

SENATE BILL 274

54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019

INTRODUCED BY

Craig W. Brandt

Pursuant to House Rule 24-1, this document incorporates amendments that have been adopted prior to consideration of this measure by the House. It is a tool to show the amendments in context and is not to be used for the purpose of amendments.

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

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created. The council is administratively attached to the department and 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 to increase awareness of, access to and use of palliative care services.

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

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

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

SPAC → ~~(3) a representative of the American cancer society.~~ ← SPAC

SPAC → (3) at least one representative from an organization that advocates for palliative care. ← SPAC

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

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

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

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

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

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

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

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

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

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

G. By December 1, 2019, the secretary of health shall convene the council for its first meeting, at which council members shall elect a chair and vice chair, whose duties shall be established by the council, and shall fix a time and place for regular meetings of the council, which shall meet at least twice yearly. Council members shall receive no compensation for their services.

H. As used in this section, "palliative care" means patient- and family-centered medical care that optimizes the

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quality of life by anticipating, preventing and treating suffering caused by serious illness. Palliative care throughout the continuum of illness involves addressing physical, emotional, social and spiritual needs and facilitating patient autonomy, access to information and choice. "Palliative care" includes discussions of the patient's goals for treatment; discussion and documentation of an advance directive; discussion of treatment options for the patient, including, where appropriate, hospice care; and comprehensive pain and symptom management."

SECTION 2. [NEW MATERIAL] VIVA LA VIDA PROGRAM  
ESTABLISHED--PURPOSE--ACTIVITIES.--

A. The "viva la vida program" is created as a statewide program of the aging and long-term services department to educate patients, family caregivers and health care providers about improving quality of life through the provision of palliative care.

B. The purpose of the viva la vida program is to maximize the awareness of, access to and use of palliative care initiatives in the state by ensuring that comprehensive and accurate information and education about palliative care are available to the public, health care providers and health facilities. The aging and long-term services department shall consult with the palliative care advisory council established pursuant to Section 1 of this 2019 act in implementing the viva

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la vida program.

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

- (1) continuing educational opportunities for health care providers;
- (2) information about palliative care delivery in the home and in primary, secondary and tertiary environments;
- (3) best practices for palliative care delivery;
- (4) consumer educational materials and referral information for palliative care, including hospice;
- (5) the benefits of palliative care for patients and family caregivers; and
- (6) information relating to using an advance directive to document that the care decision is made in conjunction with a palliative care provider to ensure that care goals can be honored in any setting.

D. The aging and long-term services department may develop and implement any other initiatives regarding the viva

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la vida program and palliative care services information and education that the aging and long-term services department determines would further the purposes of this section.

E. As used in this section:

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

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

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