

(CONTINUED)

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RWH/CL

P.L. 2019, CHAPTER 227, *approved August 9, 2019*
Assembly, No. 312 (*Second Reprint*)

1 AN ACT concerning palliative care and hospice care and
2 supplementing Title 26 of the Revised Statutes.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. As used in this act:

8 “Appropriate” means consistent with applicable legal, health,
9 and professional standards, the patient’s clinical and other
10 circumstances, and the patient’s reasonably known wishes and
11 beliefs.

12 “Hospice care” means a coordinated program of home,
13 outpatient, and inpatient care and services that is operated by a
14 public agency or private organization, or subdivision of either of
15 these entities, and that provides care and services to hospice
16 patients and to hospice patients' families, through a medically
17 directed interdisciplinary team, under interdisciplinary plans of care
18 in order to meet the physical, psychological, social, spiritual, and
19 other special needs that are experienced during the final stages of
20 illness, dying, and bereavement. A hospice care program includes:
21 nursing care by or under the supervision of a registered professional
22 nurse; physical, occupational, or speech or language therapy;
23 medical social services by a certified or licensed social worker
24 under the direction of a physician; services of a certified home
25 health aide; medical supplies, including drugs and biologicals, and
26 the use of medical appliances related to terminal diagnosis;
27 physician's services; short-term inpatient care, including both
28 palliative and respite care and procedures; spiritual and other
29 counseling for hospice patients and hospice patients' families;
30 services of volunteers under the direction of the provider of the
31 hospice care program; and bereavement services for hospice
32 patients' families.

33 “Medical care” means services provided, requested, or
34 supervised by a physician, physician assistant, or advanced practice
35 nurse.

36 “Palliative care” means patient-centered and family-centered
37 medical care that optimizes quality of life by anticipating,
38 preventing, and treating suffering caused by serious illness.

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted February 7, 2019

²Assembly AAP committee amendments adopted May 20, 2019.

1 Palliative care throughout the continuum of illness involves
2 addressing physical, emotional, social, and spiritual needs and
3 facilitating patient autonomy, access to information, and choice.
4 Palliative care includes, but is not limited to: comprehensive pain
5 and symptom management and discussion of treatment options
6 appropriate to the patient, including hospice care, when appropriate.

7 “Serious illness” means any medical illness or physical injury or
8 condition that substantially impacts quality of life for more than a
9 short period of time. Serious illness includes, but is not limited to:
10 cancer; heart, renal, or liver failure; lung disease; and Alzheimer’s
11 disease and related dementias.

12
13 2. a. There is established the “Palliative Care and Hospice
14 Care Consumer and Professional Information and Education
15 Program” in the Department of Health.

16 b. The purpose of the program is to maximize the effectiveness
17 of palliative care and hospice care initiatives in the State by
18 ensuring that comprehensive and accurate information and
19 education about palliative care and hospice care are available to the
20 public, to health care providers, and to health care facilities.

21 c. The Palliative Care and Hospice Care Advisory Council,
22 established pursuant to section 4 of P.L. , c. (C.)
23 (pending before the Legislature as this bill) shall, in collaboration
24 with the Cancer Institute of New Jersey, develop and implement the
25 program established under this section, including developing and
26 implementing any initiatives regarding palliative care and hospice
27 care services and education that the council determines would
28 further the purposes of this section.

29
30 3. a. Every hospital, nursing home, ²[extended care facility,
31 ambulatory health care facility providing long-term care services,
32 and]² rehabilitation facility ², and other facility which is identified
33 by the Commissioner of Health to be appropriate and which is²
34 licensed in this State shall provide information about appropriate
35 palliative care and hospice care services to patients and residents
36 with a serious illness or, in the event the patient or resident lacks
37 capacity to make health care decisions, to a family member or other
38 person legally authorized to make health care decisions for the
39 patient or resident.

40 b. If a hospital, nursing home, or facility fails to comply with
41 the requirements of subsection a. of this section, the Commissioner
42 of Health may require the hospital, nursing home, or facility to
43 provide a plan of action to bring the hospital, nursing home, or
44 facility into compliance.

45 c. In implementing the provisions of this section, the
46 department shall:

1 (1) consult with the Palliative Care and Hospice Care Advisory
2 Council established pursuant to section 4 of P.L. , c. (C.)
3 (pending before the Legislature as this bill); and

4 (2) take into account factors that may impact the ability of a
5 hospital, nursing home, or facility to comply with the requirements
6 of subsection a. of this section. These factors may include, but are
7 not limited to: the size of the hospital, nursing home, or facility;
8 access and proximity to palliative care and hospice care services,
9 including the availability of palliative care and hospice care board-
10 certified practitioners and related workforce staff; and geographic
11 factors.

12
13 4. a. There is established in the Department of Health the
14 Palliative Care and Hospice Care Advisory Council.

15 b. It shall be the duty of the council, in collaboration with the
16 Cancer Institute of New Jersey, to implement the provisions of P.L. ,
17 c. (C.) (pending before the Legislature as this bill), including
18 establishing the Palliative Care and Hospice Care Consumer and
19 Professional Information and Education Program pursuant to section 2
20 of P.L. , c. (C.) (pending before the Legislature as this bill),
21 developing and facilitating the provision of information about
22 palliative care and hospice care for the purposes of section 3
23 of P.L. , c. (C.) (pending before the Legislature as this bill),
24 and developing resources and programs to facilitate access to palliative
25 care and hospice care services for patients and residents.

26 c. (1) The council shall ~~comprise nine~~ be comprised of
27 eleven¹ members, to be appointed as follows: one member of the
28 Senate appointed by the Senate President; one member of the General
29 Assembly appointed by the Speaker of the General Assembly; ~~two~~
30 three¹ public members appointed by the Senate President; ~~two~~
31 three¹ public members appointed by the Speaker of the General
32 Assembly; and three public members appointed by the Governor.

33 (2) In selecting the public members, the Senate President, the
34 Speaker of the General Assembly, and the Governor shall seek to
35 include persons who have experience, training, or academic
36 background in issues related to the provision of palliative care or
37 hospice care, with an emphasis on addressing physical, emotional,
38 social, and spiritual needs and facilitating patient autonomy, access to
39 information, and choice. ~~Six~~ Seven¹ of the ~~seven~~ nine¹ public
40 members shall be comprised as follows: one physician, one advanced
41 practice nurse or physician assistant, one nurse, one social worker, one
42 chaplain, one pediatric oncologist¹ and one hospice administrator.
43 The public members shall be board certified or have a hospice and
44 palliative care certification, as appropriate to their discipline.
45 Selections of public members may be made in consultation with: the
46 State Board of Medical Examiners, the New Jersey Board of Nursing,
47 the Physician Assistant Advisory Committee, the Board of Pharmacy,

1 the New Jersey Hospital Association, the Health Care Association of
2 New Jersey, the Medical Society of New Jersey, the New Jersey
3 Association of Osteopathic Physicians and Surgeons, the New Jersey
4 State Nurses Association, the Home Care and Hospice Association of
5 New Jersey, LeadingAge New Jersey, the New Jersey State Society of
6 Physician Assistants, and the New Jersey Hospice and Palliative Care
7 Organization.

8 d. All appointments shall be made within 30 days after the
9 effective date of P.L. , c. (C.) (pending before the Legislature
10 as this bill).

11 e. The public members shall serve for a term of five years; but, of
12 the members first appointed, three shall serve for a term of three years,
13 three for a term of four years, and three for a term of five years.
14 Members are eligible for reappointment upon the expiration of their
15 terms. Vacancies in the membership shall be filled in the same
16 manner as the original appointments.

17 f. The council shall organize as soon as is practicable upon the
18 appointment of a majority of its members, and shall select a
19 chairperson from among the members.

20 g. The members of the council shall serve without compensation
21 but may be reimbursed, within the limits of funds made available to
22 the council, for necessary travel expenses incurred in the performance
23 of their duties.

24 h. The council shall be entitled to call to its assistance and avail
25 itself of the services of the employees of any State, county, or
26 municipal department, board, bureau, commission, or agency as it may
27 require and as may be available for its purposes.

