



127th MAINE LEGISLATURE

FIRST REGULAR SESSION-2015

Legislative Document

No. 782

S.P. 280

In Senate, March 10, 2015

An Act To Improve the Quality of Life of Persons with Serious Illnesses

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script that reads "Heather J.R. Priest".

HEATHER J.R. PRIEST
Secretary of the Senate

Presented by Senator LANGLEY of Hancock.
Cosponsored by Representative MAKER of Calais and
Senators: DAVIS of Piscataquis, SAVIELLO of Franklin, VALENTINO of York,
Representatives: BURSTEIN of Lincolnville, GATTINE of Westbrook, LONGSTAFF of
Waterville, MALABY of Hancock, TURNER of Burlington.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 5 MRSA §12004-I, sub-§47-I** is enacted to read:

3 **47-I.**

4 Human Services Palliative Care and Expenses Only 22 MRSA §1726
5 Quality of Life
6 Interdisciplinary
7 Advisory Council

8 **Sec. 2. 22 MRSA §1726** is enacted to read:

9 **§1726. Palliative Care and Quality of Life Interdisciplinary Advisory Council**

10 The Palliative Care and Quality of Life Interdisciplinary Advisory Council, as
11 established in Title 5, section 12004-I, subsection 47-I and referred to in this section as
12 "the advisory council," is established to improve the quality and delivery of patient-
13 centered and family-focused care in accordance with this section.

14 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
15 following terms have the following meanings.

16 A. "Palliative care" means patient-centered and family-focused medical care that
17 optimizes quality of life by anticipating, preventing and treating suffering caused by a
18 medical illness or a physical injury or condition that substantially affects a patient's
19 quality of life, including, but not limited to, addressing physical, emotional, social
20 and spiritual needs; facilitating patient autonomy and choice of care; providing access
21 to information; discussing the patient's goals for treatment and treatment options,
22 including, when appropriate, hospice care; and managing pain and symptoms
23 comprehensively.

24 B. "Serious illness" means a medical illness or physical injury or condition that
25 substantially affects quality of life for more than a short period of time. "Serious
26 illness" includes, but is not limited to, Alzheimer's disease and related dementias,
27 lung disease, cancer and heart, renal or liver failure.

28 **2. Membership.** The advisory council consists of the following members:

29 A. Five persons with experience and expertise in palliative care in acute hospital
30 care, long-term care, in-home care and hospice care with respect to pediatric, youth,
31 adult and elderly populations as follows:

32 (1) Two persons appointed by the Governor. One person must be a physician
33 who is certified by a national board of hospice and palliative medicine. One
34 person must be a registered nurse or advanced practice registered nurse who is
35 certified by a national board for certification of hospice and palliative nurses; and

36 (2) Three persons appointed by the executive director of the Maine Hospice
37 Council, established in section 8611, who are health professionals with palliative
38 care work experience or expertise in the delivery of palliative care;

1 B. Two persons appointed by the President of the Senate. One person must be a
2 licensed pharmacist with experience working with persons with serious illnesses.
3 One person must represent hospitals in the State;

4 C. Two persons appointed by the Speaker of the House of Representatives. One
5 person must be a licensed social worker with experience working with persons with
6 serious illnesses and their family members. One person must represent health
7 insurers;

8 D. Two persons appointed by the member of the Senate who is the leader of the
9 minority party in the Senate. Both persons must represent statewide organizations
10 that advocate on behalf of persons with serious illnesses;

11 E. Two persons appointed by the member of the House of Representatives who is the
12 leader of the minority party in the House. One person must be a spiritual counselor
13 with experience working with persons with serious illnesses and their family
14 members. One person must represent persons 55 years of age and older; and

15 F. The executive director of the Maine Hospice Council, established in section 8611,
16 who serves as a nonvoting member.

17 **3. Terms; vacancies; expense reimbursement.** A person appointed to the advisory
18 council serves a 3-year term, subject to termination by decision of the appointing
19 authority. When a vacancy occurs, the appointing authority shall appoint a new member
20 to serve for 3 years. As provided in Title 5, section 12004-I, subsection 47-I, members
21 serve on a voluntary basis, are not eligible for payment for their service and may be
22 reimbursed for necessary expenses.

