

JAN 27 2016

A BILL FOR AN ACT

RELATING TO HEALTH.

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

PART I

SECTION 1. Chapter 321, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"§321- Hospice and palliative care and quality of life advisory council. (a) There is established the hospice and palliative care and quality of life advisory council, to be placed within the department of health for administrative purposes only. The advisory council shall consist of nine voting members to be appointed by the governor pursuant to section 26-34 as follows:

(1) One member shall be an employee of the department of health with a background in hospice and palliative medicine;

(2) Two members shall be physicians or nurses certified under the hospice and palliative medicine



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1 certification program administered by the American
2 Board of Internal Medicine; and

3 (3) The remaining members shall represent the following
4 areas of the community:

5 (A) Persons with work experience in hospice or
6 palliative care;

7 (B) Persons with experience with hospice or
8 palliative care delivery models in a variety of
9 settings, such as acute care, long term care, and
10 hospice care, and with a variety of populations,
11 including pediatric patients, youth patients, and
12 adult patients; or

13 (C) Persons who represent hospice or palliative care
14 patients or family members of hospice or
15 palliative care patients.

16 (b) Members shall be appointed in accordance with section
17 26-34. The terms of the members shall be four years. The
18 council shall select one of its members to serve as chair. No
19 member of the council shall receive any compensation for council
20 services, but shall be allowed necessary expenses for travel,



1 board, and lodging incurred in the performance of council
2 duties.

3 (c) The hospice and palliative care and quality of life
4 advisory council shall serve in an advisory capacity to the
5 director of health, providing input on:

6 (1) Continuing education opportunities regarding hospice
7 and palliative care for health care professionals;

8 (2) Delivery of hospice and palliative care in the home
9 and in primary, secondary, and tertiary environments;

10 (3) Best practices in hospice and palliative care
11 delivery;

12 (4) Education materials for consumers of hospice and
13 palliative care; and

14 (5) Referral information for hospice and palliative care.

15 (d) Beginning on January 1, 2017, the hospice and
16 palliative care and quality of life advisory council shall
17 assist each health care facility and each health care service in
18 the State to:

19 (1) Establish a system for identifying patients or
20 residents who could benefit from hospice or palliative
21 care; and



(2) Provide information about and facilitate access to appropriate hospice and palliative care services for patients or residents with serious illness.

(e) For purposes of this section:

"Health care facility" and "health care service" means the same as in section 323D-2.

"Medical care" means services provided, requested, or supervised by a primary care provider, including a physician or osteopathic physician licensed under chapter 453 or an advanced practice registered nurse licensed under section 457-8.5.

"Palliative care":

(1) Means medical care that improves the quality of life of a patient and the patient's family, after a patient is diagnosed with a life-threatening illness, through the prevention and relief of suffering via early identification, impeccable assessment, and treatment of pain and other physical, psychosocial, and spiritual issues;

(2) Includes care that provides relief from pain and other distressing symptoms; affirms life and regards dying as a normal process; is intended neither to hasten nor



1 postpone death; integrates the psychological and
2 spiritual aspects of patient care; offers a support
3 system to help patients live as actively as possible
4 until death; offers a support system to help a
5 patient's family cope during the patient's illness and
6 with the family's own bereavement; uses a team
7 approach to address the needs of patients and
8 patients' families, including bereavement counseling
9 if indicated; enhances quality of life; and may
10 positively influence the course of illness; and

11 (3) Is applicable early in the course of illness, in
12 conjunction with other therapies that are intended to
13 prolong life, such as chemotherapy or radiation
14 therapy, and includes those investigations needed to
15 better understand and manage distressing clinical
16 complications.

17 "Serious illness" means any medical illness or physical
18 injury or condition that substantially impacts quality of life
19 for more than a short period of time. "Serious illness"
20 includes but is not limited to cancer; heart, renal, or liver



1 failure; lung disease; or Alzheimer's disease and related
2 dementias."

3 SECTION 2. The hospice and palliative care and quality of
4 life advisory council established by section 321- (a), Hawaii
5 Revised Statutes, shall submit a report to the legislature no
6 later than twenty days prior to the convening of the regular
7 session of 2018, regarding the status of a system for
8 identifying patients or residents who could benefit from hospice
9 or palliative care in the State, pursuant to section 321- (d),
10 Hawaii Revised Statutes.

11 PART II

12 SECTION 3. Chapter 431, Hawaii Revised Statutes, is
13 amended by adding a new section to article 10A to be
14 appropriately designated and to read as follows:

15 "§431:10A- Hospice care and palliative care; referral
16 not required. For purposes of the hospice care and palliative
17 care coverage required under section 431:10A-119, no insurer
18 shall require an insured person to obtain a referral from a
19 primary care provider or other physician prior to receiving
20 hospice care and palliative care services."



1 SECTION 4. Chapter 432, Hawaii Revised Statutes, is
2 amended by adding a new section to article 1 to be appropriately
3 designated and to read as follows:

4 "§432:1- Hospice care and palliative care; referral not
5 required. For purposes of the hospice care and palliative care
6 coverage required under section 432:1-608, no mutual benefit
7 society shall require a covered person to obtain a referral from
8 a primary care provider or other physician prior to receiving
9 hospice care and palliative care services."