28 i. The Department of Health shall provide staff support to the
29 council.

30
31 5. This act shall take effect on the first day of the fourth month
32 next following enactment.

33

34

35

36

37 Requires certain health care facilities to provide information
38 concerning palliative care and hospice care services.

ASSEMBLY, No. 312

STATE OF NEW JERSEY

218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

Sponsored by:

Assemblywoman NANCY J. PINKIN

District 18 (Middlesex)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblyman THOMAS P. GIBLIN

District 34 (Essex and Passaic)

Assemblyman JAMEL C. HOLLEY

District 20 (Union)

Assemblyman JOE DANIELSEN

District 17 (Middlesex and Somerset)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Assemblyman BENJIE E. WIMBERLY

District 35 (Bergen and Passaic)

Co-Sponsored by:

Assemblyman Eustace, Assemblywomen Jimenez, Vainieri Huttle, Mosquera, Assemblymen Johnson, Dancer, Assemblywoman Quijano, Assemblyman McKeon, Assemblywomen Muoio, McKnight, Assemblymen A.M.Bucco, Rumpf, Assemblywomen Gove, Jones, Assemblymen Chiaravalloti, Moriarty, Caputo, Assemblywoman Chaparro, Assemblyman Benson, Assemblywomen Murphy, Lopez, Speight and N.Munoz

SYNOPSIS

Requires certain health care facilities to provide information concerning palliative care and hospice care services.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.

(Sponsorship Updated As Of: 2/8/2019)

1 AN ACT concerning palliative care and hospice care and
2 supplementing Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. As used in this act:

8 “Appropriate” means consistent with applicable legal, health,
9 and professional standards, the patient’s clinical and other
10 circumstances, and the patient’s reasonably known wishes and
11 beliefs.

12 “Hospice care” means a coordinated program of home,
13 outpatient, and inpatient care and services that is operated by a
14 public agency or private organization, or subdivision of either of
15 these entities, and that provides care and services to hospice
16 patients and to hospice patients’ families, through a medically
17 directed interdisciplinary team, under interdisciplinary plans of care
18 in order to meet the physical, psychological, social, spiritual, and
19 other special needs that are experienced during the final stages of
20 illness, dying, and bereavement. A hospice care program includes:
21 nursing care by or under the supervision of a registered professional
22 nurse; physical, occupational, or speech or language therapy;
23 medical social services by a certified or licensed social worker
24 under the direction of a physician; services of a certified home
25 health aide; medical supplies, including drugs and biologicals, and
26 the use of medical appliances related to terminal diagnosis;
27 physician’s services; short-term inpatient care, including both
28 palliative and respite care and procedures; spiritual and other
29 counseling for hospice patients and hospice patients’ families;
30 services of volunteers under the direction of the provider of the
31 hospice care program; and bereavement services for hospice
32 patients’ families.

33 “Medical care” means services provided, requested, or
34 supervised by a physician, physician assistant, or advanced practice
35 nurse.

36 “Palliative care” means patient-centered and family-centered
37 medical care that optimizes quality of life by anticipating,
38 preventing, and treating suffering caused by serious illness.
39 Palliative care throughout the continuum of illness involves
40 addressing physical, emotional, social, and spiritual needs and
41 facilitating patient autonomy, access to information, and choice.
42 Palliative care includes, but is not limited to: comprehensive pain
43 and symptom management and discussion of treatment options
44 appropriate to the patient, including hospice care, when appropriate.

45 “Serious illness” means any medical illness or physical injury or
46 condition that substantially impacts quality of life for more than a
47 short period of time. Serious illness includes, but is not limited to:

1 cancer; heart, renal, or liver failure; lung disease; and Alzheimer’s
2 disease and related dementias.

3

4 2. a. There is established the “Palliative Care and Hospice
5 Care Consumer and Professional Information and Education
6 Program” in the Department of Health.

7 b. The purpose of the program is to maximize the effectiveness
8 of palliative care and hospice care initiatives in the State by
9 ensuring that comprehensive and accurate information and
10 education about palliative care and hospice care are available to the
11 public, to health care providers, and to health care facilities.

12 c. The Palliative Care and Hospice Care Advisory Council,
13 established pursuant to section 4 of P.L. , c. (C.)
14 (pending before the Legislature as this bill) shall, in collaboration
15 with the Cancer Institute of New Jersey, develop and implement the
16 program established under this section, including developing and
17 implementing any initiatives regarding palliative care and hospice
18 care services and education that the council determines would
19 further the purposes of this section.

20

21 3. a. Every hospital, nursing home, extended care facility,
22 ambulatory health care facility providing long-term care services,
23 and rehabilitation facility licensed in this State shall provide
24 information about appropriate palliative care and hospice care
25 services to patients and residents with a serious illness or, in the
26 event the patient or resident lacks capacity to make health care
27 decisions, to a family member or other person legally authorized to
28 make health care decisions for the patient or resident.

29 b. If a hospital, nursing home, or facility fails to comply with
30 the requirements of subsection a. of this section, the Commissioner
31 of Health may require the hospital, nursing home, or facility to
32 provide a plan of action to bring the hospital, nursing home, or
33 facility into compliance.

34 c. In implementing the provisions of this section, the
35 department shall:

36 (1) consult with the Palliative Care and Hospice Care Advisory
37 Council established pursuant to section 4 of P.L. , c. (C.)
38 (pending before the Legislature as this bill); and

39 (2) take into account factors that may impact the ability of a
40 hospital, nursing home, or facility to comply with the requirements
41 of subsection a. of this section. These factors may include, but are
42 not limited to: the size of the hospital, nursing home, or facility;
43 access and proximity to palliative care and hospice care services,
44 including the availability of palliative care and hospice care board-
45 certified practitioners and related workforce staff; and geographic
46 factors.

- 1 4. a. There is established in the Department of Health the
2 Palliative Care and Hospice Care Advisory Council.
- 3 b. It shall be the duty of the council, in collaboration with the
4 Cancer Institute of New Jersey, to implement the provisions of P.L. ,
5 c. (C.) (pending before the Legislature as this bill), including
6 establishing the Palliative Care and Hospice Care Consumer and
7 Professional Information and Education Program pursuant to section 2
8 of P.L. , c. (C.) (pending before the Legislature as this bill),
9 developing and facilitating the provision of information about
10 palliative care and hospice care for the purposes of section 3 of P.L. ,
11 c. (C.) (pending before the Legislature as this bill), and
12 developing resources and programs to facilitate access to palliative
13 care and hospice care services for patients and residents.
- 14 c. (1) The council shall comprise nine members, to be appointed
15 as follows: one member of the Senate appointed by the Senate
16 President; one member of the General Assembly appointed by the
17 Speaker of the General Assembly; two public members appointed by
18 the Senate President; two public members appointed by the Speaker of
19 the General Assembly; and three public members appointed by the
20 Governor.
- 21 (2) In selecting the public members, the Senate President, the
22 Speaker of the General Assembly, and the Governor shall seek to
23 include persons who have experience, training, or academic
24 background in issues related to the provision of palliative care or
25 hospice care, with an emphasis on addressing physical, emotional,
26 social, and spiritual needs and facilitating patient autonomy, access to
27 information, and choice. Six of the seven public members shall be
28 comprised as follows: one physician, one advanced practice nurse or
29 physician assistant, one nurse, one social worker, one chaplain, and
30 one hospice administrator. The public members shall be board
31 certified or have a hospice and palliative care certification, as
32 appropriate to their discipline. Selections of public members may be
33 made in consultation with: the State Board of Medical Examiners, the
34 New Jersey Board of Nursing, the Physician Assistant Advisory
35 Committee, the Board of Pharmacy, the New Jersey Hospital
36 Association, the Health Care Association of New Jersey, the Medical
37 Society of New Jersey, the New Jersey Association of Osteopathic
38 Physicians and Surgeons, the New Jersey State Nurses Association,
39 the Home Care and Hospice Association of New Jersey, LeadingAge
40 New Jersey, the New Jersey State Society of Physician Assistants, and
41 the New Jersey Hospice and Palliative Care Organization.
- 42 d. All appointments shall be made within 30 days after the
43 effective date of P.L. , c. (C.) (pending before the Legislature
44 as this bill).
- 45 e. The public members shall serve for a term of five years; but, of
46 the members first appointed, three shall serve for a term of three years,
47 three for a term of four years, and three for a term of five years.
48 Members are eligible for reappointment upon the expiration of their

1 terms. Vacancies in the membership shall be filled in the same
2 manner as the original appointments.