23 **4. Conduct of business.** At the first meeting of the advisory council and annually
24 thereafter, the members shall elect from the membership a chair and a vice-chair and shall
25 determine their duties. The chair and vice-chair shall call at least 2 meetings per year and
26 other meetings as requested by a majority of the membership or as determined by the
27 chair and vice-chair. A majority of the membership constitutes a quorum. All meetings of
28 the advisory council are public proceedings, are open to the public and must be held in
29 locations that are convenient for public access and that are provided by the Maine
30 Hospice Council, established in section 8611. As appropriate to the agenda for the
31 meeting and in conformance with the Maine Administrative Procedure Act, all meetings
32 must provide an opportunity for public comment.

33 **5. Duties.** The advisory council shall:

34 A. Consult with and advise the Maine Center for Disease Control and Prevention on
35 matters related to the establishment, maintenance, operation and evaluation of
36 palliative care initiatives in the State;

37 B. Analyze palliative care being provided in the State;

38 C. Make recommendations to improve palliative care and the quality of life of
39 persons with serious illnesses; and

40 D. Submit a report to the joint standing committees of the Legislature having
41 jurisdiction over appropriations and financial affairs, health and human services

1 matters and insurance and financial services matters by January 1st each year
2 providing the findings and recommendations of the advisory council.

3 **6. Funding.** The advisory council may accept funding that is not public funding.

4 **Sec. 3. 22 MRSA §8615** is enacted to read:

5 **§8615. Palliative care initiatives**

6 To the extent allowed by available resources, the council shall establish a palliative
7 care consumer and professional information and education program to maximize the
8 effectiveness of palliative care initiatives by ensuring that comprehensive and accurate
9 information and education are available to the public, health care providers and health
10 care facilities. The council shall publish and maintain on a publicly accessible website
11 information and resources related to palliative care, including, but not limited to, links to
12 external resources, continuing professional education opportunities, delivery of palliative
13 care in the home and in primary, secondary and tertiary care environments, best practices
14 for palliative care delivery and consumer educational materials and referral information
15 for palliative care, including hospice care. The council may develop and implement other
16 initiatives regarding palliative care services and education as it determines to be
17 appropriate. The council may seek and accept funding to cover the costs of the Palliative
18 Care and Quality of Life Interdisciplinary Advisory Council under section 1726. In
19 performing its work under this section, the council shall consult with the Palliative Care
20 and Quality of Life Interdisciplinary Advisory Council.

21 **Sec. 4. Palliative Care and Quality of Life Interdisciplinary Advisory**
22 **Council.** Appointments to the Palliative Care and Quality of Life Interdisciplinary
23 Advisory Council required by this Act must be made no later than 90 days after the
24 effective date of this Act. Notwithstanding the Maine Revised Statutes, Title 22, section
25 1726, subsection 3, each appointing authority, when making initial appointments under
26 Title 22, section 1726, subsection 2, paragraphs B to D, shall appoint one person for a 2-
27 year term and one person for a 3-year term. When all appointments have been made, the
28 executive director of the Maine Hospice Council, established in Title 22, section 8611,
29 shall call and convene the first meeting of the advisory council. The first meeting of the
30 advisory council must be held no later than October 1, 2015.

31 **SUMMARY**

32 This bill establishes the Palliative Care and Quality of Life Interdisciplinary Advisory
33 Council to advise the Department of Health and Human Services, Maine Center for
34 Disease Control and Prevention and report to 3 legislative committees. The bill requires
35 the Maine Hospice Council, if resources permit, to establish an information and education
36 program to maximize the effectiveness of palliative care initiatives by ensuring that
37 comprehensive and accurate information and education are available and allows the
38 council to seek outside funding for the advisory council. The bill requires the executive
39 director of the Maine Hospice Council to convene the first meeting of the advisory
40 council by October 1, 2015.