

**As Passed by the House**

**132nd General Assembly**

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**Sub. H. B. No. 286**

**Representative LaTourette**

**Cosponsors: Representatives Arndt, Schaffer, Schuring, Anielski, Antonio, Ashford, Barnes, Blessing, Boggs, Boyd, Brenner, Brown, Carfagna, Celebrezze, Cera, Clyde, Craig, Cupp, Dean, DeVitis, Edwards, Faber, Fedor, Galonski, Gavarone, Ginter, Green, Greenspan, Hagan, Hambley, Hill, Holmes, Howse, Huffman, Hughes, Ingram, Kick, Landis, Lang, Leland, Lepore-Hagan, Lipps, Manning, McColley, Miller, O'Brien, Patterson, Patton, Pelanda, Perales, Ramos, Reece, Reineke, Rezabek, Riedel, Rogers, Ryan, Scherer, Seitz, Sheehy, Smith, K., Smith, R., Sprague, Stein, Sweeney, Sykes, Thompson, West, Young, Speaker Rosenberger**

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**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:**

<b>Section 1.</b> 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:

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

(B) There is hereby created the palliative care and  
quality of life interdisciplinary council. Subject to division  
(C) of this section, members of the council shall be appointed  
by the director of health and include individuals with expertise  
in palliative care who represent the following professions or  
constituencies:

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

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

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

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

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

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

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

(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 187  
direction of a physician; 188

(4) Services of a home health aide; 189

(5) Medical supplies, including drugs and biologicals, and 190  
the use of medical appliances; 191

(6) Physician's services; 192

(7) Short-term inpatient care, including both palliative 193  
and respite care and procedures; 194

(8) Counseling for hospice patients and hospice patients' 195  
families; 196

(9) Services of volunteers under the direction of the 197  
provider of the hospice care program; 198

(10) Bereavement services for hospice patients' families. 199

"Hospice care program" does not include a pediatric 200  
respite care program. 201

(B) "Hospice patient" means a patient, other than a 202  
pediatric respite care patient, who has been diagnosed as 203  
terminally ill, has an anticipated life expectancy of six months 204  
or less, and has voluntarily requested and is receiving care 205  
from a person or public agency licensed under this chapter to 206  
provide a hospice care program. 207

(C) "Hospice patient's family" means a hospice patient's 208  
immediate family members, including a spouse, brother, sister, 209  
child, or parent, and any other relative or individual who has 210



significant personal ties to the patient and who is designated 211  
as a member of the patient's family by mutual agreement of the 212  
patient, the relative or individual, and the patient's 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

Sec. 3712.063. Notwithstanding any conflicting provision 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