3 f. The council shall organize as soon as is practicable upon the
4 appointment of a majority of its members, and shall select a
5 chairperson from among the members.

6 g. The members of the council shall serve without compensation
7 but may be reimbursed, within the limits of funds made available to
8 the council, for necessary travel expenses incurred in the performance
9 of their duties.

10 h. The council shall be entitled to call to its assistance and avail
11 itself of the services of the employees of any State, county, or
12 municipal department, board, bureau, commission, or agency as it may
13 require and as may be available for its purposes.

14 i. The Department of Health shall provide staff support to the
15 council.

16

17 5. This act shall take effect on the first day of the fourth month
18 next following enactment.

19

20

21

STATEMENT

22

23 This bill establishes certain requirements concerning palliative
24 care and hospice care.

25 Palliative care is patient-centered and family-centered medical
26 care that optimizes quality of life by anticipating, preventing, and
27 treating suffering caused by serious illness. Palliative care may
28 involve addressing physical, emotional, social, and spiritual needs,
29 as well as facilitating patient autonomy, access to information, and
30 choice. Specific examples of palliative care include comprehensive
31 pain and symptom management and discussion of treatment options
32 appropriate to the patient, such as hospice care.

33 Hospice care is a coordinated program of home, outpatient, and
34 inpatient care and services that provides care and services to
35 hospice patients and their families through a medically-directed
36 interdisciplinary team under interdisciplinary plans of care, which is
37 designed to meet the physical, psychological, social, spiritual, and
38 other special needs that develop during the final stages of illness,
39 dying, and bereavement.

40 The bill establishes the “Palliative Care and Hospice Care
41 Consumer and Professional Information and Education Program” in
42 the Department of Health (DOH). The purpose of the program will
43 be to ensure that comprehensive and accurate information and
44 education about palliative care and hospice care are available to the
45 public, to health care providers, and to health care facilities.

46 The bill will require every hospital, nursing home, extended care
47 facility, ambulatory health care facility providing long-term care
48 services, and rehabilitation facility licensed in this State to provide

1 information about appropriate palliative care and hospice care
2 services to patients and residents with a serious illness. The
3 Commissioner of Health may require a hospital, nursing home, or
4 facility that fails to comply with these requirements to provide a
5 plan of action to bring the hospital, nursing home, or facility into
6 compliance. In implementing these requirements, DOH will be
7 required to take into account the size of the facility; access and
8 proximity to palliative care and hospice care services, including the
9 availability of hospice and palliative care board-certified
10 practitioners and related workforce staff; geographic factors; and
11 any other factors that may impact the ability of a hospital, nursing
12 home, or facility to comply.

13 The bill establishes the Palliative Care and Hospice Care
14 Advisory Council in DOH. It will be the duty of the council, in
15 collaboration with the Cancer Institute of New Jersey, to implement
16 the provisions of the bill, including establishing the Palliative Care
17 and Hospice Care Consumer and Professional Information and
18 Education Program, developing the information to be provided to
19 patients and residents by hospitals, nursing homes, and other
20 facilities and facilitating the provision of this information, and
21 developing resources and programs to facilitate access to palliative
22 care and hospice care services for patients and residents.

23 The council will comprise nine members, to be appointed as
24 follows: one member of the Senate appointed by the Senate
25 President; one member of the General Assembly appointed by the
26 Speaker of the General Assembly; two public members appointed
27 by the Senate President; two public members appointed by the
28 Speaker of the General Assembly; and three public members
29 appointed by the Governor. In selecting the public members, the
30 Senate President, the Speaker of the General Assembly, and the
31 Governor will be required to seek to include persons who have
32 experience, training, or an academic background in issues related to
33 the provision of palliative or hospice care, and will be permitted to
34 consult with various professional boards and stakeholders.

35 The public members of the council will be selected with an
36 emphasis on addressing physical, emotional, social, and spiritual
37 needs, and facilitating patient autonomy, access to information, and
38 choice. Six of the seven public members will be comprised as follows:
39 one physician, one advanced practice nurse or physician assistant, one
40 nurse, one social worker, one chaplain, and one hospice administrator.
41 The public members are to board certified or have a hospice and
42 palliative care certification, as appropriate to their discipline.

43 The bill requires all appointments to be made within 30 days
44 after the effective date of the bill. The public members will serve
45 for a term of five years; except that, of the members first appointed,
46 three will serve for a term of three years, three for a term of four
47 years, and three for a term of five years. Members will be eligible
48 for reappointment upon the expiration of their terms, and vacancies

A312 PINKIN, CONAWAY

7

1 in the membership will be filled in the same manner as the original
2 appointments. The council will organize as soon as practicable
3 upon the appointment of a majority of its members, and will select a
4 chairperson from among the members.

5 The members of the council will serve without compensation but
6 may be reimbursed, within the limits of funds made available to the
7 council, for necessary travel expenses incurred in the performance
8 of their duties. The council will be entitled to call to its assistance
9 and avail itself of the services of the employees of any State,
10 county, or municipal department, board, bureau, commission, or
11 agency as it may require and as may be available for its purposes.
12 DOH will provide staff support to the council.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 312

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 7, 2019

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 312.

This bill establishes certain requirements concerning palliative care and hospice care.

Palliative care is patient-centered and family-centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness. Palliative care may involve addressing physical, emotional, social, and spiritual needs, as well as facilitating patient autonomy, access to information, and choice. Specific examples of palliative care include comprehensive pain and symptom management and discussion of treatment options appropriate to the patient, such as hospice care.

Hospice care is a coordinated program of home, outpatient, and inpatient care and services that provides care and services to hospice patients and their families through a medically directed interdisciplinary team, which is designed to meet the physical, psychological, social, spiritual, and other special needs that develop during the final stages of illness, dying, and bereavement.

The bill establishes the “Palliative Care and Hospice Care Consumer and Professional Information and Education Program” in the Department of Health (DOH). The purpose of the program will be to ensure that comprehensive and accurate information and education about palliative care and hospice care are available to the public, to health care providers, and to health care facilities.

The bill will require every hospital, nursing home, extended care facility, ambulatory health care facility providing long-term care services, and rehabilitation facility licensed in this State to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. The Commissioner of Health may require a hospital, nursing home, or facility that fails to comply with these requirements to provide a plan of action to bring the hospital, nursing home, or facility into compliance. In implementing these requirements, DOH will be required to take into account the size of the facility; access and proximity to palliative care and hospice care services, including the availability of hospice and palliative care board-certified

practitioners and related workforce staff; geographic factors; and any other factors that may impact the ability of a hospital, nursing home, or facility to comply.

The bill establishes the Palliative Care and Hospice Care Advisory Council in DOH. It will be the duty of the council, in collaboration with the Cancer Institute of New Jersey, to implement the provisions of the bill, including establishing the Palliative Care and Hospice Care Consumer and Professional Information and Education Program, developing the information to be provided to patients and residents by hospitals, nursing homes, and other facilities and facilitating the provision of this information, and developing resources and programs to facilitate access to palliative care and hospice care services for patients and residents.

The council will comprise eleven members, to be appointed as follows: one member of the Senate appointed by the Senate President; one member of the General Assembly appointed by the Speaker of the General Assembly; three public members appointed by the Senate President; three public members appointed by the Speaker of the General Assembly; and three public members appointed by the Governor. In selecting the public members, the Senate President, the Speaker of the General Assembly, and the Governor will be required to seek to include persons who have experience, training, or an academic background in issues related to the provision of palliative or hospice care, and will be permitted to consult with various professional boards and stakeholders.

