

OFFICE OF POLICY AND LEGAL ANALYSIS

Date: April 14, 2021
To: Joint Standing Committee on Health & Human Services
From: Anna Broome, Legislative Analyst

LD 1064 An Act To Advance Palliative Care Utilization in the State

SUMMARY: This bill directs DHHS to provide reimbursement under the MaineCare program for palliative care for the entire interdisciplinary team as appropriate to the plan of care, regardless of setting, including hospitals, nursing homes, outpatient clinics and home care providers. It requires DHHS to adopt rules that support and standardize the delivery of palliative care, including but not limited to, strategies for the distribution of public educational documents and the distribution by health care providers of information regarding the availability of palliative care to patients. It requires the department to consult with the Maine Hospice Council, the Palliative Care and Quality of Life Interdisciplinary Advisory Council and other stakeholders when developing educational documents and rules.

Amendment at PH: Removes Sec. 1 of the bill (the section related to standardization and educational materials). It keeps the section requiring reimbursement under MaineCare. It requires the department to adopt rules. It amends the bill to require the department to use the National Clinical Practice Guidelines for Quality Palliative Care from the National Coalition for Hospice and Palliative Care to advise development of the rule. It also requires the department to periodically convene a stakeholder group representing the Palliative Care and Quality of Life Advisory Committee, and the Home Care and Hospice Alliance of Maine to advise on educational documents.

ISSUES FROM TESTIMONY:

- Proponents looking for a team based, interdisciplinary approach corresponding MaineCare reimbursement. Need sustainable rate and to expand access. Not all hospitals have palliative care teams.
- Amendment requested by sponsor, Northern Light and Home Care and Hospice Alliance of Maine.
- ACS-CAN looking for additional language “All MaineCare enrollees for whom palliative care is appropriate according to evidence-based guidelines, must have access to these services.”

- DHHS: cover most of the services that would fall under palliative care without identifying the services specifically as palliative care, except for spiritual services which are not eligible for federal match. DHHS has met with stakeholders about team-based community palliative care options and believe there are merits to a bundled, alternative payment model. Could look at other state models; should be led by the Value Based Purchasing Unit. Need realistic time frames to accomplish this.

DRAFTING ISSUES:

- Cannot put private organizations in statute (or even resolve) so we cannot cite the National Coalition or Home Care and Hospice Alliance of Maine.
 - Suggestion of changing it to National Clinical Practice Guidelines for Quality Palliative Care. For use in developing the rule (advise doesn't make sense in that context). Still seems like an organization which could change, the guidelines could change or the name of them could change. Might make more sense to add unallocated language to cite these guidelines rather than putting in statute. The link to the guidelines: <https://www.nationalcoalitionhpc.org/ncp/>
 - Need to refer to “an organization representing home care and hospice providers” (more generic).
- Educational requirements are no longer required in the bill but still referred to for stakeholder duties.
- No need for rules to be included twice.

ADDITIONAL INFORMATION REQUESTED BY COMMITTEE:

- Other states. National Academy for State Health Policy (NASHP) has collected a lot of information on palliative care in the states: <https://www.nashp.org/palliative-care/> NASHP has information for policy makers and a brief with a lot of information about palliative care in different states on their website: <https://www.nashp.org/seven-ways-state-policymakers-can-promote-palliative-care/>
<https://www.nashp.org/wp-content/uploads/2018/12/Palliative-Care-Brief-Final.pdf>

FISCAL IMPACT:

Not yet received from OFPR.

Sponsor's amendment:

An Act To Advance Palliative Care Utilization in the State

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

Sec. 1. 22 MRSA §1726-A

§1726-A. Palliative care [existing definition from §1726 provided for reference]

Definition. "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. Palliative care does not always include a requirement for hospice care or attention to spiritual needs

Sec. 2. 22 MRSA §3174-FFF is enacted to read:

§3174-FFF. Palliative care reimbursement

1. Reimbursement. The department shall provide reimbursement under the MaineCare program for palliative care for the entire interdisciplinary team as appropriate to the plan of care, regardless of setting, including hospitals, nursing homes, outpatient clinics and home care providers. For the purposes of this section, "palliative care" has the same meaning as in section 1726.

2. Rules. The department shall adopt rules to implement this section. The rules must include, but are not limited to, reimbursement policies and quality control measures that ensure and promote high-value palliative care under the MaineCare program. The department shall use the National Coalition for Hospice and Palliative Care Clinical Practice Guidelines for Quality Palliative Care to advise development of the rule. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

3. Stakeholder Group . The department shall periodically convene a stakeholder group representing palliative care interdisciplinary team services to advise on educational documents related to this section.

4. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Amendment suggestions from LHM:

2. Rules. The department shall adopt rules to implement this section. The rules must include, but are not limited to, reimbursement policies and quality control measures that ensure and promote high-value palliative care under the MaineCare program. The department shall use the National Clinical Practice Guidelines for Quality Palliative Care to advise development of the rule. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

3. Stakeholder Group . The department shall periodically convene a stakeholder group representing the Maine Palliative Care and Quality of Life Advisory Council and a group representing home care and hospice providers in Maine to advise on educational documents related to this section.