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

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

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

47-I.

Human Services

Palliative Care and
Quality of Life
Interdisciplinary
Advisory Council

Expenses Only

22 MRSA §1726

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. Duties. The advisory council shall:

- A. Consult with and advise the Maine Center for Disease Control and Prevention on matters related to the establishment, maintenance, operation and evaluation of palliative care initiatives in the State;
 - B. Analyze palliative care being provided in the State;
 - C. Make recommendations to improve palliative care and the quality of life of persons with serious illnesses; and
 - D. Submit a report to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs, health and human services matters and insurance and financial services matters by January 1st each year providing the findings and recommendations of the advisory council.
- 6. Funding.** The advisory council may accept funding that is not public funding.

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

§ 8615. Palliative care initiatives

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

Sec. 4. Palliative Care and Quality of Life Interdisciplinary Advisory Council.

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

SUMMARY

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