

1 State of Arkansas
2 91st General Assembly
3 Regular Session, 2017
4

As Engrossed: S3/20/17
A Bill

HOUSE BILL 2067

5 By: Representative Hammer
6 *By: Senator Irvin*
7

For An Act To Be Entitled

9 AN ACT TO CREATE THE PALLIATIVE CARE AND QUALITY OF
10 LIFE INTERDISCIPLINARY TASK FORCE; AND FOR OTHER
11 PURPOSES.
12
13

Subtitle

15 TO CREATE THE PALLIATIVE CARE AND QUALITY
16 OF LIFE INTERDISCIPLINARY TASK FORCE.
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19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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21 SECTION 1. Arkansas Code Title 20, Chapter 8, is amended to add an
22 additional subchapter to read as follows:

Subchapter 7 – Palliative Care

20-8-701. Definitions.

As used in this subchapter:

27 (1) "Palliative care" means patient-centered and family-centered
28 medical care offered throughout the continuum of an illness that optimizes
29 quality of life by anticipating, preventing, and treating the suffering
30 caused by a serious illness to address physical, emotional, social, and
31 spiritual needs and facilitate patient autonomy, access to information, and
32 choice, including without limitation:

33 (A) Discussion of the patient's goals for treatment;

34 (B) Discussions of treatment options appropriate to the
35 patient, including hospice care, if needed; and

36 (C) Comprehensive pain and symptom management; and



1 (2) "Serious illness" means a medical illness or physical injury
2 or condition that substantially impacts quality of life for more than a short
3 period of time, including without limitation cancer, renal failure, liver
4 failure, heart disease, lung disease, and Alzheimer's disease and related
5 dementia.

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7 20-8-702. Palliative Care and Quality of Life Interdisciplinary Task
8 Force – Creation – Membership.

9 (a) There is created the Palliative Care and Quality of Life
10 Interdisciplinary Task Force.

11 (b) The task force shall consist of thirteen (13) members as follows:

12 (1) Nine (9) members appointed by the Governor as follows:

13 (A) One (1) member who is a designee of the American
14 Cancer Society;

15 (B) One (1) member who is a designee of the Hospice and
16 Palliative Care Association of Arkansas;

17 (C) One (1) member who is a designee of the Department of
18 Veterans Affairs;

19 (D) One (1) member who is a designee of the Arkansas Heart
20 Association;

21 (E) One (1) member who is a designee of the Arkansas
22 Hospital Association;

23 (F) One (1) member who is a designee of the Arkansas
24 Medical Society;

25 (G) One (1) member who is a designee of the Arkansas
26 Health Care Association;

27 (H) One (1) member who is a designee of the Arkansas
28 Center for Health Improvement; and

29 (I) One (1) member, in consultation with the Surgeon
30 General, who is a palliative care professional with expertise in the
31 following knowledge areas, that may include without limitation:

32 (i) Interdisciplinary palliative care;

33 (ii) Medical, nursing, social work, pharmacy, or
34 spiritual services;

35 (iii) Psycho-social issues involved in caregiving
36 for patient and family caregivers or their advocates; and

1 (iv) Palliative care perspectives and challenges
2 across multiple settings, including inpatient, outpatient, and community
3 settings, and across pediatric, youth, adult, and geriatric populations;

4 (2) Two (2) members appointed by the President Pro Tempore of
5 the Senate as follows:

6 (A) One (1) member who is a board-certified hospice and
7 palliative medicine physician, physician assistant, or nurse; and

8 (B) One (1) member, in consultation with the Surgeon
9 General, who is a palliative care professional with expertise in the
10 following knowledge areas, that may include without limitation:

11 (i) Interdisciplinary palliative care;

12 (ii) Medical, nursing, social work, pharmacy, or
13 spiritual services;

14 (iii) Psycho-social issues involved in caregiving
15 for patient and family caregivers or their advocates; and

16 (iv) Palliative care perspectives and challenges
17 across multiple settings, including inpatient, outpatient, and community
18 settings, and across pediatric, youth, adult, and geriatric populations;
19 and

20 (3) Two (2) members appointed by the Speaker of the House of
21 Representatives as follows:

22 (A) One (1) member who is a board-certified hospice and
23 palliative medicine physician, physician assistant, advanced practice
24 registered nurse, or nurse; and

25 (B) One (1) member, in consultation with the Surgeon
26 General, who is a palliative care professional with expertise in the
27 following knowledge areas, that may include without limitation:

28 (i) Interdisciplinary palliative care;

29 (ii) Medical, nursing, social work, pharmacy, or
30 spiritual services;

31 (iii) Psycho-social issues involved in caregiving
32 for patient and family caregivers or their advocates; and

33 (iv) Palliative care perspectives and challenges
34 across multiple settings, including inpatient, outpatient, and community
35 settings, and across pediatric, youth, adult, and geriatric populations;

36 (c) The members of the task force shall be appointed by September 1,

1 2017.

2 (d) In the event of a vacancy in the membership of the task force, a
3 person shall be appointed by the appropriate individual and who meets the
4 applicable eligibility requirements of the vacated position to fill the
5 vacancy for the remainder of the term.

6 (e)(1) The task force shall select a chair and vice chair during the
7 first meeting.

8 (2) The task force shall hold at least two (2) regular meetings
9 in each calendar year at a time and place determined by the task force.

10 (f) Seven (7) members of the task force shall constitute a quorum to
11 transact business.

12 (g) The members of the task force may receive expense reimbursement in
13 accordance with § 25-16-901 et seq.

14 (h) The Department of Health, in conjunction with the Department of
15 Human Services, shall provide staff, information, and other assistance as
16 reasonably necessary to assist the task force in its efficient organization.

17 (i) The purpose of the task force is to consult with and advise the
18 Department of Health on matters relating to the establishment, maintenance,
19 operation, and outcome evaluation of palliative care initiatives in the
20 state.

21 (j) The task force shall expire on December 31, 2019, unless extended
22 by the General Assembly.

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24 20-8-703. Reports.

25 (a) The Palliative Care and Quality of Life Interdisciplinary Task
26 Force shall submit a preliminary report to the Governor, President Pro
27 Tempore of the Senate, and the Speaker of the House of Representatives on or
28 before January 17, 2019, that includes without limitation:

29 (1) Recommendations for the establishment, maintenance,
30 operation, and outcome evaluation of palliative care initiatives in the
31 state; and

32 (2) Recommendations for any statutory changes to be considered
33 by the General Assembly.

34 (b) The task force shall submit a follow-up report to the Governor,
35 President Pro Tempore of the Senate, and the Speaker of the House of
36 Representatives on or before December 31, 2020, detailing the implementation

1 of the recommendations from the preliminary report.

2 (c) On and after the effective date of this section, the task force
3 shall submit and present a quarterly report to the Senate Committee on Public
4 Health, Welfare, and Labor and the House Committee on Public Health, Welfare,
5 and Labor.

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/s/Hammer

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APPROVED: 03/28/2017

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