

AN ACT relating to patient quality of life.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔SECTION 1. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

As used in Sections 1 to 4 of this Act:

(1) "Appropriate" means consistent with:

(a) Applicable legal, health, and professional standards;

(b) The patient's clinical and other circumstances; and

(c) The patient's reasonably known wishes and beliefs, including any advance directive made in accordance with KRS 311.621 to 311.643 or advance directive for mental health treatment made in accordance with KRS 202A.420 to 202A.432;

(2) "Cabinet" means the Cabinet for Health and Family Services;

(3) "Council" means the Palliative Care and Quality of Life Interdisciplinary Advisory Council established under Section 2 of this Act;

(4) "Health facility" has the same meaning as in KRS 216B.015;

(5) "Medical care" means services provided, requested, or supervised by a physician licensed pursuant to KRS Chapter 311 or advanced practice registered nurse licensed pursuant to KRS Chapter 314;

(6) "Palliative care" means patient- and family-centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness, and involves addressing the physical, emotional, social, and spiritual needs of a patient and facilitating patient autonomy, access to information, and choice; and

(7) "Serious illness" means any medical illness, physical injury, or condition that substantially impacts the quality of life for more than a short period of time.

➔SECTION 2. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO

READ AS FOLLOWS:

- (1) The cabinet shall establish the Palliative Care and Quality of Life Interdisciplinary Advisory Council to improve the quality and delivery of patient- and family-centered care throughout the Commonwealth and to advise the cabinet on matters related to the establishment, maintenance, operation, and outcomes evaluation of palliative care initiatives. The council shall be attached to and administered by the cabinet.
- (2) The Governor shall appoint the members of the council to serve three (3) year terms. Membership shall include:

 - (a) Interdisciplinary medical, nursing, social work, pharmacy, and spiritual professionals with palliative care work experience or expertise;
 - (b) Licensed or certified hospice and palliative medicine physicians licensed pursuant to KRS Chapter 311 and advanced practice registered nurses licensed pursuant to KRS Chapter 314;
 - (c) Patient and family caregiver advocates; and
 - (d) Any relevant cabinet representatives.
- (3) Appointed members of the council shall serve without compensation, but shall be reimbursed for actual expenses incurred in the performance of duties in accordance with KRS 45.101 and administrative regulations promulgated thereunder.
- (4) Members of the council shall elect a chair and vice chair whose duties shall be established by the council and who shall establish the time and place for regularly scheduled meetings, which shall consist of at least two (2) meetings each year.

➔SECTION 3. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO

READ AS FOLLOWS:

- (1) The cabinet shall establish, in consultation with the council, the statewide

Palliative Care Consumer and Professional Information and Education Program within the cabinet.

(2) The goals of the Palliative Care Consumer and Professional Information and Education Program shall be to maximize the effectiveness of palliative care initiatives throughout the Commonwealth 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) The cabinet shall publish on its Web site information and resources, including links to external resources, about palliative care for the public, health care providers, and health care facilities. This shall include but not be limited to:

(a) Continuing education opportunities for health care providers;

(b) Information about palliative care delivery in the home, primary, secondary, and tertiary environments;

(c) Best practices for palliative care delivery; and

(d) Consumer educational materials and referral information for palliative care, including hospice.

(4) The cabinet may develop and implement any other initiatives regarding palliative care services and education determined to further the purpose and goals of the council and program.

➔SECTION 4. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

(1) On or before January 1, 2019, all health facilities shall:

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

(b) Provide information about and facilitate access to appropriate palliative care services for patients or residents with serious illness.

(2) In carrying out this section, the cabinet shall take into account factors that may

impact the development of such a system and its ability to facilitate access to palliative care, including:

(a) The size of the organization;

(b) Access and proximity to palliative care services;

(c) The availability of palliative care practitioners and related work staff; and

(d) Geographic factors.

(3) If a health facility fails to implement such a system, the cabinet shall require the health facility to provide a plan of action to bring the health facility into compliance and may impose a fine for those in violation.