1	AN ACT	'relating	to patient	quality o	of life.
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- 2 Be it enacted by the General Assembly of the Commonwealth of Kentucky:
- 3 → SECTION 1. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
- 4 READ AS FOLLOWS:
- 5 As used in Sections 1 to 3 of this Act:
- 6 (1) "Cabinet" means the Cabinet for Health and Family Services;
- 7 (2) "Council" means the Palliative Care Interdisciplinary Advisory Council
- 8 <u>established under Section 2 of this Act;</u>
- 9 (3) "Health facility" has the same meaning as in KRS 216B.015;
- 10 (4) "Medical care" means services provided, requested, or supervised by a physician
- 11 licensed pursuant to KRS Chapter 311 or advanced practice registered nurse
- 12 licensed pursuant to KRS Chapter 314;
- 13 (5) "Palliative care" means patient- and family-centered medical care that
- anticipates, prevents, and treats suffering caused by serious illness and involves
- addressing the physical, emotional, social, and spiritual needs of a patient and
- 16 facilitating patient autonomy, access to information, and choice. Causing or
- 17 <u>hastening death shall not be deemed a method for anticipating, preventing, or</u>
- 18 treating suffering as described in this subsection; and
- 19 (6) "Serious illness" means any medical illness, physical injury, or condition that
- 20 <u>causes substantial suffering for more than a short period of time, including but</u>
- 21 not limited to Alzheimer's disease and related dementias, lung disease, cancer, or
- 22 heart, renal, or liver failure.
- → SECTION 2. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
- 24 READ AS FOLLOWS:
- 25 (1) The Palliative Care Interdisciplinary Advisory Council is hereby established to
- 26 improve the quality and delivery of patient- and family-centered care throughout
- 27 <u>the Commonwealth and to advise the cabinet on matters related to the</u>

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1		establishment, maintenance, operation, and outcomes evaluation of palliative
2		care initiatives. The council shall be attached to and administered by the cabinet.
3	<u>(2)</u>	The Governor shall appoint the members of the council to serve three (3) year
4		terms. The council shall consist of thirteen (13) voting members, and may include
5		nonvoting members who are relevant cabinet representatives designated by the
6		Governor. Voting members shall be:
7		(a) Two (2) members from interdisciplinary medical, nursing, social work,
8		pharmacy, and spiritual professions with palliative care work experience or
9		expertise;
10		(b) Two (2) members who are either licensed or certified hospice and palliative
11		medicine physicians licensed pursuant to KRS Chapter 311 or licensed or
12		certified hospice and palliative care advanced practice registered nurses
13		licensed pursuant to KRS Chapter 314;
14		(c) One (1) member who has pediatric palliative care expertise;
15		(d) One (1) member who is a patient or family caregiver advocate;
16		(e) One (1) member recommended to the Governor by the Statewide
17		Independent Living Council;
18		(f) One (1) member recommended to the Governor by the American Cancer
19		Society;
20		(g) One (1) member recommended to the Governor by the Kentucky Right to
21		Life Association;
22		(h) One (1) member recommended to the Governor by the Long-Term Care
23		Ombudsman Program;
24		(i) One (1) member recommended to the Governor by the Kentucky Association
25		of Hospice and Palliative Care;
26		(j) One (1) member recommended to the Governor by the Kentucky
27		Psychological Association; and

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1	(k) One (1) member recommended to the Governor by the Kentucky Association
2	of Health Care Facilities.
3	(3) Appointed members of the council shall serve without compensation, but shall be
4	reimbursed for actual expenses incurred in the performance of duties in
5	accordance with KRS 45.101 and administrative regulations promulgated
6	thereunder.
7	(4) (a) Members of the council shall elect a chair and vice chair whose duties shall
8	be established by the council.
9	(b) The time and place for regularly scheduled meetings shall be established by
10	a majority vote of the council, but there shall be at least two (2) meetings
11	per year.
12	(c) The chair or any three (3) voting members shall provide two (2) weeks'
13	notice to the members regarding an upcoming meeting.
14	→SECTION 3. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
15	READ AS FOLLOWS:
16	(1) The statewide Palliative Care Consumer and Professional Information and
17	Education Program is hereby established within the cabinet.
18	(2) The goals of the Palliative Care Consumer and Professional Information and
19	Education Program shall be to maximize the effectiveness of palliative care
20	initiatives throughout the Commonwealth by ensuring that comprehensive and
21	accurate information and education about palliative care are available to the
22	public, health care providers, and health facilities.
23	(3) The cabinet shall publish on its Web site information and resources, including
24	links to external resources, about palliative care for the public, health care
25	providers, and health facilities. This shall include but not be limited to:
26	(a) Continuing education opportunities for health care providers;
27	(b) Information about palliative care delivery in the home, primary, secondary,

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1		and tertiary environments;
2	<u>(c)</u>	Best practices for palliative care delivery; and
3	<u>(d)</u>	Consumer educational materials and referral information for palliative
4		care, including hospice.
5	(4) (a)	The council shall have the authority to review, evaluate, and make
6		recommendations regarding all elements of the Palliative Care Consumer
7		and Professional Information and Education Program, the content of the
8		Web site information and resources described in subsection (3) of this
9		section, and best practices for palliative care delivery and any grants to
10		develop or implement them.
11	<u>(b)</u>	Any evaluations or recommendations shall require the affirmative vote in
12		person, by electronic means, or by proxy of three-fourths (3/4) of the voting
13		members of the council.
14	<u>(c)</u>	Not later than July 1, 2020, and annually thereafter, the council shall
15		submit a report on its findings and recommendations to the commissioner
16		of the Department for Public Health and to the Interim Joint Committee on
17		Health and Welfare.