

- SUBJECT:** Defining supportive palliative care; requiring HHSC study
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 10 ayes — S. Thompson, Wray, Allison, Frank, Guerra, Lucio, Ortega, Price, Sheffield, Zedler
- 0 nays
- 1 absent — Coleman
- SENATE VOTE:** On final passage, April 30 — 30-1 (Hughes)
- WITNESSES:** *On House companion bill, HB 2057:*  
For — (*Registered, but did not testify:* Aaron Gregg, Alzheimer's Association; Marina Hench, American Cancer Society Cancer Action Network; Robert Howden, Baylor Scott and White Health; Rhonda Sepulveda, Catholic Charities of the Archdiocese of Galveston-Houston; Rachel Hammon, Texas Association for Home Care and Hospice; Jennifer Allmon, The Texas Catholic Conference of Bishops; Sara Gonzalez, Texas Hospital Association; Maxcine Tomlinson, Texas New Mexico Hospice Organization; Andrew Cates, Texas Nurses Association; Daniel Chepkaskas, Texas Pain Society; Alexis Tatum, Travis County Commissioners Court; Amelia Averyt; Taylor Beall; Mercedes Cruz; Wilson Lam)
- Against — (*Registered, but did not testify:* Gregory Young)
- DIGEST:** SB 916 would require the Health and Human Services Commission (HHSC) to conduct a study on Medicaid reimbursement for supportive palliative care.
- Definition.** The bill would define "supportive palliative care" as 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:

- could be provided concurrently with methods of treatment or therapies that sought to cure or minimize the effects of the patient's illness; and
- sought 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.

These would include methods that sought 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; and
- facilitate for the patient regarding treatment options, education, informed consent, and expression of desires.

Any reference to palliative care in the Health and Safety Code and any other law would mean supportive palliative care as defined in the bill. SB 916 would repeal the current definition of "palliative care" and modify the definition of "hospice services" to remove the reference to palliative care.

**Study.** HHSC would be required to conduct a study to assess potential improvements to patients' 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 study would have to include an evaluation and comparison of other states that provided Medicaid reimbursement for supportive palliative care.

The Palliative Care Interdisciplinary Advisory Council would have to provide HHSC with recommendations on the structure of the study, including recommendations on identifying specific populations of Medicaid recipients, variables, and outcomes to measure.

HHSC could collaborate with and solicit and accept gifts, grants, and

donations from any public or private source for the purpose of funding the study.

The commission would have to provide the findings of the study to the Palliative Care Interdisciplinary Advisory Council by September 1, 2022. The advisory council would have to include the study's findings in its palliative care report submitted to the Legislature by October 1, 2022.

The bill's provisions requiring the study on palliative care would expire on September 1, 2023.

HHSC would have to conduct the study only if the commission received a gift, grant, or donation or the Legislature appropriated money specifically for that purpose. If HHSC did not receive gifts, grants, donations, or appropriated funds for the purpose of the bill, the commission could, but would not be required to, conduct the study using other money available for that purpose.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.

**SUPPORTERS  
SAY:**

SB 916 would help increase the accessibility of and awareness about supportive palliative care by making a statutory distinction between palliative and hospice care and requiring the Health and Human Services Commission (HHSC) to conduct a study and report its findings.

Many patients and health care providers currently may fail to understand the difference between palliative care and hospice care, leading to the underutilization of palliative care services. The bill would remedy this by creating a statutory definition of supportive palliative care that was distinct from hospice care. This clarification was the first recommendation of the Texas Palliative Care Interdisciplinary Advisory Council's report to the Texas Legislature.

Although the bill would not implement a program on palliative care right

away, it would lay the groundwork to facilitate greater access to palliative care. Defining supportive palliative care in statute and commissioning an HHSC study should be the first step toward raising awareness of the distinction between palliative and hospice care. Removing this confusion would increase public and professional awareness of the benefits of palliative care and set the stage for opportunities that could fund research and pilot programs on this care.

By raising awareness of the benefits of palliative care, the bill also could result in an increase in utilization of palliative care services by patients. This could result in longer patient lifespans, lower health care costs due to fewer admissions to health care facilities, and the improved physical, emotional, and spiritual well-being of patients and their families. Other states that have taken the first step of creating a statutory definition of palliative care have later increased access to this much-needed service.

The bill would not introduce ethical concerns about palliative care because the improvement of a patient's quality of life is inherent in the definition of this care. The definition introduced in statute under the bill could not be misconstrued to authorize treatments which could cause or hasten the death of a patient.

**OPPONENTS  
SAY:**

SB 916 could fail to protect the health and safety of patients and might create ethical concerns by introducing a definition of palliative care that did not explicitly state that this care could not be used to cause or hasten a patient's death. Federal laws on palliative care include this crucial caveat, and Texas should do the same if it intends to define supportive palliative care in statute.

SB 916 also would not increase the accessibility of palliative care because it would not require any substantive action by state agencies on providing this care. By simply requiring another study and creating a new definition in code, the bill would not result in any meaningful increase in the use of palliative care by Texas patients.