The public members of the council will be selected with an emphasis on addressing physical, emotional, social, and spiritual needs, and facilitating patient autonomy, access to information, and choice. Seven of the nine public members will be comprised as follows: one physician, one advanced practice nurse or physician assistant, one nurse, one social worker, one chaplain, one pediatric oncologist, and one hospice administrator. The public members are to board certified or have a hospice and palliative care certification, as appropriate to their discipline.

The bill requires all appointments to be made within 30 days after the effective date of the bill. The public members will serve for a term of five years; except that, of the members first appointed, three will serve for a term of three years, three for a term of four years, and three for a term of five years. Members will be eligible for reappointment upon the expiration of their terms, and vacancies in the membership will be filled in the same manner as the original appointments. The council will organize as soon as practicable upon the appointment of a majority of its members, and will select a chairperson from among the members.

The members of the council will serve without compensation but may be reimbursed, within the limits of funds made available to the council, for necessary travel expenses incurred in the performance

of their duties. The council will be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes. DOH will provide staff support to the council.

This bill was pre-filed for introduction in the 2018-2019 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

COMMITTEE AMENDMENTS:

The committee amendments increase the membership of the Palliative Care and Hospice Care Advisory Council from nine to eleven members. Both of the two additional members are to serve as public members of the council, with one appointed by the Senate President and one appointed by the Speaker of the General Assembly. The committee amendments also expand the list of professions to be represented by the public members of the council to include a pediatric oncologist.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 312

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 20, 2019

The Assembly Appropriations Committee reports favorably Assembly Bill No. 312 (1R), with committee amendments.

As amended, this bill establishes certain requirements concerning palliative care and hospice care.

Palliative care is patient-centered and family-centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness. Palliative care may involve addressing physical, emotional, social, and spiritual needs, as well as facilitating patient autonomy, access to information, and choice. Specific examples of palliative care include comprehensive pain and symptom management and discussion of treatment options appropriate to the patient, such as hospice care.

Hospice care is a coordinated program of home, outpatient, and inpatient care and services that provides care and services to hospice patients and their families through a medically directed interdisciplinary team, which is designed to meet the physical, psychological, social, spiritual, and other special needs that develop during the final stages of illness, dying, and bereavement.

The bill establishes the “Palliative Care and Hospice Care Consumer and Professional Information and Education Program” in the Department of Health (DOH). The purpose of the program will be to ensure that comprehensive and accurate information and education about palliative care and hospice care are available to the public, to health care providers, and to health care facilities.

The bill will require every hospital, nursing home, rehabilitation facility licensed, and other facility which is identified by the Commissioner of Health to be appropriate and which is in this State to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. The Commissioner of Health may require a hospital, nursing home, or facility that fails to comply with these requirements to provide a plan of action to bring the hospital, nursing home, or facility into compliance. In implementing these requirements, DOH will be required to take into account the size of the facility; access and

proximity to palliative care and hospice care services, including the availability of hospice and palliative care board-certified practitioners and related workforce staff; geographic factors; and any other factors that may impact the ability of a hospital, nursing home, or facility to comply.

The bill establishes the Palliative Care and Hospice Care Advisory Council in DOH. It will be the duty of the council, in collaboration with the Cancer Institute of New Jersey, to implement the provisions of the bill, including establishing the Palliative Care and Hospice Care Consumer and Professional Information and Education Program, developing the information to be provided to patients and residents by hospitals, nursing homes, and other facilities and facilitating the provision of this information, and developing resources and programs to facilitate access to palliative care and hospice care services for patients and residents.

The council will comprise eleven members, to be appointed as follows: one member of the Senate appointed by the Senate President; one member of the General Assembly appointed by the Speaker of the General Assembly; three public members appointed by the Senate President; three public members appointed by the Speaker of the General Assembly; and three public members appointed by the Governor. In selecting the public members, the Senate President, the Speaker of the General Assembly, and the Governor will be required to seek to include persons who have experience, training, or an academic background in issues related to the provision of palliative or hospice care, and will be permitted to consult with various professional boards and stakeholders.

The public members of the council will be selected with an emphasis on addressing physical, emotional, social, and spiritual needs, and facilitating patient autonomy, access to information, and choice. Seven of the nine public members will be comprised as follows: one physician, one advanced practice nurse or physician assistant, one nurse, one social worker, one chaplain, one pediatric oncologist, and one hospice administrator. The public members are to board certified or have a hospice and palliative care certification, as appropriate to their discipline.

The bill requires all appointments to be made within 30 days after the effective date of the bill. The public members will serve for a term of five years; except that, of the members first appointed, three will serve for a term of three years, three for a term of four years, and three for a term of five years. Members will be eligible for reappointment upon the expiration of their terms, and vacancies in the membership will be filled in the same manner as the original appointments. The council will organize as soon as practicable upon the appointment of a majority of its members, and will select a chairperson from among the members.

The members of the council will serve without compensation but may be reimbursed, within the limits of funds made available to the council, for necessary travel expenses incurred in the performance of their duties. The council will be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes. DOH will provide staff support to the council.

COMMITTEE AMENDMENTS:

The committee amended the bill to require all facilities which are identified by the Commissioner of Health to be appropriate to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate costs under the bill in supporting the work of the Palliative Care and Hospice Care Advisory Council, as established under the bill. However, it is possible that the department may be able to integrate these costs into its existing budget, thereby minimizing expenditures. Furthermore, certain State costs may be minimized through collaboration with the Cancer Institute of New Jersey (CINJ), as required by the bill. The bill will require every hospital, nursing home, rehabilitation facility licensed, and other facility which is identified by the Commissioner of Health to be appropriate and which is in this State to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness.

The DOH may also incur indeterminate expenses in enforcing requirements regarding the distribution of palliative care and hospice care information by certain facilities. As monitoring licensed State facilities reflects the department's current duties, the costs of this provision may be absorbed into the DOH's existing budget.

The OLS finds that nursing homes operated by the Department of Military and Veterans Affairs (DMAVA) and certain county governments may incur indeterminate increases in annual operating expenditures through compliance with the provisions of the bill that require certain facilities to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. These costs may be minimized to the extent that these State and county nursing homes currently have those procedures in place.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[Second Reprint]

ASSEMBLY, No. 312

STATE OF NEW JERSEY

DATED: JUNE 17, 2019

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 312 (2R).

Assembly Bill No. 312 (2R) establishes certain requirements concerning palliative care and hospice care.

Palliative care is patient-centered and family-centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness. Palliative care may involve addressing physical, emotional, social, and spiritual needs, as well as facilitating patient autonomy, access to information, and choice. Specific examples of palliative care include comprehensive pain and symptom management and discussion of treatment options appropriate to the patient, such as hospice care.

Hospice care is a coordinated program of home, outpatient, and inpatient care and services that provides care and services to hospice patients and their families through a medically directed interdisciplinary team, which is designed to meet the physical, psychological, social, spiritual, and other special needs that develop during the final stages of illness, dying, and bereavement.

The bill establishes the “Palliative Care and Hospice Care Consumer and Professional Information and Education Program” in the Department of Health (DOH). The purpose of the program will be to ensure that comprehensive and accurate information and education about palliative care and hospice care are available to the public, to health care providers, and to health care facilities.

The bill requires every hospital, nursing home, rehabilitation facility, and other facility identified by the Commissioner of Health as appropriate, and which is licensed in this State to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. The Commissioner of Health may require a hospital, nursing home, or facility that fails to comply with these requirements to provide a plan of action to bring the hospital, nursing home, or facility into compliance. In implementing these requirements, DOH will be required to take into account the size of the facility; access and proximity to palliative care and hospice care services, including the availability of hospice and palliative care board-certified practitioners and related workforce staff; geographic

factors; and any other factors that may impact the ability of a hospital, nursing home, or facility to comply.

The bill establishes the Palliative Care and Hospice Care Advisory Council in DOH. It will be the duty of the council, in collaboration with the Cancer Institute of New Jersey, to implement the provisions of the bill, including establishing the Palliative Care and Hospice Care Consumer and Professional Information and Education Program, developing the information to be provided to patients and residents by hospitals, nursing homes, and other facilities and facilitating the provision of this information, and developing resources and programs to facilitate access to palliative care and hospice care services for patients and residents.