10 SECTION 5. Section 431:10A-119, Hawaii Revised Statutes,
11 is amended to read as follows:

12 "§431:10A-119 Hospice care and palliative care; coverage.
13 (a) Any other law to the contrary notwithstanding, [~~commencing~~
14 ~~on January 1, 2000,~~] all authorized insurers that provide for
15 payment of or reimbursement for hospice care and palliative care
16 shall reimburse hospice care and palliative care services for
17 each insured policyholder covered for hospice care and
18 palliative care according to the following:

- 19 (1) A minimum daily rate as set by the Centers for
20 Medicare and Medicaid Services for hospice care;



(2) Reimbursement for residential hospice room and board and palliative care expenses directly related to the hospice care and palliative care being provided; and

(3) Reimbursement for each hospice referral visit and palliative care referral visit during which a patient is advised of hospice care and palliative care options, regardless of whether the referred patient is eventually admitted to hospice care~~[-]~~ or for palliative care.

(b) All authorized insurers that provide for payment of or reimbursement for hospice care and palliative care shall:

(1) Accept as eligible for hospice care and palliative care coverage, persons with a life expectancy certification of two years or less; and

(2) Provide reimbursement for prescription medications needed for pain and symptom management for each insured policyholder covered for hospice care and palliative care.

~~[(b)]~~ (c) Every insurer shall provide notice to its policyholders regarding the coverage required by this section. Notice shall be in writing and in literature or correspondence



1 sent to policyholders [~~beginning with calendar year 2000,~~
2 along with any other mailing to policyholders [~~but in no case~~
3 ~~later than July 1, 2000~~]."

4 SECTION 6. Section 432:1-608, Hawaii Revised Statutes, is
5 amended to read as follows:

6 "§432:1-608 Hospice care and palliative care; coverage.

7 (a) Any other law to the contrary notwithstanding, [~~commencing~~
8 ~~on January 1, 2000,~~] all mutual benefit societies issuing or
9 renewing an individual and group hospital or medical service
10 plan, policy, contract, or agreement in this State that provides
11 for payment of or reimbursement for hospice care and palliative
12 care shall reimburse hospice care and palliative care services
13 for each insured member covered for hospice care and palliative
14 care according to the following:

- 15 (1) A minimum daily rate as set by the Centers for
16 Medicare and Medicaid Services for hospice care;
17 (2) Reimbursement for residential hospice room and board
18 and palliative care expenses directly related to the
19 hospice care and palliative care being provided; and
20 (3) Reimbursement for each hospice referral visit and
21 palliative care referral visit during which a patient



1 is advised of hospice care and palliative care
2 options, regardless of whether the referred patient is
3 eventually admitted to hospice care~~[-]~~ or for
4 palliative care.

5 (b) All mutual benefit societies that provide for payment
6 of or reimbursement for hospice care and palliative care shall:

7 (1) Accept as eligible for hospice care and palliative
8 care coverage, persons with a life expectancy
9 certification of two years or less; and

10 (2) Provide reimbursement for prescription medications
11 needed for pain and symptom management for each
12 insured member covered for hospice care and palliative
13 care.

14 ~~[(b)]~~ (c) Every insurer shall provide notice to its
15 members regarding the coverage required by this section. Notice
16 shall be in writing and in literature or correspondence sent to
17 members~~[-, beginning with calendar year 2000,]~~ along with any
18 other mailing to members~~[-, but in no case later than July 1,~~
19 ~~2000]."~~

20 SECTION 7. Section 432D-23, Hawaii Revised Statutes, is
21 amended to read as follows:



1 "§432D-23 Required provisions and benefits.

2 Notwithstanding any provision of law to the contrary, each
3 policy, contract, plan, or agreement issued in the State after
4 January 1, 1995, by health maintenance organizations pursuant to
5 this chapter, shall include benefits provided in sections
6 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-
7 116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120,
8 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, 431:10A-132,
9 431:10A-133, [~~and~~] 431:10A-140, and 431:10A-, and chapter
10 431M."

11 SECTION 8. The department of health shall submit a report
12 to the legislature, no later than twenty days prior to the
13 regular session of 2017, regarding any additional continuing
14 education requirements that may be recommended for licensed
15 Hawaii physicians who participate in hospice and palliative care
16 programs in the State.

17 PART III

18 SECTION 9. Statutory material to be repealed is bracketed
19 and stricken. New statutory material is underscored.



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1 SECTION 10. This Act shall take effect on July 1, 2016.

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INTRODUCED BY:

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Report Title:

Health; Hospice and Palliative Care and Quality of Life Advisory Council; Establishment; Insurance; Hospice Care; Palliative Care; Reimbursement; Prescription Medication Coverage; Continuing Education

Description:

Establishes the hospice and palliative care and quality of life advisory council within the department of health to advise the director of health on hospice and palliative care matters. Requires the advisory council to assist health care facilities and health care services in the State to establish a system for identifying patients or residents who could benefit from hospice or palliative care and provide information on accessing these services. Permits an insured to receive hospice care and palliative care services without first obtaining a referral from a primary care provider or other physician. Requires insurers that offer payment or reimbursement for hospice care and palliative care to accept, as eligible for coverage, persons with a life expectancy certification of two years or less and provide reimbursement for all prescription medications needed for pain and symptom management. Requires reports to the legislature.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

