

SENATE FINANCE COMMITTEE SUBSTITUTE FOR  
SENATE BILL 173

**53RD LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2017**

AN ACT

RELATING TO HEALTH; ENACTING A NEW SECTION OF THE PUBLIC HEALTH  
ACT TO CREATE THE PALLIATIVE CARE ADVISORY COUNCIL;  
ESTABLISHING THE VIVA LA VIDA PROGRAM.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Public Health Act is  
enacted to read:

"[NEW MATERIAL] PALLIATIVE CARE ADVISORY COUNCIL  
CREATED--DUTIES.--

A. The "palliative care advisory council" is  
created. The council shall advise the office of superintendent  
of insurance, the legislative health and human services  
committee and the legislative finance committee on matters  
related to the establishment, maintenance, operation and  
outcomes evaluation of palliative care initiatives in the state

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underscored material = new  
[bracketed material] = delete

1 to increase awareness of, access to and use of palliative care  
2 services.

3 B. Members of the council shall be appointed by the  
4 secretary of health and shall include an interdisciplinary  
5 group of:

6 (1) medical, nursing, social work, pharmacy  
7 and spiritual professionals with expertise in palliative care;

8 (2) palliative care patients, family  
9 caregivers and patient advocates; and

10 (3) a representative of the American cancer  
11 society.

12 C. In addition to members appointed pursuant to  
13 Subsection B of this section, the council shall include the  
14 following ex-officio members:

15 (1) the secretary of human services or the  
16 secretary's designee;

17 (2) the tribal liaison at the department of  
18 health;

19 (3) the secretary of health or the secretary's  
20 designee; and

21 (4) the secretary of aging and long-term  
22 services or the secretary's designee.

23 D. Membership of the council shall include health  
24 professionals having palliative care work experience or  
25 expertise in palliative care delivery models:

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1 (1) in a variety of inpatient, outpatient and  
2 community settings, including acute care, long-term care and  
3 hospice; and

4 (2) with a variety of populations, including  
5 pediatric, youth and adult populations.

6 E. At least two council members shall be certified  
7 hospice and palliative medicine physicians or nurses.

8 F. Council members shall serve for a period of  
9 three years.

10 G. By December 1, 2017, the secretary of health  
11 shall convene the council for its first meeting, at which  
12 council members shall elect a chair and vice chair, whose  
13 duties shall be established by the council, and shall fix a  
14 time and place for regular meetings of the council, which shall  
15 meet at least twice yearly. Council members shall receive no  
16 compensation for their services.

17 H. As used in this section, "palliative care" means  
18 patient- and family-centered medical care that optimizes the  
19 quality of life by anticipating, preventing and treating  
20 suffering caused by serious illness. Palliative care  
21 throughout the continuum of illness involves addressing  
22 physical, emotional, social and spiritual needs and  
23 facilitating patient autonomy, access to information and  
24 choice. "Palliative care" includes discussions of the  
25 patient's goals for treatment; discussion and documentation of

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1 an advance directive; discussion of treatment options for the  
2 patient, including, where appropriate, hospice care; and  
3 comprehensive pain and symptom management."

4 SECTION 2. [NEW MATERIAL] VIVA LA VIDA PROGRAM

5 ESTABLISHED--PURPOSE--ACTIVITIES.--

6 A. The "viva la vida" program is created as a  
7 statewide program to educate patients, family caregivers and  
8 health care providers about improving quality of life through  
9 the provision of palliative care.

10 B. The purpose of the viva la vida program is to  
11 maximize the awareness of, access to and use of palliative care  
12 initiatives in the state by ensuring that comprehensive and  
13 accurate information and education about palliative care are  
14 available to the public, health care providers and health  
15 facilities. The aging and long-term services department shall  
16 consult with the palliative care advisory council established  
17 pursuant to Section 1 of this 2017 act in implementing the viva  
18 la vida program.

19 C. The aging and long term services department  
20 shall publish on its website information and resources,  
21 including links to external resources, about patient and family  
22 caregiver quality of life and palliative care for the public  
23 and resources and support relating to advance directives,  
24 health care providers and health facilities. This information  
25 shall include:

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1 (1) continuing educational opportunities for  
2 health care providers;

3 (2) information about palliative care delivery  
4 in the home and in primary, secondary and tertiary  
5 environments;

6 (3) best practices for palliative care  
7 delivery;

8 (4) consumer educational materials and  
9 referral information for palliative care, including hospice;

10 (5) the benefits of palliative care for  
11 patients and family caregivers; and

12 (6) information relating to using an advance  
13 directive to document that the care decision is made in  
14 conjunction with a palliative care provider to ensure that care  
15 goals can be honored in any setting.

16 D. The aging and long-term department may develop  
17 and implement any other initiatives regarding the viva la vida  
18 program and palliative care services information and education  
19 that the aging and long-term services department determines  
20 would further the purposes of this section.

21 E. As used in this section:

22 (1) "medical care" means services provided,  
23 requested or supervised by a physician or advanced practice  
24 nurse;

25 (2) "palliative care" means patient- and

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1 family-centered medical care that optimizes the quality of life  
2 by anticipating, preventing and treating suffering caused by  
3 serious illness. Palliative care throughout the continuum of  
4 illness involves addressing physical, emotional, social and  
5 spiritual needs and facilitating patient autonomy, access to  
6 information and choice. "Palliative care" includes discussions  
7 of the patient's goals for treatment; discussion and  
8 documentation of an advance directive; discussion of treatment  
9 options for the patient, including hospice care; and  
10 comprehensive pain and symptom management; and

11 (3) "serious illness" means any medical  
12 illness or physical injury or condition that has a substantial  
13 impact upon a patient's quality of life for more than a short  
14 period of time. "Serious illness" includes cancer; heart,  
15 renal or liver failure; lung disease; and Alzheimer's disease  
16 and related dementias.