The council will comprise eleven members, to be appointed as follows: one member of the Senate appointed by the Senate President; one member of the General Assembly appointed by the Speaker of the General Assembly; three public members appointed by the Senate President; three public members appointed by the Speaker of the General Assembly; and three public members appointed by the Governor. In selecting the public members, the Senate President, the Speaker of the General Assembly, and the Governor will be required to seek to include persons who have experience, training, or an academic background in issues related to the provision of palliative or hospice care, and will be permitted to consult with various professional boards and stakeholders.

The public members of the council will be selected with an emphasis on addressing physical, emotional, social, and spiritual needs, and facilitating patient autonomy, access to information, and choice. Seven of the nine public members will be comprised as follows: one physician, one advanced practice nurse or physician assistant, one nurse, one social worker, one chaplain, one pediatric oncologist, and one hospice administrator. The public members are to board certified or have a hospice and palliative care certification, as appropriate to their discipline.

The bill requires all appointments to be made within 30 days after the effective date of the bill. The public members will serve for a term of five years; except that, of the members first appointed, three will serve for a term of three years, three for a term of four years, and three for a term of five years. Members will be eligible for reappointment upon the expiration of their terms, and vacancies in the membership will be filled in the same manner as the original appointments. The council will organize as soon as practicable upon the appointment of a majority of its members, and will select a chairperson from among the members.

The members of the council will serve without compensation but may be reimbursed, within the limits of funds made available to the council, for necessary travel expenses incurred in the performance of their duties. The council will be entitled to call to its assistance and

avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes. DOH will provide staff support to the council.

As reported, this bill is identical to Senate Bill No. 2682(1R), as amended and reported by the committee.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate costs under the bill in supporting the work of the Palliative Care and Hospice Care Advisory Council, as established under the bill. However, it is possible that the department may be able to integrate these costs into its existing budget, thereby minimizing expenditures. Furthermore, certain State costs may be minimized through collaboration with the Cancer Institute of New Jersey (CINJ), as required by the bill.

The DOH may also incur indeterminate expenses in enforcing requirements regarding the distribution of palliative care and hospice care information by certain facilities. As monitoring licensed State facilities reflects the department's current duties, the costs of this provision may be absorbed into the DOH's existing budget.

The OLS finds that nursing homes operated by the Department of Military and Veterans Affairs (DMAVA) and certain county governments may incur indeterminate increases in annual operating expenditures through compliance with the provisions of the bill that require certain facilities to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. These costs may be minimized to the extent that these State and county nursing homes currently have those procedures in place.

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

ASSEMBLY, No. 312

STATE OF NEW JERSEY 218th LEGISLATURE

DATED: MAY 28, 2019

SUMMARY

- Synopsis:** Requires certain health care facilities to provide information concerning palliative care and hospice care services.
- Type of Impact:** Indeterminate increase in State and county expenditures.
- Agencies Affected:** Department of Health; Department of Military and Veterans Affairs; and certain county governments.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
County Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate costs under the bill in supporting the work of the Palliative Care and Hospice Care Advisory Council, as established under the bill. However, it is possible that the department may be able to integrate these costs into its existing budget, thereby minimizing expenditures. Furthermore, certain State costs may be minimized through collaboration with the Cancer Institute of New Jersey (CINJ), as required by the bill.
- The DOH may also incur indeterminate expenses in enforcing requirements regarding the distribution of palliative care and hospice care information by certain facilities. As monitoring licensed State facilities reflects the department's current duties, the costs of this provision may be absorbed into the DOH's existing budget.
- The OLS finds that nursing homes operated by the Department of Military and Veterans Affairs (DMAVA) and certain county governments may incur indeterminate increases in annual operating expenditures through compliance with the provisions of the bill that require certain facilities to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. These costs may be minimized to the extent that these State and county nursing homes currently have those procedures in place.

BILL DESCRIPTION

This bill establishes certain requirements concerning palliative care and hospice care. The bill establishes the Palliative Care and Hospice Care Advisory Council in the DOH. The council, in collaboration with the CINJ, would have the responsibility to establish the Palliative Care and Hospice Care Consumer and Professional Information and Education Program; to develop the information to be provided to patients and residents by hospitals, nursing homes, and other facilities and facilitating the provision of this information; and to develop resources and programs to facilitate access to palliative care and hospice care services for patients and residents. The purpose of the Palliative Care and Hospice Care Consumer and Professional Information and Education Program would be to ensure that comprehensive and accurate information and education about palliative care and hospice care are available to the public, to health care providers, and to health care facilities.

The council would be comprised of eleven members, including nine public members that are required to have experience, training, or an academic background in issues related to the provision of palliative or hospice care. The members of the council would serve without compensation but may be reimbursed, within the limits of funds made available to the council, for necessary travel expenses incurred in the performance of their duties. The council would be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes. The DOH would provide staff support to the council.

The bill would also require every hospital, nursing home, rehabilitation facility, and other facility which is identified by the Commissioner of Health to be appropriate and which is licensed in this State to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. The Commissioner of Health may require a hospital, nursing home, or facility that fails to comply with these requirements to provide a plan of action to bring the hospital, nursing home, or facility into compliance. In implementing these requirements, the DOH would be required to take into account the size of the facility; access and proximity to palliative care and hospice care services, including the availability of hospice and palliative care board-certified practitioners and related workforce staff; geographic factors; and any other factors that may impact the ability of a hospital, nursing home, or facility to comply.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that this bill would result in an indeterminate increase in State and county expenditures.

The DOH may incur indeterminate costs under the bill in supporting the work of the Palliative Care and Hospice Care Advisory Council. The responsibilities of establishing the Palliative Care and Hospice Care Consumer and Professional Information and Education Program, developing informational resources, and facilitating the provision of such resources

to certain facilities, could result in initial costs to develop, print, and distribute materials, as well as ongoing costs for any continuing educational initiatives. Without additional information from the Executive, the OLS cannot quantify these expenses. However, it is possible that the department may be able to integrate the costs of these responsibilities into its existing budget, thereby minimizing expenditures. Furthermore, certain State costs may be minimized through collaboration with the CINJ. Historically, the CINJ receives an annual State appropriation from the DOH. The proposed appropriation for FY 2020 is \$28.0 million, unchanged for the FY 2019 adjusted appropriation.

Independent of the council, the department may also incur indeterminate expenses in enforcing the requirements regarding the distribution of palliative care and hospice care information by certain facilities. As monitoring licensed State facilities reflects the department's current duties, the costs of this provision may be absorbed into the DOH's overall budget.

The OLS also finds that nursing homes operated by the DMAVA and certain county governments may incur indeterminate increases in annual operating expenditures in complying with the provisions of the bill that require certain facilities to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. Currently, the DMAVA operates three facilities, while there are nine county facilities: three in Bergen County; two in Middlesex County; and one each in Atlantic County, Cape May County, Gloucester County, and Passaic County. The OLS does not have access to information regarding the existing policies concerning the distribution of palliative care and hospice care information at these facilities. Therefore, the fiscal impact of the bill on these entities is indeterminate.

Section: Human Services

*Analyst: Sarah Schmidt
Senior Research Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE, No. 2682

STATE OF NEW JERSEY
218th LEGISLATURE

INTRODUCED JUNE 11, 2018

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator RONALD L. RICE

District 28 (Essex)

Co-Sponsored by:

**Senators Madden, Beach, A.R.Bucco, O'Scanlon, Diegnan, Singleton,
Weinberg, Gopal and Lagana**

SYNOPSIS

Requires certain health care facilities to provide information concerning palliative care and hospice care services.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/14/2019)

1 AN ACT concerning palliative care and hospice care and
2 supplementing Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. As used in this act:

8 “Appropriate” means consistent with applicable legal, health,
9 and professional standards, the patient’s clinical and other
10 circumstances, and the patient’s reasonably known wishes and
11 beliefs.

