



AN ACT ESTABLISHING A PALLIATIVE CARE ACCESS INITIATIVE; CREATING THE STATE PALLIATIVE CARE AND QUALITY OF LIFE INTERDISCIPLINARY ADVISORY COUNCIL; REQUIRING A PALLIATIVE CARE CONSUMER AND PROFESSIONAL INFORMATION AND EDUCATION PROGRAM; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Legislative findings -- purpose. (1) The legislature finds that:

(a) individuals who are experiencing complex, chronic health issues that affect their quality of life should be offered palliative care as a treatment option;

(b) palliative care is appropriate at any age and any stage of a disease and can be provided in conjunction with curative treatments; and

(c) palliative care includes but is not limited to discussions of an individual's treatment goals and options, including, when appropriate, discussion of comprehensive pain and symptom management and of hospice care.

(2) It is the purpose of [sections 1 through 5] to ensure that individuals who could benefit from palliative care are made aware of their options through a consumer education program and an informed workforce trained in the benefits of palliative care.

Section 2. Definitions. As used in [sections 1 through 5], the following definitions apply:

(1) "Council" means the palliative care and quality of life interdisciplinary advisory council provided for in [section 3].

(2) "Department" means the department of public health and human services provided for in 2-15-2201.

(3) "Palliative care" means patient-centered and family-centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness.

(4) "Program" means the palliative care consumer and professional information and education program provided for in [section 5].

Section 3. Palliative care and quality of life interdisciplinary advisory council -- duties -- membership. (1) There is a state palliative care and quality of life interdisciplinary advisory council within the department to advise the department on matters related to the establishment, maintenance, operation, and evaluation of outcomes of palliative care initiatives in this state.

(2) (a) The council consists of at least nine members appointed by the director of the department. Members must include:

(i) individuals with collective expertise in interdisciplinary palliative care provided in a variety of settings and to children, youth, adults, and the elderly;

(ii) individuals with expertise in nursing, social work, and pharmacy; and

(iii) members of the clergy or individuals with professional spiritual experience.

(b) The appointees must include:

(i) at least two board-certified physicians or nurses with expertise in palliative care;

(ii) at least one board-certified physician with expertise in chronic pain management;

(iii) a department employee with knowledge of the state medicaid program; and

(iv) a representative of a private insurer.

(3) Council members shall serve staggered 3-year terms.

(4) Council members shall elect a presiding officer and vice presiding officer and shall establish the duties of the officers.

(5) The council shall meet at least twice a year according to a schedule established by the director or the director's designee.

(6) The department shall provide administrative support to the council.

(7) Council members may not receive compensation for their service or be reimbursed for expenses.

Section 4. Duties of council. The council shall advise the director of the department on ways to improve access to and quality of palliative care. At a minimum, the council shall:

(1) conduct an initial survey of palliative care services available in Montana;

(2) submit an initial report highlighting opportunities and challenges for palliative care, including recommendations on how to address both the opportunities and the challenges;

(3) advise the department on material for inclusion in the palliative care section of the website provided for in [section 5]; and

(4) recommend priorities for pediatric palliative care and the availability and delivery of palliative care services in rural and underserved areas.

Section 5. Palliative care consumer and professional information and education program. (1)

There is a statewide palliative care consumer and professional information and education program in the department, consisting of materials provided on the department's website.

(2) The program is intended to maximize the effectiveness of palliative care initiatives in Montana by ensuring that comprehensive and accurate information and education about palliative care is available to the public, health care providers, and health care facilities.

(3) (a) The palliative care information available on the department's website shall include but is not limited to information about:

(i) continuing educational opportunities for health care providers;

(ii) palliative care delivery in all settings, including but not limited to the home, hospitals, assisted living facilities, and nursing homes;

(iii) best practices for palliative care delivery; and

(iv) consumer education and referral information for palliative care, including hospice care.

(b) The information must include links to external resources.

(4) The department may develop and implement other palliative care initiatives that the department determines would further the purposes of [sections 1 through 5].

(5) The department shall consult with the council in implementing this section.

Section 6. Codification instruction. [Sections 1 through 5] are intended to be codified as an integral part of Title 50, and the provisions of Title 50 apply to [sections 1 through 5].

Section 7. Direction to department -- appointment of advisory council. The director of the department of public health and human services shall appoint the advisory council provided for in [section 3] no later than 90 days after [the effective date of this act].

Section 8. Effective date. [This act] is effective on passage and approval.

- END -

I hereby certify that the within bill,
HB 0285, originated in the House.

Speaker of the House

Signed this _____ day
of _____, 2017.

Chief Clerk of the House

President of the Senate

Signed this _____ day
of _____, 2017.

HOUSE BILL NO. 285

INTRODUCED BY W. MCKAMEY, D. JONES, F. SMITH, F. ANDERSON, S. FITZPATRICK, J. KARJALA,
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