

CONFERENCE COMMITTEE REPORT FORM

Austin, Texas


24 May 2017
Date

Honorable Dan Patrick
President of the Senate

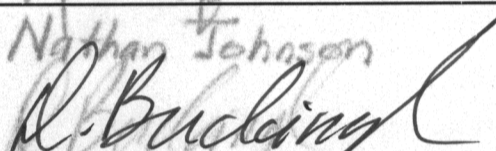
Honorable Dennis Bonnen
Speaker of the House of Representatives

Sirs:

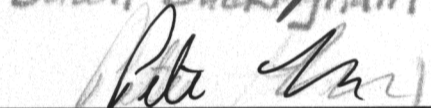
We, Your Conference Committee, appointed to adjust the differences between the Senate and the House of Representatives on SB 916 have had the same under consideration, and beg to report it back with the recommendation that it do pass in the form and text hereto attached.




Nathan Johnson



Dawn Buckingham



Pete Flores



Brydn Hughes



On the part of the Senate

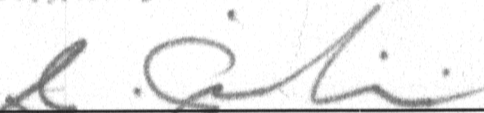
Borris Miles



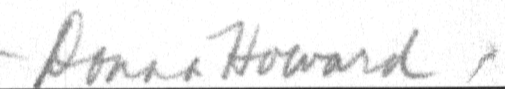
John Zermas



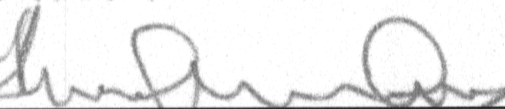
Dustin Burrows



Giovanni Capriglione



Donna Howard



On the part of the House

Tom Oliverson

Note to Conference Committee Clerk:

Please type the names of the members of the Conference Committee under the lines provided for signature. Those members desiring to sign the report should sign each of the six copies. Attach a copy of the Conference Committee Report and a Section by Section side by side comparison to each of the six reporting forms. The original and two copies are filed in house of origin of the bill, and three copies in the other house.

CONFERENCE COMMITTEE REPORT

3rd Printing

S.B. No. 916

A BILL TO BE ENTITLED

AN ACT

relating to supportive palliative care.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle G, Title 2, Health and Safety Code, is amended by adding Chapter 142A to read as follows:

CHAPTER 142A. SUPPORTIVE PALLIATIVE CARE SERVICES

Sec. 142A.0001. DEFINITION. In this chapter, "supportive palliative care" means physician-directed interdisciplinary patient- and family-centered care provided to a patient with a serious illness without regard to the patient's age or terminal prognosis that:

(1) may be provided concurrently with methods of treatment or therapies that seek to cure or minimize the effects of the patient's illness; and

(2) seeks to optimize the quality of life for a patient with a life-threatening or life-limiting illness and the patient's family through various methods, including methods that seek to:

(A) anticipate, prevent, and treat the patient's total suffering related to the patient's physical, emotional, social, and spiritual condition;

(B) address the physical, intellectual, emotional, cultural, social, and spiritual needs of the patient; and

(C) facilitate for the patient regarding

1 treatment options, education, informed consent, and expression of
2 desires.

3 Sec. 142A.0002. REFERENCE IN OTHER LAW. Notwithstanding
4 any other law, a reference in this code or other law to palliative
5 care means supportive palliative care.

6 Sec. 142A.0003. STUDY. (a) The commission shall conduct a
7 study to assess potential improvements to a patient's quality of
8 care and health outcomes and to anticipated cost savings to this
9 state from supporting the use of or providing Medicaid
10 reimbursement to certain Medicaid recipients for supportive
11 palliative care. The study must include an evaluation and
12 comparison of other states that provide Medicaid reimbursement for
13 supportive palliative care.

14 (b) The Palliative Care Interdisciplinary Advisory Council
15 established under Chapter 118 shall provide to the commission
16 recommendations on the structure of the study, including
17 recommendations on identifying specific populations of Medicaid
18 recipients, variables, and outcomes to measure in the study.

19 (c) The commission may collaborate with and solicit and
20 accept gifts, grants, and donations from any public or private
21 source for the purpose of funding the study.

22 (d) Not later than September 1, 2022, the commission shall
23 provide to the Palliative Care Interdisciplinary Advisory Council
24 the findings of the study. Not later than October 1, 2022, the
25 advisory council shall include the findings of the study in the
26 report required under Section 118.010.

27 (e) This section expires September 1, 2023.

1 SECTION 2. Section 142.001(15), Health and Safety Code, is
2 amended to read as follows:

3 (15) "Hospice services" means services, including
4 services provided by unlicensed personnel under the delegation of a
5 registered nurse or physical therapist, provided to a client or a
6 client's family as part of a coordinated program consistent with
7 the standards and rules adopted under this chapter. These services
8 include [~~palliative care for terminally ill clients and~~] support
9 services for terminally ill patients [~~clients~~] and their families
10 that:

11 (A) are available 24 hours a day, seven days a
12 week, during the last stages of illness, during death, and during
13 bereavement;

14 (B) are provided by a medically directed
15 interdisciplinary team; and

16 (C) may be provided in a home, nursing home,
17 residential unit, or inpatient unit according to need. These
18 services do not include inpatient care normally provided in a
19 licensed hospital to a terminally ill person who has not elected to
20 be a hospice client.

