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State of Minnesota
HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 345

01/19/2017 Authored by Zerwas, Theis, McDonald, Fenton, Youakim and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
02/23/2017 Adoption of Report: Re-referred to the Committee on Government Operations and Elections Policy

1.1 A bill for an act
1.2 relating to health; creating the Palliative Care Advisory Committee; proposing
1.3 coding for new law in Minnesota Statutes, chapter 144.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. 144.059 PALLIATIVE CARE ADVISORY COMMITTEE.

1.6 Subdivision 1. Creation and membership. (a) The commissioner shall establish the
1.7 Palliative Care Advisory Committee to improve the quality and delivery of patient-centered
1.8 and family-focused care. "Palliative care" as used in this section means patient-centered
1.9 and family-focused medical care that optimizes quality of life by anticipating, preventing,
1.10 and treating suffering caused by serious illness. Palliative care throughout the continuum
1.11 of illness involves addressing physical, emotional, social, and spiritual needs and facilitating
1.12 patient autonomy, access to information, and choice. Palliative care includes, but is not
1.13 limited to, discussion of the patient's goals for treatment; discussion of treatment options
1.14 appropriate to the patient including, where appropriate, hospice care; and comprehensive
1.15 pain and symptom management.

1.16 (b) Membership of the committee shall include 20 members appointed by the
1.17 commissioner of health to include at least the following:

1.18 (1) two physicians of which one is certified by the American Board of Hospice and
1.19 Palliative Medicine;

1.20 (2) two registered nurses or advanced practice registered nurses, of which one is certified
1.21 by the National Board for Certification of Hospice and Palliative Nurses;

2.1 (3) one care coordinator experienced in working with people with serious or chronic
2.2 illness and their families;

2.3 (4) one spiritual counselor experienced in working with people with serious or chronic
2.4 illness and their families;

2.5 (5) three licensed health professionals experienced in working with people with serious
2.6 or chronic illness and their families, representing nonphysician and nonnurse roles on a
2.7 palliative care interdisciplinary team such as complementary and alternative health care
2.8 practitioner, dietitian or nutritionist, pharmacist, and physical therapist;

2.9 (6) one licensed social worker experienced in working with people with serious or chronic
2.10 illness and their families;

2.11 (7) four patients or personal caregivers experienced with serious or chronic illness;

2.12 (8) one representative of a health carrier;

2.13 (9) one member of the senate appointed by the majority leader; and

2.14 (10) one member of the house of representatives appointed by the speaker of the house.

2.15 **Subd. 2. Membership terms and requirements.** (a) Committee membership must
2.16 include, where possible, representation that is racially, culturally, linguistically,
2.17 geographically, and economically diverse. The committee must include at least six members
2.18 who reside outside Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey,
2.19 Scott, Sherburne, Sibley, Stearns, Washington, or Wright Counties. Membership must
2.20 include health professionals who have palliative care work experience or expertise in
2.21 palliative care delivery models in a variety of inpatient, outpatient, and community settings,
2.22 including acute care, long-term care, or hospice, and that include a variety of populations
2.23 including pediatric, youth, and adult patients.

2.24 (b) To the extent possible, membership should include persons who have experience in
2.25 palliative care research, palliative care instruction in a medical or nursing school setting,
2.26 palliative care services for veterans as a provider or recipient, or pediatric care.

2.27 (c) The members shall elect a chair and a vice chair whose duties shall be established
2.28 by the advisory committee. The commissioner shall fix a time and place for regular meetings
2.29 of the advisory committee, which shall meet at least twice yearly. Committee members shall
2.30 serve a three-year term. Committee members shall receive no compensation other than
2.31 allowed actual and necessary expenses incurred in the performance of their duties.

3.1 Subd. 3. Duties. (a) The committee shall consult with and advise the commissioner on
3.2 matters related to the establishment, maintenance, operation, and outcomes evaluation of
3.3 palliative care initiatives in the state.

3.4 (b) By February 15 of each year, the committee shall submit to the standing committees
3.5 of the senate and the house of representatives with primary jurisdiction over health care a
3.6 report containing a description of:

3.7 (1) the advisory committee's assessment of the availability of palliative care in the state;

3.8 (2) the advisory committee's analysis of barriers to greater access to palliative care; and

3.9 (3) recommendations for legislative action.

3.10 (c) The Department of Health shall publish the report each year on the department's Web
3.11 site.