

1 AN ACT relating to patient quality of life.

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

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

5 *As used in Sections 1 to 4 of this Act:*

6 *(1) "Cabinet" means the Cabinet for Health and Family Services;*

7 *(2) "Council" means the Palliative Care Interdisciplinary Advisory Council*  
8 *established under Section 2 of this Act;*

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

10 *(4) "Life-preserving care" means health care, nutrition, or hydration the*  
11 *withholding or withdrawal of which, in reasonable medical judgment, would*  
12 *result in or hasten death of a patient;*

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

16 *(6) "Palliative care" means patient- and family-centered medical care that*  
17 *anticipates, prevents, and treats suffering caused by serious illness and involves*  
18 *addressing the physical, emotional, social, and spiritual needs of a patient and*  
19 *facilitating patient autonomy, access to information, and choice. Causing or*  
20 *hastening death shall not be deemed a method for anticipating, preventing, or*  
21 *treating suffering as described in this subsection;*

22 *(7) "Reasonable medical judgment" means a medical judgment made by a*  
23 *reasonably prudent physician knowledgeable about the patient's case and the*  
24 *treatment possibilities with respect to the medical conditions involved; and*

25 *(8) "Serious illness" means any medical illness, physical injury, or condition that*  
26 *causes substantial suffering for more than a short period of time, including but*  
27 *not limited to Alzheimer's disease and related dementias, lung disease, cancer, or*

1 heart, renal, or liver failure.

2 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO  
3 READ AS FOLLOWS:

4 (1) The Palliative Care Interdisciplinary Advisory Council is hereby established to  
5 improve the quality and delivery of patient- and family-centered care throughout  
6 the Commonwealth and to advise the cabinet on matters related to the  
7 establishment, maintenance, operation, and outcomes evaluation of palliative  
8 care initiatives. The council shall be attached to and administered by the cabinet.

9 (2) The Governor shall appoint the members of the council to serve three (3) year  
10 terms. The council shall consist of twelve (12) voting members, and may include  
11 nonvoting members who are relevant cabinet representatives designated by the  
12 Governor. Voting members shall be:

13 (a) Two (2) members from interdisciplinary medical, nursing, social work,  
14 pharmacy, and spiritual professions with palliative care work experience or  
15 expertise;

16 (b) Two (2) members who are either licensed or certified hospice and palliative  
17 medicine physicians licensed pursuant to KRS Chapter 311 or licensed or  
18 certified hospice and palliative care advanced practice registered nurses  
19 licensed pursuant to KRS Chapter 314;

20 (c) One (1) member who has pediatric palliative care expertise;

21 (d) One (1) member who is a patient or family caregiver advocate;

22 (e) One (1) member recommended to the Governor by the Statewide  
23 Independent Living Council;

24 (f) One (1) member recommended to the Governor by the American Cancer  
25 Society;

26 (g) One (1) member recommended to the Governor by the Kentucky Right to  
27 Life Association;

1 (h) One (1) member recommended to the Governor by the Long-Term Care  
2 Ombudsman Program;

3 (i) One (1) member recommended to the Governor by the Kentucky Association  
4 of Hospice and Palliative Care; and

5 (j) One (1) member recommended to the Governor by the Kentucky  
6 Psychological Association.

7 (3) Appointed members of the council shall serve without compensation, but shall be  
8 reimbursed for actual expenses incurred in the performance of duties in  
9 accordance with KRS 45.101 and administrative regulations promulgated  
10 thereunder.

11 (4) (a) Members of the council shall elect a chair and vice chair whose duties shall  
12 be established by the council.

13 (b) The time and place for regularly scheduled meetings shall be established by  
14 a majority vote of the council, but there shall be at least two (2) meetings  
15 per year.

16 (c) The chair or any three (3) voting members shall provide two (2) weeks'  
17 notice to the members regarding an upcoming meeting.

18 ➔SECTION 3. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO  
19 READ AS FOLLOWS:

20 (1) The statewide Palliative Care Consumer and Professional Information and  
21 Education Program is hereby established within the cabinet.

22 (2) The goals of the Palliative Care Consumer and Professional Information and  
23 Education Program shall be to maximize the effectiveness of palliative care  
24 initiatives throughout the Commonwealth by ensuring that comprehensive and  
25 accurate information and education about palliative care are available to the  
26 public, health care providers, and health care facilities.

27 (3) The cabinet shall publish on its Web site information and resources, including

1 links to external resources, about palliative care for the public, health care  
 2 providers, and health facilities. This shall include but not be limited to:

3 (a) Continuing education opportunities for health care providers;

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

6 (c) Best practices for palliative care delivery; and

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

9 (4) (a) The council shall have the authority to review, evaluate, and make  
 10 recommendations regarding all elements of the Palliative Care Consumer  
 11 and Professional Information and Education Program, the content of the  
 12 Web site information and resources described in subsection (3) of this  
 13 section, and best practices for palliative care delivery and any grants to  
 14 develop or implement them.

15 (b) Any evaluations or recommendations shall require the affirmative vote in  
 16 person, by electronic means, or by proxy of three-fourths (3/4) of the voting  
 17 members of the council.

18 (c) Not later than July 1, 2018, and annually thereafter, the council shall  
 19 submit a report on its findings and recommendations to the commissioner  
 20 of the Department for Public Health and to the Interim Joint Committee on  
 21 Health and Welfare.

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

24 (1) A health facility may:

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

27 (b) Provide information about and facilitate access to palliative care services

- 1           for patients or residents with serious illnesses; and
- 2           (c) Ensure that the provision of palliative care is not conditioned on the
- 3           forgoing of life-preserving care, except to the extent required by federal law.
- 4           (2) In carrying out this section, the cabinet shall take into account factors that may
- 5           impact the development of such a system and its ability to facilitate access to
- 6           palliative care, including:
- 7           (a) The size of the organization;
- 8           (b) Access and proximity to palliative care services;
- 9           (c) The availability of palliative care practitioners and related work staff; and
- 10          (d) Geographic factors.