February 16, 2016

ENGROSSED
SENATE BILL No. 272

DIGEST OF SB 272 (Updated February 16, 2016 11:58 am - DI 84)

Citations Affected: IC 16-18; IC 16-19.

Synopsis: Palliative care and quality of life advisory council. Establishes the palliative care and quality of life advisory council, and sets forth member requirements. Specifies the purpose and duties of the advisory council.

Effective: July 1, 2016.

Lanane, Miller Patricia, Stoops, Alting, Randolph Lonnie M, Charbonneau

(HOUSE SPONSORS — KIRCHHOFER, HARRIS D, BROWN C, TRUITT)

January 7, 2016, read first time and referred to Committee on Health & Provider Services.
January 28, 2016, amended, reported favorably — Do Pass.
February 1, 2016, read second time, ordered engrossed. Engrossed.
February 2, 2016, read third time, passed. Yeas 50, nays 0.

HOUSE ACTION

February 9, 2016, read first time and referred to Committee on Government and Regulatory Reform.
February 16, 2016, reported — Do Pass.

February 16, 2016

Second Regular Session 119th General Assembly (2016)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type.~~

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~*this style type*~~ reconciles conflicts between statutes enacted by the 2015 Regular Session of the General Assembly.

ENGROSSED
SENATE BILL No. 272

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 16-18-2-9.3, AS ADDED BY P.L.102-2008, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 9.3. "Advisory council", for purposes of ~~IC 16-41-39.4, refers to the lead-safe housing advisory council established by IC 16-41-39.4-6.~~ **IC 16-19-17, refers to the palliative care and quality of life advisory council established by IC 16-19-17-3.**

SECTION 2. IC 16-18-2-265.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: **Sec. 265.5. "Palliative care", for purposes of IC 16-19-17, has the meaning set forth in IC 16-19-17-2.**

SECTION 3. IC 16-19-17 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]:

Chapter 17. Palliative Care and Quality of Life Advisory Council

Sec. 1. As used in this chapter, "advisory council" refers to the palliative care and quality of life advisory council established by section 3 of this chapter.

Sec. 2. As used in this chapter, "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. The term includes the following:

(1) Addressing physical, emotional, social, and spiritual needs.

(2) Facilitating patient autonomy and choice of care.

(3) Providing access to information.

(4) Discussing the patient's goals for treatment and treatment options, including hospice care when appropriate.

(5) Comprehensively managing pain and symptoms.

Sec. 3. (a) The palliative care and quality of life advisory council is established.

(b) The state health commissioner shall appoint the members of the advisory council. The advisory council must be comprised of persons with an expertise in and a knowledge of palliative care issues in Indiana as follows:

(1) One (1) member representing interdisciplinary medical palliative care.

(2) One (1) member representing nursing.

(3) One (1) member representing social work.

(4) One (1) member representing pharmacy.

(5) One (1) member with spiritual or religious professional expertise.

(6) One (1) member representing a patient or family caregiver advocacy group.

(7) Two (2) or more members who:

(A) are either:

(i) licensed as a physician under IC 25-22.5; or

(ii) licensed as a registered nurse under IC 25-23; and

(B) specialize in hospice and palliative care medicine.

The commissioner may include other representatives that the commissioner considers appropriate. The advisory council membership as a whole must represent health professionals that have palliative care work experience in a variety of settings, including inpatient, outpatient, and community settings for a variety of populations, including pediatric and adults. The commissioner shall appoint a member of the advisory council as chairperson.

(c) An individual appointed to the advisory council under this section serves a three (3) year term at the will of the state health commissioner and without compensation or reimbursement for any expense that the member may incur.

(d) The state department shall staff the advisory council.

(e) The affirmative vote of a majority of the members appointed to the advisory council is required for the advisory council to take action on any measure.

Sec. 4. (a) The advisory council is established for the following purposes:

(1) To educate and advocate for quality palliative care by requesting that the state department, either on its own or in partnership with other entities, establish appropriate:

(A) forums;

(B) programs; or

(C) initiatives;

designed to educate the public, health care providers, and health care facilities through comprehensive and accurate information and education on palliative care and quality of life for individuals with serious illnesses.

(2) To collect, analyze, advise on, and develop state initiatives concerning the establishment, maintenance, operation, and evaluation of palliative care in Indiana.

(3) To make policy recommendations to improve palliative care and the quality of life of individuals with serious illnesses.

(4) To prepare a report not later than January 1 of each year concerning the office's findings under subdivisions (1) through (3).

(b) The report required under subsection (a)(4) must be submitted to the general assembly in an electronic format under IC 5-14-6.

Sec. 5. This chapter expires June 30, 2019.

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 272, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 2, line 33, after "a" insert "**registered**".

and when so amended that said bill do pass.

(Reference is to SB 272 as introduced.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 11, Nays 0.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Government and Regulatory Reform, to which was referred Senate Bill 272, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

(Reference is to SB 272 as printed January 29, 2016.)

MAHAN

Committee Vote: Yeas 12, Nays 0