or less, and has voluntarily requested and is receiving care from a person or public agency licensed under this chapter to provide a hospice care program.	202 203 204 205 206 207
(C) "Hospice patient's family" means a hospice patient's immediate family members, including a spouse, brother, sister, child, or parent, and any other relative or individual who has significant personal ties to the patient and who is designated as a member of the patient's family by mutual agreement of the patient, the relative or individual, and the patient's	208 209 210 211 212 213

interdisciplinary team. 214

(D) "Interdisciplinary team" means a working unit composed 215
of professional and lay persons that includes at least a 216
physician, a registered nurse, a social worker, a member of the 217
clergy or a counselor, and a volunteer. 218

(E) "Palliative care" means ~~treatment~~ specialized care for 219
a patient of any age diagnosed with a serious or life- 220
~~threatening illness directed at controlling pain, relieving-~~ 221
~~other symptoms, and enhancing the quality of life of the patient-~~ 222
~~and the patient's family rather than treatment for the purpose-~~ 223
~~of cure that is provided at any stage of the illness by an~~ 224
interdisciplinary team working in consultation with other health 225
care professionals, including those who may be seeking to cure 226
the illness and that aims to do all of the following: 227

(1) Relieve the symptoms, stress, and suffering resulting 228
from the illness; 229

(2) Improve the quality of life of the patient and the 230
patient's family; 231

(3) Address the patient's physical, emotional, social, and 232
spiritual needs; 233

(4) Facilitate patient autonomy, access to information, 234
and medical decision making. 235

Nothing in this section shall be interpreted to mean that 236
palliative care can be provided only as a component of a hospice 237
care program or pediatric respite care program. 238

(F) "Physician" means a person authorized under Chapter 239
4731. of the Revised Code to practice medicine and surgery or 240
osteopathic medicine and surgery. 241

(G) "Attending physician" means the physician identified 242
by the hospice patient, pediatric respite care patient, hospice 243
patient's family, or pediatric respite care patient's family as 244
having primary responsibility for the medical care of the 245
hospice patient or pediatric respite care patient. 246

(H) "Registered nurse" means a person registered under 247
Chapter 4723. of the Revised Code to practice professional 248
nursing. 249

(I) "Social worker" means a person licensed under Chapter 250
4757. of the Revised Code to practice as a social worker or 251
independent social worker. 252

(J) "Pediatric respite care program" means a program 253
operated by a person or public agency that provides inpatient 254
respite care and related services, including all of the 255
following services, only to pediatric respite care patients and, 256
as indicated below, pediatric respite care patients' families, 257
in order to meet the physical, psychological, social, spiritual, 258
and other special needs that are experienced during or leading 259
up to the final stages of illness, dying, and bereavement: 260

(1) Short-term inpatient care, including both palliative 261
and respite care and procedures; 262

(2) Nursing care by or under the supervision of a 263
registered nurse; 264

(3) Physician's services; 265

(4) Medical social services by a social worker under the 266
direction of a physician; 267

(5) Medical supplies, including drugs and biologicals, and 268
the use of medical appliances; 269

(6) Counseling for pediatric respite care patients and	270
pediatric respite care patients' families;	271
(7) Bereavement services for respite care patients'	272
families.	273
"Pediatric respite care program" does not include a	274
hospice care program.	275
(K) "Pediatric respite care patient" means a patient,	276
other than a hospice patient, who is less than twenty-seven	277
years of age and to whom all of the following conditions apply:	278
(1) The patient has been diagnosed with a disease or	279
condition that is life-threatening and is expected to shorten	280
the life expectancy that would have applied to the patient	281
absent the patient's diagnosis, regardless of whether the	282
patient is terminally ill.	283
(2) The diagnosis described in division (K) (1) of this	284
section occurred while the patient was less than eighteen years	285
of age.	286
(3) The patient has voluntarily requested and is receiving	287
care from a person or public agency licensed under this chapter	288
to provide a pediatric respite care program.	289
(L) "Pediatric respite care patient's family" means a	290
pediatric respite care patient's family members, including a	291
spouse, brother, sister, child, or parent, and any other	292
relative or individual who has significant personal ties to the	293
patient and who is designated as a member of the patient's	294
family by mutual agreement of the patient, the relative or	295
individual, and the patient's interdisciplinary team.	296
<u>Sec. 3712.063. Notwithstanding any conflicting provision</u>	297

of the Revised Code, if a person or public agency licensed under 298
section 3712.04 of the Revised Code to provide a hospice care 299
program operates an inpatient hospice care facility or unit, the 300
person or agency may provide palliative care to a patient other 301
than a hospice patient. 302

Section 2. That existing section 3712.01 of the Revised 303
Code is hereby repealed. 304