12 “Hospice care” means a coordinated program of home,
13 outpatient, and inpatient care and services that is operated by a
14 public agency or private organization, or subdivision of either of
15 these entities, and that provides care and services to hospice
16 patients and to hospice patients' families, through a medically
17 directed interdisciplinary team, under interdisciplinary plans of care
18 in order to meet the physical, psychological, social, spiritual, and
19 other special needs that are experienced during the final stages of
20 illness, dying, and bereavement. A hospice care program includes:
21 nursing care by or under the supervision of a registered professional
22 nurse; physical, occupational, or speech or language therapy;
23 medical social services by a certified or licensed social worker
24 under the direction of a physician; services of a certified home
25 health aide; medical supplies, including drugs and biologicals, and
26 the use of medical appliances related to terminal diagnosis;
27 physician's services; short-term inpatient care, including both
28 palliative and respite care and procedures; spiritual and other
29 counseling for hospice patients and hospice patients' families;
30 services of volunteers under the direction of the provider of the
31 hospice care program; and bereavement services for hospice
32 patients' families.

33 “Medical care” means services provided, requested, or
34 supervised by a physician, physician assistant, or advanced practice
35 nurse.

36 “Palliative care” means patient-centered and family-centered
37 medical care that optimizes quality of life by anticipating,
38 preventing, and treating suffering caused by serious illness.
39 Palliative care throughout the continuum of illness involves
40 addressing physical, emotional, social, and spiritual needs and
41 facilitating patient autonomy, access to information, and choice.
42 Palliative care includes, but is not limited to: comprehensive pain
43 and symptom management and discussion of treatment options
44 appropriate to the patient, including hospice care, when appropriate.

45 “Serious illness” means any medical illness or physical injury or
46 condition that substantially impacts quality of life for more than a
47 short period of time. Serious illness includes, but is not limited to:

1 cancer; heart, renal, or liver failure; lung disease; and Alzheimer's
2 disease and related dementias.

3

4 2. a. There is established the "Palliative Care and Hospice
5 Care Consumer and Professional Information and Education
6 Program" in the Department of Health.

7 b. The purpose of the program is to maximize the effectiveness
8 of palliative care and hospice care initiatives in the State by
9 ensuring that comprehensive and accurate information and
10 education about palliative care and hospice care are available to the
11 public, to health care providers, and to health care facilities.

12 c. The Palliative Care and Hospice Care Advisory Council,
13 established pursuant to section 4 of P.L. , c. (C.)
14 (pending before the Legislature as this bill) shall, in collaboration
15 with the Cancer Institute of New Jersey, develop and implement the
16 program established under this section, including developing and
17 implementing any initiatives regarding palliative care and hospice
18 care services and education that the council determines would
19 further the purposes of this section.

20

21 3. a. Every hospital, nursing home, extended care facility,
22 ambulatory health care facility providing long-term care services,
23 and rehabilitation facility licensed in this State shall provide
24 information about appropriate palliative care and hospice care
25 services to patients and residents with a serious illness or, in the
26 event the patient or resident lacks capacity to make health care
27 decisions, to a family member or other person legally authorized to
28 make health care decisions for the patient or resident.

29 b. If a hospital, nursing home, or facility fails to comply with
30 the requirements of subsection a. of this section, the Commissioner
31 of Health may require the hospital, nursing home, or facility to
32 provide a plan of action to bring the hospital, nursing home, or
33 facility into compliance.

34 c. In implementing the provisions of this section, the
35 department shall:

36 (1) consult with the Palliative Care and Hospice Care Advisory
37 Council established pursuant to section 4 of P.L. , c. (C.)
38 (pending before the Legislature as this bill); and

39 (2) take into account factors that may impact the ability of a
40 hospital, nursing home, or facility to comply with the requirements
41 of subsection a. of this section. These factors may include, but are
42 not limited to: the size of the hospital, nursing home, or facility;
43 access and proximity to palliative care and hospice care services,
44 including the availability of palliative care and hospice care board-
45 certified practitioners and related workforce staff; and geographic
46 factors.

1 4. a. There is established in the Department of Health the
2 Palliative Care and Hospice Care Advisory Council.

3 b. It shall be the duty of the council, in collaboration with the
4 Cancer Institute of New Jersey, to implement the provisions of P.L. ,
5 c. (C.) (pending before the Legislature as this bill), including
6 establishing the Palliative Care and Hospice Care Consumer and
7 Professional Information and Education Program pursuant to section 2
8 of P.L. , c. (C.) (pending before the Legislature as this bill),
9 developing and facilitating the provision of information about
10 palliative care and hospice care for the purposes of section 3 of P.L. ,
11 c. (C.) (pending before the Legislature as this bill), and
12 developing resources and programs to facilitate access to palliative
13 care and hospice care services for patients and residents.

14 c. (1) The council shall comprise nine members, to be appointed
15 as follows: one member of the Senate appointed by the Senate
16 President; one member of the General Assembly appointed by the
17 Speaker of the General Assembly; two public members appointed by
18 the Senate President; two public members appointed by the Speaker of
19 the General Assembly; and three public members appointed by the
20 Governor.

21 (2) In selecting the public members, the Senate President, the
22 Speaker of the General Assembly, and the Governor shall seek to
23 include persons who have experience, training, or academic
24 background in issues related to the provision of palliative care or
25 hospice care, with an emphasis on addressing physical, emotional,
26 social, and spiritual needs and facilitating patient autonomy, access to
27 information, and choice. Six of the seven public members shall be
28 comprised as follows: one physician, one advanced practice nurse or
29 physician assistant, one nurse, one social worker, one chaplain, and
30 one hospice administrator. The public members shall be board
31 certified or have a hospice and palliative care certification, as
32 appropriate to their discipline. Selections of public members may be
33 made in consultation with: the State Board of Medical Examiners, the
34 New Jersey Board of Nursing, the Physician Assistant Advisory
35 Committee, the Board of Pharmacy, the New Jersey Hospital
36 Association, the Health Care Association of New Jersey, the Medical
37 Society of New Jersey, the New Jersey Association of Osteopathic
38 Physicians and Surgeons, the New Jersey State Nurses Association,
39 the Home Care and Hospice Association of New Jersey, LeadingAge
40 New Jersey, the New Jersey State Society of Physician Assistants, and
41 the New Jersey Hospice and Palliative Care Organization.

42 d. All appointments shall be made within 30 days after the
43 effective date of P.L. , c. (C.) (pending before the Legislature
44 as this bill).

45 e. The public members shall serve for a term of five years; but, of
46 the members first appointed, three shall serve for a term of three years,
47 three for a term of four years, and three for a term of five years.
48 Members are eligible for reappointment upon the expiration of their

1 terms. Vacancies in the membership shall be filled in the same
2 manner as the original appointments.

3 f. The council shall organize as soon as is practicable upon the
4 appointment of a majority of its members, and shall select a
5 chairperson from among the members.

6 g. The members of the council shall serve without compensation
7 but may be reimbursed, within the limits of funds made available to
8 the council, for necessary travel expenses incurred in the performance
9 of their duties.

10 h. The council shall be entitled to call to its assistance and avail
11 itself of the services of the employees of any State, county, or
12 municipal department, board, bureau, commission, or agency as it may
13 require and as may be available for its purposes.

14 i. The Department of Health shall provide staff support to the
15 council.

16

17 5. This act shall take effect on the first day of the fourth month
18 next following enactment.

19

20

21

STATEMENT

22

23 This bill establishes certain requirements concerning palliative
24 care and hospice care.

25 Palliative care is patient-centered and family-centered medical
26 care that optimizes quality of life by anticipating, preventing, and
27 treating suffering caused by serious illness. Palliative care may
28 involve addressing physical, emotional, social, and spiritual needs,
29 as well as facilitating patient autonomy, access to information, and
30 choice. Specific examples of palliative care include comprehensive
31 pain and symptom management and discussion of treatment options
32 appropriate to the patient, such as hospice care.

33 Hospice care is a coordinated program of home, outpatient, and
34 inpatient care and services that provides care and services to
35 hospice patients and their families through a medically-directed
36 interdisciplinary team under interdisciplinary plans of care, which is
37 designed to meet the physical, psychological, social, spiritual, and
38 other special needs that develop during the final stages of illness,
39 dying, and bereavement.

