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SENATE BILL 274

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

INTRODUCED BY

Craig W. Brandt

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 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

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1 of palliative care initiatives in the state to increase
2 awareness of, access to and use of palliative care 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, 2019, 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 of the aging and long-term services
8 department to educate patients, family caregivers and health
9 care providers about improving quality of life through the
10 provision of palliative care.

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

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

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1 shall include:

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

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

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

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

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

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

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

22 E. As used in this section:

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

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

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