

## **BILL ANALYSIS**

C.S.H.B. 2057  
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Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

It has been noted that supportive palliative care can be beneficial regardless of prognosis and that such care, when combined with treatments to cure illness or extend life, is most effective if started in the early stages of disease. It is further noted that the effective use of such care depends on an increased understanding among health care professionals and patients that not all palliative care is reserved for end of life treatment. C.S.H.B. 2057 seeks to achieve that goal by defining supportive palliative care in statute and providing for a study and related report regarding the potential use of, and Medicaid reimbursement for, supportive palliative care services.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 2057 amends the Health and Safety Code to remove palliative care for terminally ill clients from the services considered to be hospice services for purposes of provisions regulating home and community support services. The bill provides that those services include qualifying support services for terminally ill patients and their families.

C.S.H.B. 2057 provides that a reference in law to palliative care means supportive palliative care, defined by the bill as physician-directed, interdisciplinary patient- and family-centered care provided to a patient with a serious illness without regard to a patient's age or terminal prognosis that:

- may be provided concurrently with methods of treatment or therapies that seek to cure or minimize the effects of the patient's illness; and
- 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:
  - anticipate, prevent, and treat the patient's total suffering related to the patient's physical, emotional, social, and spiritual condition;
  - address the physical, intellectual, emotional, cultural, social, and spiritual needs of the patient;
  - facilitate for the patient regarding treatment options, education, informed consent,

and expression of desires.

C.S.H.B. 2057 requires the Health and Human Services Commission (HHSC), contingent on HHSC receiving funding for the purpose, to conduct a study to assess potential improvements to a patient's quality of care and health outcomes and to anticipated cost savings to the state from supporting the use of or providing Medicaid reimbursement to certain Medicaid recipients for supportive palliative care. The bill requires the study to include an evaluation and comparison of other states that provide Medicaid reimbursement for supportive palliative care. The bill requires the Palliative Care Interdisciplinary Advisory Council to provide recommendations on the structure of the study and authorizes HHSC to collaborate with and solicit and accept gifts, grants, and donations from any public or private source for the purpose of funding the study. The bill requires HHSC to provide the findings of the study to the advisory council not later than September 1, 2020, and requires the advisory council, not later than October 1, 2020, to include the findings of the study in its biennial report to the standing committees of the senate and house of representatives with primary jurisdiction over health matters. The provisions regarding supportive palliative care services expire September 1, 2021.

C.S.H.B. 2057 repeals Section 142.001(20), Health and Safety Code.

#### **EFFECTIVE DATE**

On passage, or, if the bill does not receive the necessary vote, September 1, 2019.

#### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

While C.S.H.B. 2057 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute does not exclude supportive palliative care from the services considered to be hospice services for purposes of provisions regulating home and community support services and instead removes all palliative care for terminally ill clients from the services considered to be hospice services. The substitute provides that those hospice services include qualifying support services for terminally ill patients and their families.

The substitute includes provisions establishing that a reference in law to palliative care means supportive palliative care and sets out a definition of that term, which differs from that provided in the original. The substitute includes provisions providing for the study, contingent on receiving funding for that purpose, and the related report.