40 The bill establishes the "Palliative Care and Hospice Care
41 Consumer and Professional Information and Education Program" in
42 the Department of Health (DOH). The purpose of the program will
43 be to ensure that comprehensive and accurate information and
44 education about palliative care and hospice care are available to the
45 public, to health care providers, and to health care facilities.

46 The bill will require every hospital, nursing home, extended care
47 facility, ambulatory health care facility providing long-term care
48 services, and rehabilitation facility licensed in this State to provide

1 information about appropriate palliative care and hospice care
2 services to patients and residents with a serious illness. The
3 Commissioner of Health may require a hospital, nursing home, or
4 facility that fails to comply with these requirements to provide a
5 plan of action to bring the hospital, nursing home, or facility into
6 compliance. In implementing these requirements, DOH will be
7 required to take into account the size of the facility; access and
8 proximity to palliative care and hospice care services, including the
9 availability of hospice and palliative care board-certified
10 practitioners and related workforce staff; geographic factors; and
11 any other factors that may impact the ability of a hospital, nursing
12 home, or facility to comply.

13 The bill establishes the Palliative Care and Hospice Care
14 Advisory Council in DOH. It will be the duty of the council, in
15 collaboration with the Cancer Institute of New Jersey, to implement
16 the provisions of the bill, including establishing the Palliative Care
17 and Hospice Care Consumer and Professional Information and
18 Education Program, developing the information to be provided to
19 patients and residents by hospitals, nursing homes, and other
20 facilities and facilitating the provision of this information, and
21 developing resources and programs to facilitate access to palliative
22 care and hospice care services for patients and residents.

23 The council will comprise nine members, to be appointed as
24 follows: one member of the Senate appointed by the Senate
25 President; one member of the General Assembly appointed by the
26 Speaker of the General Assembly; two public members appointed
27 by the Senate President; two public members appointed by the
28 Speaker of the General Assembly; and three public members
29 appointed by the Governor. In selecting the public members, the
30 Senate President, the Speaker of the General Assembly, and the
31 Governor will be required to seek to include persons who have
32 experience, training, or an academic background in issues related to
33 the provision of palliative or hospice care, and will be permitted to
34 consult with various professional boards and stakeholders.

35 The public members of the council will be selected with an
36 emphasis on addressing physical, emotional, social, and spiritual
37 needs, and facilitating patient autonomy, access to information, and
38 choice. Six of the seven public members will be comprised as follows:
39 one physician, one advanced practice nurse or physician assistant, one
40 nurse, one social worker, one chaplain, and one hospice administrator.
41 The public members are to board certified or have a hospice and
42 palliative care certification, as appropriate to their discipline.

43 The bill requires all appointments to be made within 30 days
44 after the effective date of the bill. The public members will serve
45 for a term of five years; except that, of the members first appointed,
46 three will serve for a term of three years, three for a term of four
47 years, and three for a term of five years. Members will be eligible
48 for reappointment upon the expiration of their terms, and vacancies

S2682 VITALE, RICE

7

1 in the membership will be filled in the same manner as the original
2 appointments. The council will organize as soon as practicable
3 upon the appointment of a majority of its members, and will select a
4 chairperson from among the members.

5 The members of the council will serve without compensation but
6 may be reimbursed, within the limits of funds made available to the
7 council, for necessary travel expenses incurred in the performance
8 of their duties. The council will be entitled to call to its assistance
9 and avail itself of the services of the employees of any State,
10 county, or municipal department, board, bureau, commission, or
11 agency as it may require and as may be available for its purposes.
12 DOH will provide staff support to the council.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 2682

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 13, 2019

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2682.

This bill establishes certain requirements concerning palliative care and hospice care.

Palliative care is patient-centered and family-centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness. Palliative care may involve addressing physical, emotional, social, and spiritual needs, as well as facilitating patient autonomy, access to information, and choice. Specific examples of palliative care include comprehensive pain and symptom management and discussion of treatment options appropriate to the patient, such as hospice care.

Hospice care is a coordinated program of home, outpatient, and inpatient care and services that provides care and services to hospice patients and their families through a medically-directed interdisciplinary team under interdisciplinary plans of care, which is designed to meet the physical, psychological, social, spiritual, and other special needs that develop during the final stages of illness, dying, and bereavement.

As amended by the committee, the bill establishes the “Palliative Care and Hospice Care Consumer and Professional Information and Education Program” in the Department of Health (DOH). The purpose of the program will be to ensure that comprehensive and accurate information and education about palliative care and hospice care are available to the public, to health care providers, and to health care facilities.

The bill will require every hospital, nursing home, extended care facility, ambulatory health care facility providing long-term care services, and rehabilitation facility licensed in this State to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. The Commissioner of Health may require a hospital, nursing home, or facility that fails to comply with these requirements to provide a plan of action to bring the

hospital, nursing home, or facility into compliance. In implementing these requirements, DOH will be required to take into account the size of the facility; access and proximity to palliative care and hospice care services, including the availability of hospice and palliative care board-certified practitioners and related workforce staff; geographic factors; and any other factors that may impact the ability of a hospital, nursing home, or facility to comply.

The bill establishes the Palliative Care and Hospice Care Advisory Council in DOH. It will be the duty of the council, in collaboration with the Cancer Institute of New Jersey, to implement the provisions of the bill, including establishing the Palliative Care and Hospice Care Consumer and Professional Information and Education Program, developing the information to be provided to patients and residents by hospitals, nursing homes, and other facilities and facilitating the provision of this information, and developing resources and programs to facilitate access to palliative care and hospice care services for patients and residents.

As amended by the committee, the council will comprise 11 members, to be appointed as follows: one member of the Senate appointed by the Senate President; one member of the General Assembly appointed by the Speaker of the General Assembly; three public members appointed by the Senate President; three public members appointed by the Speaker of the General Assembly; and three public members appointed by the Governor. In selecting the public members, the Senate President, the Speaker of the General Assembly, and the Governor will be required to seek to include persons who have experience, training, or an academic background in issues related to the provision of palliative or hospice care, and will be permitted to consult with various professional boards and stakeholders.

As amended by the committee, the public members of the council will be selected with an emphasis on addressing physical, emotional, social, and spiritual needs, and facilitating patient autonomy, access to information, and choice. Seven of the nine public members will be comprised as follows: one physician, one advanced practice nurse or physician assistant, one nurse, one social worker, one chaplain, one pediatric oncologist, and one hospice administrator. The public members are to board certified or have a hospice and palliative care certification, as appropriate to their discipline.

The bill requires all appointments to be made within 30 days after the effective date of the bill. The public members will serve for a term of five years; except that, of the members first appointed, three will serve for a term of three years, three for a term of four years, and three for a term of five years. Members will be eligible for reappointment upon the expiration of their terms, and vacancies in the membership will be filled in the same manner as the original appointments. The council will organize as soon as practicable upon the appointment of a

majority of its members, and will select a chairperson from among the members.

The members of the council will serve without compensation but may be reimbursed, within the limits of funds made available to the council, for necessary travel expenses incurred in the performance of their duties. The council will be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes. DOH will provide staff support to the council.

COMMITTEE AMENDMENTS:

The committee amendments increase the membership of the Palliative Care and Hospice Care Advisory Council from nine to 11 members. Both of the two additional members are to serve as public members of the council, with one appointed by the Senate President and one appointed by the Speaker of the General Assembly. The committee amendments also expand the list of professions to be represented by the public members of the council to include a pediatric oncologist.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 2682

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 17, 2019

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 2682 (1R), with committee amendments.

Senate Bill No. 2682 (1R), with committee amendments, establishes certain requirements concerning palliative care and hospice care.

Palliative care is patient-centered and family-centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness. Palliative care may involve addressing physical, emotional, social, and spiritual needs, as well as facilitating patient autonomy, access to information, and choice. Specific examples of palliative care include comprehensive pain and symptom management and discussion of treatment options appropriate to the patient, such as hospice care.

