

1 State of Arkansas  
2 90th General Assembly  
3 Regular Session, 2015

# A Bill

HOUSE BILL 1686

4  
5 By: Representative L. Fite

## For An Act To Be Entitled

8 AN ACT TO ESTABLISH A PALLIATIVE CARE PROGRAM IN THE  
9 DEPARTMENT OF HEALTH; TO CREATE THE PALLIATIVE CARE  
10 AND QUALITY OF LIFE INTERDISCIPLINARY TASK FORCE; AND  
11 FOR OTHER PURPOSES.

## Subtitle

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14 TO ESTABLISH A PALLIATIVE CARE PROGRAM IN  
15 THE DEPARTMENT OF HEALTH; AND TO CREATE  
16 THE PALLIATIVE CARE AND QUALITY OF LIFE  
17 INTERDISCIPLINARY TASK FORCE.  
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21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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23 SECTION 1. Arkansas Code Title 20, Chapter 8, is amended to add an  
24 additional subchapter to read as follows:

### Subchapter 7 – Palliative Care

#### 20-8-701. Definitions.

#### As used in this subchapter:

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27 (1) "Palliative care" means patient-centered and family-centered  
28 medical care offered throughout the continuum of an illness which optimizes  
29 quality of life by anticipating, preventing, and treating the suffering  
30 caused by a serious illness that addresses physical, emotional, social, and  
31 spiritual needs and facilitates 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  
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1 patient, including hospice care; and

2 (C) Comprehensive pain and symptom management;

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

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 9 20-8-702. Palliative Care Program.

10 (a) The Department of Health shall:

11 (1) Establish the Palliative Care Program with the purpose of  
 12 maximizing the effectiveness of palliative care initiatives in the state by  
 13 making comprehensive and accurate information and education about palliative  
 14 care available to the public, healthcare professionals, and healthcare  
 15 facilities; and

16 (2) Publish on its website information and resources about  
 17 palliative care, including without limitation:

18 (A) Continuing education opportunities for healthcare  
 19 professionals;

20 (B) Information about palliative care delivery in the home  
 21 and in primary, secondary, and tertiary care setting; and

22 (C) Consumer educational materials and referral  
 23 information for palliative care, including hospice.

24 (b) The department may develop and implement other initiatives  
 25 regarding palliative care services and education to further the purpose of  
 26 this section.

27 (c) The department shall consult with the Palliative Care and Quality  
 28 of Life Interdisciplinary Task Force in implementing this section.

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 30 20-8-703. Palliative Care and Quality of Life Interdisciplinary Task  
 31 Force – Creation – Membership.

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

34 (b) The Palliative Care and Quality of Life Interdisciplinary Task  
 35 Force shall consist of twelve (12) members as follows:

36 (1) Eight (8) members appointed by the Governor as follows:

1                   (A) One (1) member who is the designee of the American  
 2 Cancer Society;

3                   (B) One (1) member who is a designee of the Hospice and  
 4 Palliative Care Association;

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

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

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

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

13                   (G) One (1) member who is a designee of the Arkansas  
 14 Healthcare Association; and

15                   (H) One (1) member, in consultation with the Surgeon  
 16 General, who is a professional with expertise in palliative care, including  
 17 without limitation:

18                           (i) Interdisciplinary palliative care;

19                           (ii) Medical, nursing, social work, pharmacy, and  
 20 spiritual expertise;

21                           (iii) Patient and family caregivers or their  
 22 advocates; and

23                           (iv) Experts with perspective of palliative care in  
 24 a variety of inpatient, outpatient, and community settings, including acute  
 25 care, long-term care, hospice, and with a variety of populations, including  
 26 pediatric, youth, and adult;

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

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

31                           (B) One (1) member, in consultation with the Surgeon  
 32 General, who is a professional with expertise in palliative care, including  
 33 without limitation:

34                           (i) Interdisciplinary palliative care;

35                           (ii) Medical, nursing, social work, pharmacy, and  
 36 spiritual expertise;

1 (iii) Patient and family caregivers or their  
 2 advocates; and

3 (iv) Experts with perspective of palliative care in  
 4 a variety of inpatient, outpatient, and community settings, including acute  
 5 care, long-term care, hospice, and with a variety of populations, including  
 6 pediatric, youth, and adult; and

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

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

11 (B) One (1) member, in consultation with the Surgeon  
 12 General, who is a professional with expertise in palliative care, including  
 13 without limitation:

14 (i) Interdisciplinary palliative care;

15 (ii) Medical, nursing, social work, pharmacy, and  
 16 spiritual expertise;

17 (iii) Patient and family caregivers or their  
 18 advocates; and

19 (iv) Experts with perspective of palliative care in  
 20 a variety of inpatient, outpatient, and community settings, including acute  
 21 care, long-term care, hospice, and with a variety of populations, including  
 22 pediatric, youth, and adult;

23 (c) The members of the Palliative Care and Quality of Life  
 24 Interdisciplinary Task Force shall be appointed by September 1, 2015.

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

29 (e)(1) The Palliative Care and Quality of Life Interdisciplinary Task  
 30 Force shall select a chair and vice chair during the first meeting.

31 (2) The Palliative Care and Quality of Life Interdisciplinary  
 32 Task Force shall hold at least two (2) regular meetings in each calendar year  
 33 at a time and place determined by the task force.

34 (f) Seven (7) members of the Palliative Care and Quality of Life  
 35 Interdisciplinary Task Force shall constitute a quorum to transact business.

36 (g) The members of the Palliative Care and Quality of Life

1 Interdisciplinary Task Force may receive expense reimbursement in accordance  
2 with § 25-16-901 et seq.

3 (h) The Department of Health shall provide staff, information, and  
4 other assistance as reasonably necessary to assist the Palliative Care and  
5 Quality of Life Interdisciplinary Task Force for its efficient organization.

6 (i) The purpose of the Palliative Care and Quality of Life  
7 Interdisciplinary Task Force is to consult with and advise the Department of  
8 Health on matters relating to the establishment, maintenance, operation, and  
9 outcome evaluation of palliative care initiatives in the state.

10 (j) The Palliative Care and Quality of Life Interdisciplinary Task  
11 Force shall expire on December 31, 2018, unless extended by the General  
12 Assembly.

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14 20-8-704. Reports.

15 (a) The Palliative Care and Quality of Life Interdisciplinary Task  
16 Force shall submit a preliminary report to the Governor, President Pro  
17 Tempore of the Senate, and the Speaker of the House of Representatives on or  
18 before January 17, 2017, including without limitation:

19 (1) Recommendations for the establishment, maintenance,  
20 operation, and outcome evaluation of palliative care initiatives in the  
21 state; and

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

24 (b) The Palliative Care and Quality of Life Interdisciplinary Task  
25 Force shall submit a follow-up report to the Governor, President Pro Tempore  
26 of the Senate, and the Speaker of the House of Representatives on or before  
27 December 31, 2018, detailing the implementation of the recommendations from  
28 the preliminary report.

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