

1 AN ACT relating to patient quality of life.

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 4 of this Act:*

6 *(1) "Appropriate" means consistent with:*

7 *(a) Applicable legal, health, and professional standards;*

8 *(b) The patient's clinical and other circumstances; and*

9 *(c) The patient's reasonably known wishes and beliefs, including any advance*
10 *directive made in accordance with KRS 311.621 to 311.643 or advance*
11 *directive for mental health treatment made in accordance with KRS*
12 *202A.420 to 202A.432;*

13 *(2) "Cabinet" means the Cabinet for Health and Family Services;*

14 *(3) "Council" means the Palliative Care and Quality of Life Interdisciplinary*
15 *Advisory Council under Section 2 of this Act;*

16 *(4) "Health facility" has the same meaning as in KRS 216B.015;*

17 *(5) "Medical care" means services provided, requested, or supervised by a physician*
18 *licensed pursuant to KRS Chapter 311 or advanced practice registered nurse*
19 *licensed pursuant to KRS Chapter 314;*

20 *(6) "Palliative care" means patient- and family-centered medical care that optimizes*
21 *quality of life by anticipating, preventing, and treating suffering caused by*
22 *serious illness, and involves addressing the physical, emotional, social, and*
23 *spiritual needs of a patient and facilitating patient autonomy, access to*
24 *information, and choice; and*

25 *(7) "Serious illness" means any medical illness, physical injury, or condition that*
26 *substantially impacts the quality of life for more than a short period of time.*

27 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO

1 READ AS FOLLOWS:

- 2 (1) The cabinet shall establish the Palliative Care and Quality of Life
3 Interdisciplinary Advisory Council to improve the quality and delivery of patient-
4 and family-centered care throughout the Commonwealth and to advise the
5 cabinet on matters related to the establishment, maintenance, operation, and
6 outcomes evaluation of palliative care initiatives. The council shall be attached to
7 and administered by the cabinet.
- 8 (2) The Governor shall appoint the members of the council to serve three (3) year
9 terms. Membership shall include:
- 10 (a) Interdisciplinary medical, nursing, social work, pharmacy, and spiritual
11 professionals with palliative care work experience or expertise;
- 12 (b) Licensed or certified hospice and palliative medicine physicians licensed
13 pursuant to KRS Chapter 311 and advanced practice registered nurses
14 licensed pursuant to KRS Chapter 314;
- 15 (c) Patient and family caregiver advocates; and
- 16 (d) Any relevant cabinet representatives.
- 17 (3) Appointed members of the council shall serve without compensation, but shall be
18 reimbursed for actual expenses incurred in the performance of duties in
19 accordance with KRS 45.101 and administrative regulations promulgated
20 thereunder.
- 21 (4) Members of the council shall elect a chair and vice chair whose duties shall be
22 established by the council and who shall establish the time and place for
23 regularly scheduled meetings, which shall consist of at least two (2) meetings per
24 year.

25 ➔SECTION 3. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
26 READ AS FOLLOWS:

- 27 (1) The cabinet shall establish, in consultation with the council, the statewide

1 Palliative Care Consumer and Professional Information and Education Program
2 within the cabinet.

3 (2) The goals of the Palliative Care Consumer and Professional Information and
4 Education Program shall be to maximize the effectiveness of palliative care
5 initiatives throughout the Commonwealth by ensuring that comprehensive and
6 accurate information and education about palliative care is available to the
7 public, health care providers, and health care facilities.

8 (3) The cabinet shall publish on its Web site information and resources, including
9 links to external resources, about palliative care for the public, health care
10 providers, and health facilities. These shall include but not be limited to:

11 (a) Continuing education opportunities for health care providers;

12 (b) Information about palliative care delivery in the home, primary, secondary,
13 and tertiary environments;

14 (c) Best practices for palliative care delivery; and

15 (d) Consumer educational materials and referral information for palliative
16 care, including hospice.

17 (4) The cabinet may develop and implement any other initiatives regarding palliative
18 care services and education determined to further the purpose and goals of the
19 council and the program.

20 ➔SECTION 4. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO
21 READ AS FOLLOWS:

22 (1) On or before January 1, 2021, all health facilities shall:

23 (a) Establish a system for identifying patients or residents who could benefit
24 from palliative care; and

25 (b) Provide information about and facilitate access to appropriate palliative
26 care services for patients or residents with serious illnesses.

27 (2) In carrying out this section, the cabinet shall take into account factors that may

1 impact the development of such a system and its ability to facilitate access to
2 palliative care, including the size of the organization, access and proximity to
3 palliative care services, the availability of palliative care practitioners and related
4 work staff, and geographic factors.

5 (3) If a health facility fails to implement such a system, the cabinet shall require the
6 health facility to provide a plan of action to bring the health facility into
7 compliance and may impose a fine for those in violation.