

**CHAPTER 394 (HCR 44)**

A CONCURRENT RESOLUTION relating to the establishment of a task force to complete a study to identify barriers to quality end of life care relating to pain management, best practices, and strategies to improve quality of care.

WHEREAS, the purpose of this concurrent resolution is to establish a task force to assess the quality of end-of-life health care for all Kentuckians relating to pain management, and to make recommendations on how to improve health care to ensure that patients experience a peaceful, natural, and, as much as possible, pain-free end-of-life experience, while preserving the sanctity of human life. Nothing in this concurrent resolution shall be construed to authorize a study or to support physician or other health care provider-assisted suicide, euthanasia, or any other measures which might result in a premature end to any human life; and

WHEREAS, the National Task Force on End-of-Life Care in Managed Care reported that end-of-life care has been an intractable problem across the United States and contributions from many sectors of the American society will be needed to improve access to comprehensive, highquality care, to strengthen accountability, and to develop payment methods; and

WHEREAS, a group of researchers completed a four (4) year Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT) in five (5) teaching hospitals in the United States to improve end-of-life decision making and reduce the frequency of a mechanically supported, painful, and prolonged process of dying. The researchers found shortcomings in the care for seriously ill hospitalized patients including pain management and physician knowledge of the patient's desires regarding resuscitation; and

WHEREAS, some patients die in physical pain and discomfort, despite the technical capability to control most symptoms near the end of life; and

WHEREAS, physicians are often fearful of disciplinary actions for prescribing appropriate medications to promote comfort in patients who are dying; and

WHEREAS, consumers are unaware of their rights to make decisions about end of life care; and

WHEREAS, legal matters surrounding advance directives often complicate decision making for patients, families, and health care practitioners; and

WHEREAS, patients and families have the right to a seamless health care system that provides access to holistic care which includes care for the mind, body, and soul through both technical methods and supportive care; and

WHEREAS, reimbursement for care should support access to both technical and supportive care; and

WHEREAS, the curriculum for health care providers is limited in the amount of content related to palliative or end of life care; and

WHEREAS, the opportunities for medical students, residents, and other health care providers to participate in guided palliative care experiences need to be expanded;

NOW, THEREFORE,

*Be it resolved by the House of Representatives of the General Assembly of the Commonwealth of Kentucky, the Senate concurring therein:*

Section 1. The Legislative Research Commission is directed to establish a twenty (20) member task force to complete a study to identify the barriers to quality end-of-life care and pain management, to identify strategies to improve access to quality end-of-life care that is based upon patients' and families' desires, to identify ways to strengthen accountability to determine whether quality care is being delivered, and to identify payment methods for delivering a seamless system of care. The Speaker of the House shall appoint two (2) members of the House of Representatives, and eight (8) at-large members to the task force. The President of the Senate shall appoint two (2) members of the Senate and eight (8) at-large members to the task force. A majority of the membership shall choose a chair to preside over the work of the task force. Of the sixteen (16) at-large members of the task force to be appointed by the Speaker of the House and the President of the Senate, at least one (1) member shall be appointed from a list of names submitted by Kentucky Right to Life, at least one (1) member shall be appointed from a list of names submitted by the Kentucky Catholic Conference, and at least one (1) member shall be appointed from a list of names submitted by the Family Foundation of Kentucky. The remaining at-large members of the task force shall include representatives from the following associations: the Kentucky Nurses Association, the Kentucky Medical Association, the Kentucky Hospital Association, the Kentucky Pharmacists Association, the Kentucky Association of Hospices, the Department for Public Health, the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists, the Office of Aging Services, and the Kentucky Association of Health Care Facilities.

Section 2. The task force shall submit a final report of its findings and recommendations to the Legislative Research Commission no later than September 1, 2001.

Section 3. Staff services to be utilized in completing the work of the task force are estimated to cost \$30,000. These staff services shall be provided from the regular Commission budget and are subject to the limitations and other research responsibilities of the Commission.

Section 4. Provisions of this resolution to the contrary notwithstanding, the Legislative Research Commission shall have the authority to alternatively assign the issues identified herein to an interim joint committee or subcommittee thereof, and to designate a study completion date.

Section 5. Effective January 1, 2002, this concurrent resolution shall be void.

**Approved April 7, 2000**

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