Hospice care is a coordinated program of home, outpatient, and inpatient care and services that provides care and services to hospice patients and their families through a medically-directed interdisciplinary team under interdisciplinary plans of care, which is designed to meet the physical, psychological, social, spiritual, and other special needs that develop during the final stages of illness, dying, and bereavement.

The bill establishes the “Palliative Care and Hospice Care Consumer and Professional Information and Education Program” in the Department of Health (DOH). The purpose of the program will be to ensure that comprehensive and accurate information and education about palliative care and hospice care are available to the public, to health care providers, and to health care facilities.

The bill requires every hospital, nursing home, rehabilitation facility, and other facility identified by the Commissioner of Health as appropriate, and which is licensed in this State, to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. The Commissioner of Health may require a hospital, nursing home, or facility that fails to comply with these requirements to provide a plan of action to bring the hospital, nursing home, or facility into compliance. In implementing these

requirements, DOH will be required to take into account the size of the facility; access and proximity to palliative care and hospice care services, including the availability of hospice and palliative care board-certified practitioners and related workforce staff; geographic factors; and any other factors that may impact the ability of a hospital, nursing home, or facility to comply.

The bill establishes the Palliative Care and Hospice Care Advisory Council in DOH. It will be the duty of the council, in collaboration with the Cancer Institute of New Jersey, to implement the provisions of the bill, including establishing the Palliative Care and Hospice Care Consumer and Professional Information and Education Program, developing the information to be provided to patients and residents by hospitals, nursing homes, and other facilities and facilitating the provision of this information, and developing resources and programs to facilitate access to palliative care and hospice care services for patients and residents.

The council will comprise 11 members, to be appointed as follows: one member of the Senate appointed by the Senate President; one member of the General Assembly appointed by the Speaker of the General Assembly; three public members appointed by the Senate President; three public members appointed by the Speaker of the General Assembly; and three public members appointed by the Governor. In selecting the public members, the Senate President, the Speaker of the General Assembly, and the Governor will be required to seek to include persons who have experience, training, or an academic background in issues related to the provision of palliative or hospice care, and will be permitted to consult with various professional boards and stakeholders.

The public members of the council will be selected with an emphasis on addressing physical, emotional, social, and spiritual needs, and facilitating patient autonomy, access to information, and choice. Seven of the nine public members will be comprised as follows: one physician, one advanced practice nurse or physician assistant, one nurse, one social worker, one chaplain, one pediatric oncologist, and one hospice administrator. The public members are to board certified or have a hospice and palliative care certification, as appropriate to their discipline.

The bill requires all appointments to be made within 30 days after the effective date of the bill. The public members will serve for a term of five years; except that, of the members first appointed, three will serve for a term of three years, three for a term of four years, and three for a term of five years. Members will be eligible for reappointment upon the expiration of their terms, and vacancies in the membership will be filled in the same manner as the original appointments. The council will organize as soon as practicable upon the appointment of a majority of its members, and will select a chairperson from among the members.

The members of the council will serve without compensation but may be reimbursed, within the limits of funds made available to the council, for necessary travel expenses incurred in the performance of their duties. The council will be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes. DOH will provide staff support to the council.

As amended and reported, Senate Bill No. 2682(1R) is identical to Assembly Bill No. 312(2R) as also reported by the committee.

COMMITTEE AMENDMENTS:

The amendments delete reference to extended care facility and ambulatory health care facility providing long-term care services among those facilities required to provide information about appropriate palliative and hospice care services to patients and residence with a serious illness, and instead include facilities identified as appropriate by the Commissioner of Health.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate costs under the bill in supporting the work of the Palliative Care and Hospice Care Advisory Council, as established under the bill. However, it is possible that the department may be able to integrate these costs into its existing budget, thereby minimizing expenditures. Furthermore, certain State costs may be minimized through collaboration with the Cancer Institute of New Jersey (CINJ), as required by the bill.

The DOH may also incur indeterminate expenses in enforcing requirements regarding the distribution of palliative care and hospice care information by certain facilities. As monitoring licensed State facilities reflects the department's current duties, the costs of this provision may be absorbed into the DOH's existing budget.

The OLS finds that nursing homes operated by the Department of Military and Veterans Affairs (DMAVA) and certain county governments may incur indeterminate increases in annual operating expenditures through compliance with the provisions of the bill that require certain facilities to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. These costs may be minimized to the extent that these State and county nursing homes currently have those procedures in place.

Governor Murphy Takes Action on Legislation

08/9/2019

TRENTON - Today, Governor Phil Murphy signed the following bills into law:

A312 (Pinkin, Conaway, Giblin, Holley, Danielsen, Mukherji, Wimberly/Vitale, Rice) - Requires certain health care facilities to provide information concerning palliative care and hospice care services.

A841 (Land, Calabrese/Andrzejczak) - Provides for establishment of county college certificate programs to meet needs of certain regional employers.

A1700 (Dancer, Vainieri Huttie, Calabrese/Cruz-Perez, Cunningham) - Expands eligibility criteria for designating certain areas as being in need of redevelopment.

A2004 (Karabinchak, Mazzeo, Pinkin, Coughlin/Diegnan) - Requires municipality to pay certain nonresidential property tax appeal refunds in equal installments over period of three years.

A3937 (DeAngelo, Reynolds-Jackson, Verrelli/Turner) - Allows local government water system employees to reside in all municipalities served by water system.

A4115 (Benson, DeAngelo, Holley/Greenstein) - Clarifies that certain students are eligible for NJ STARS and NJ STARS II scholarship upon initial enrollment at institution of higher education on part-time basis.

A4223 (Johnson, Rooney/Weinberg, Lagana) - Requires State Treasurer to pay county prosecutor's expenses for overseeing certain law enforcement agencies.

A4938 (Tucker, Pinkin, Vainieri Huttie/Ruiz, Greenstein) - Requires DOH to establish "My Life, My Plan" program to support women of childbearing age in developing reproductive life plan.

A5021 (Quijano, Bramnick, Reynolds-Jackson, Pinkin, Downey/Vitale, Kean) - Requires Medicaid coverage for group prenatal care services under certain circumstances.

A5322 (Burzichelli, Milam, Houghtaling, Taliaferro/Sweeney, Oroho, Beach, Andrzejczak) - Establishes program for cultivation, handling, processing, transport, and sale of hemp; repeals New Jersey Industrial Hemp Pilot Program.

A5392 (Quijano, Murphy/Vitale, Scutari) - Establishes new liability standards in sexual abuse lawsuits filed against public entities and public employees.

A5595 (Milam, Houghtaling, Dancer, Wirths/Oroho, Pennacchio) - Expands eligibility for EDA small business loan program to specifically include certain farming operations and qualified dairy farmers.

S601 (Smith, Greenstein/Pinkin, McKeon) - Establishes "New Jersey Solar Panel Recycling Commission."

S781 (Sarlo, O'Scanlon/Giblin, DiMaso, Handlin) - Revises penalties for certain violations of law by public movers and warehousemen.

S984 (Vitale, Singleton/Conaway, Mukherji, Murphy) - Establishes certain requirements, including allowable fees, for provision of medical records to patients, legally authorized representatives, and authorized third parties.

S1109 (Ruiz/Munoz, Quijano) - Renames "Physician Orders for Life-Sustaining Treatment Act" as "Practitioner Orders for Life-Sustaining Treatment Act"; permits physician assistants to sign and modify POLST forms; requires continuing education concerning end-of-life care.

S1739 (Oroho, Andrzejczak/Land, Space, Milam) - Renames county corrections officers as county correctional police officers.

S2807 (Cryan, Cruz-Perez/Pinkin, Moriarty, Zwicker) - Concerns service of food or refreshments on mortuary premises.

S2858 (Gopal, Diegnan/Houghtaling, Downey, Johnson) - Prohibits issuance of certain badges to NJT board members, PANYNJ commissioners, and local and State elected officials.

S3212 (Ruiz, Rice/Pintor Marin, Holley) - Permits municipalities to establish temporary supplemental zoning boards of adjustment to address application backlogs.

S3334 (Diegnan, Vitale/Conaway, Pinkin) - Exempts certain surgical technologists from general educational and training requirements.