21 SECTION 3. Section 142.001(20), Health and Safety Code, is
22 repealed.

23 SECTION 4. The Health and Human Services Commission shall
24 conduct the study required under Section 142A.0003, Health and
25 Safety Code, as added by this Act, only if the commission receives a
26 gift, grant, or donation or the legislature appropriates money
27 specifically for that purpose. If the commission does not receive a

1 gift, grant, or donation and the legislature does not appropriate
2 money specifically for that purpose, the commission may, but is not
3 required to, conduct the study using other money available for that
4 purpose.

5 SECTION 5. This Act takes effect immediately if it receives
6 a vote of two-thirds of all the members elected to each house, as
7 provided by Section 39, Article III, Texas Constitution. If this
8 Act does not receive the vote necessary for immediate effect, this
9 Act takes effect September 1, 2019.

Senate Bill 916
Conference Committee Report
Section-by-Section Analysis

SENATE VERSION

SECTION 1. Subtitle G, Title 2, Health and Safety Code, is amended by adding Chapter 142A to read as follows:

CHAPTER 142A. SUPPORTIVE PALLIATIVE CARE SERVICES

Sec. 142A.0001. DEFINITION. In this chapter, "supportive palliative care" means physician-directed interdisciplinary patient- and family-centered care provided to a patient with a serious illness without regard to the patient's age or terminal prognosis that:

(1) may be provided concurrently with methods of treatment or therapies that seek to cure or minimize the effects of the patient's illness; and

(2) seeks to optimize the quality of life for a patient with a life-threatening or life-limiting illness and the patient's family through various methods, including methods that seek to:

(A) anticipate, prevent, and treat the patient's total suffering related to the patient's physical, emotional, social, and spiritual condition;

(B) address the physical, intellectual, emotional, cultural, social, and spiritual needs of the patient; and

(C) facilitate for the patient regarding treatment options, education, informed consent, and expression of desires.

Sec. 142A.0002. REFERENCE IN OTHER LAW.

Sec. 142A.0003. STUDY.

SECTION 2. Section 142.001(15), Health and Safety Code, is amended.

HOUSE VERSION (IE)

SECTION 1. Subtitle G, Title 2, Health and Safety Code, is amended by adding Chapter 142A to read as follows:

CHAPTER 142A. SUPPORTIVE PALLIATIVE CARE SERVICES

Sec. 142A.0001. DEFINITION. In this chapter, "supportive palliative care" means physician-directed interdisciplinary patient- and family-centered care provided to a patient with a serious illness without regard to the patient's age or terminal prognosis that:

(1) may be provided concurrently with methods of treatment or therapies that seek to cure or minimize the effects of the patient's illness;

(2) may be provided concurrently with artificially administered nutrition and hydration; and [FA1(1)]

(3) seeks to optimize the quality of life for a patient with a life-threatening or life-limiting illness and the patient's family through various methods, including methods that seek to: [FA1(2)]

(A) anticipate, prevent, and treat the patient's total suffering related to the patient's physical, emotional, social, and spiritual condition;

(B) address the physical, intellectual, emotional, cultural, social, and spiritual needs of the patient; and

(C) facilitate for the patient regarding treatment options, education, informed consent, and expression of desires.

Sec. 142A.0002. REFERENCE IN OTHER LAW.

Sec. 142A.0003. STUDY.

SECTION 2. Same as Senate version.

CONFERENCE

SECTION 1. Same as Senate version.

SECTION 2. Same as Senate version.

Senate Bill 916
Conference Committee Report
Section-by-Section Analysis

SENATE VERSION

HOUSE VERSION (IE)

CONFERENCE

SECTION 3. Section 142.001(20), Health and Safety Code, is repealed.

SECTION 3. Same as Senate version.

SECTION 3. Same as Senate version.

SECTION 4. The Health and Human Services Commission shall conduct the study required under Section 142A.0003, Health and Safety Code, as added by this Act, only if the commission receives a gift, grant, or donation or the legislature appropriates money specifically for that purpose. If the commission does not receive a gift, grant, or donation and the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, conduct the study using other money available for that purpose.

SECTION 4. Same as Senate version.

SECTION 4. Same as Senate version.

SECTION 5. Effective date.

SECTION 5. Same as Senate version.

SECTION 5. Same as Senate version.

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION

May 25, 2019

TO: Honorable Dan Patrick, Lieutenant Governor, Senate
Honorable Dennis Bonnen, Speaker of the House, House of Representatives

FROM: John McGeady, Assistant Director Sarah Keyton, Assistant Director
Legislative Budget Board

IN RE: SB916 by Johnson (Relating to supportive palliative care.), **Conference Committee Report**

No significant fiscal implication to the State is anticipated.

The Health and Human Services Commission would be required to implement the provisions of the bill only if the agency receives a gift, grant, or donation or if the legislature appropriates money specifically for that purpose. If the agency does not receive a gift, grant, or donation and the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, implement the provisions of the bill using other appropriations available for that purpose.

The bill would require the Health and Human Services Commission (HHSC) to study the potential improvements to patient care and health outcomes, and to potential cost savings to the state, from supporting or providing Medicaid reimbursement for supportive palliative care. The study would include an evaluation and comparison of other states that provide Medicaid reimbursement for supportive palliative care. HHSC would provide the study's findings to the Palliative Care Interdisciplinary Advisory Council not later than September 1, 2022.

HHSC indicates that the provisions of the bill could be absorbed with existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: WP, AKi, JQ, BH