

## **BILL ANALYSIS**

Senate Research Center

S.B. 916  
By: Johnson  
Health & Human Services  
6/12/2019  
Enrolled

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Palliative care provides support and care planning services to patients and families of patients with serious illnesses and seeks to relieve their suffering and improve their quality of life. Palliative care also offers advantages to health care organizations since it lowers incidents of preventable readmissions.

In 2015, the legislature passed Rep. Zerwas' H.B. 1874 creating the Palliative Care Interdisciplinary Advisory Council (PCIAC) to advise the state of Texas on issues relating to palliative care. S.B. 916 seeks to implement one of the advisory council's recommendations about a clearer definition in statute for "supportive palliative care."

A forthcoming committee substitute will strike a vague definition of "palliative care" in current statute and will create and clarify statutory language for "supportive palliative care" that is slightly different from the original bill in order to encompass all patients, not just those with terminal illnesses.

The committee substitute will require the Health and Human Services Commission (HHSC) to conduct a study, with consultation from the current PCIAC, to seek improvements in current supportive palliative care programs in Texas, including those who are recipients under the Medicaid program. HHSC can partner with and solicit funds from public or private sources, as needed, to fund the study. The PCIAC must report HHSC's findings in their biennial report not later than October 1, 2020.

Finally, the committee substitute will entirely strike the original version of Sec. 142A.0002 and 142A.0003 which would have set rules and minimum standards and created a pilot program for certain parts of the state. These changes were made based upon suggestions from stakeholders and allies, including PCIAC.

Baylor Scott and White, University Health System-Supportive Palliative Care System, and Texas Medical Association are in support of the committee substitute for S.B. 916. (Original Author's/Sponsor's Statement of Intent)

S.B. 916 amends current law relating to supportive palliative care.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

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

#### CHAPTER 142A. SUPPORTIVE PALLIATIVE CARE SERVICES

Sec. 142A.0001. DEFINITION. Defines "supportive palliative care" to mean 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:

(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. Provides that, notwithstanding any other law, a reference in this code or other law to palliative care means supportive palliative care.

Sec. 142A.0003. STUDY. (a) Requires the Health and Human Services Commission (HHSC) to conduct a study to assess potential improvements to a patient's quality of care and health outcomes and to anticipated cost savings to this state from supporting the use of or providing Medicaid reimbursement to certain Medicaid recipients for supportive palliative care. Requires the study to include an evaluation and comparison of other states that provide Medicaid reimbursement for supportive palliative care.

(b) Requires the Palliative Care Interdisciplinary Advisory Council established under Chapter 118 (Palliative Care Interdisciplinary Advisory Council) to provide to HHSC recommendations on the structure of the study, including recommendations on identifying specific populations of Medicaid recipients, variables, and outcomes to measure in the study.

(c) 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.

(d) Requires HHSC, not later than September 1, 2022, to provide to the Palliative Care Interdisciplinary Advisory Council the findings of the study. Requires the advisory council, not later than October 1, 2022, to include the findings of the study in the report required under Section 118.010 (Report).

(e) Provides that this section expires September 1, 2023.

SECTION 2. Amends Section 142.001(15), Health and Safety Code, as follows:

(15) Redefines "hospice services" to include support services for terminally ill patients and their families, rather than palliative care for terminally ill clients and support services for clients and their families, that meet certain conditions.

SECTION 3. Repealer: Section 142.001(20) (relating to the definition of "palliative care"), Health and Safety Code.

SECTION 4. Requires HHSC to conduct the study required under Section 142A.0003, Health and Safety Code, as added by this Act, only if HHSC receives a gift, grant, or donation or the legislature appropriates money specifically for that purpose. Authorizes, but does not require,

HHSC, if HHSC does not receive a gift, grant, or donation specifically for that purpose, to conduct the study using other money available for that purpose.

SECTION 5. Effective date: upon passage or September 1, 2019.