

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

A Bill

HOUSE BILL 2067

4
5 By: Representative Hammer

For An Act To Be Entitled

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

Subtitle

14 TO CREATE THE PALLIATIVE CARE AND QUALITY
15 OF LIFE INTERDISCIPLINARY TASK FORCE.

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18 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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

Subchapter 7 – Palliative Care

20-8-701. Definitions.

As used in this subchapter:

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

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

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

35 (C) Comprehensive pain and symptom management; and

36 (2) "Serious illness" means a medical illness or physical injury



1 or condition that substantially impacts quality of life for more than a short
2 period of time, including without limitation cancer, renal failure, liver
3 failure, heart disease, lung disease, and Alzheimer's disease and related
4 dementia.

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6 20-8-702. Palliative Care and Quality of Life Interdisciplinary Task
7 Force – Creation – Membership.

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

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

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

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

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

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

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

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

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

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

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

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

31 (i) Interdisciplinary palliative care;

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

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

36 (iv) Palliative care perspectives and challenges

1 across multiple settings, including inpatient, outpatient, and community
2 settings, and across pediatric, youth, adult, and geriatric populations;

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

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

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

10 (i) Interdisciplinary palliative care;

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

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

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

18 and

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

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

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

27 (i) Interdisciplinary palliative care;

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

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

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

35 (c) The members of the task force shall be appointed by September 1,
36 2017.

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

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

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

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

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

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

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

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

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23 20-8-703. Reports.

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

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

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

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

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

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