

SENATE BILL NO. 265—SENATORS WOODHOUSE, FORD, KIHUEN,
HARDY, DENIS; ATKINSON, MANENDO, PARKS,
SEGERBLOM AND SPEARMAN

MARCH 13, 2015

Referred to Committee on Government Affairs

SUMMARY—Makes various changes concerning health care.
(BDR 18-94)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to health care; creating the Advisory Council on Palliative Care and Quality of Life; establishing the Palliative Care Consumer and Professional Information and Education Program within the Department of Health and Human Services; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 **Sections 7 and 8** of this bill create the Advisory Council on Palliative Care and
2 Quality of Life within the Department of Health and Human Services and prescribe
3 the qualifications and duties of members of the Council. **Section 9** of this bill
4 establishes the Palliative Care Consumer and Professional Information and
5 Education Program within the Department. In addition, **section 9** requires the
6 Director of the Department to encourage hospitals, assisted living facilities and
7 facilities for skilled nursing with 100 beds or more to educate their physicians,
8 nurses and staff members regarding palliative care and provide information to
9 patients or residents regarding palliative care.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** Chapter 232 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 2 to 9, inclusive, of this
3 act.

4 **Sec. 2.** *As used in sections 2 to 9, inclusive, of this act, unless*
5 *the context otherwise requires, the words and terms defined in*



* S B 2 6 5 *

sections 3 to 6, inclusive, of this act have the meanings ascribed to them in those sections.

Sec. 3. "Council" means the Advisory Council on Palliative Care and Quality of Life created by section 7 of this act.

Sec. 4. "Palliative care" means a multidisciplinary approach to specialized medical care for a person with a serious illness, which approach focuses on the care of a patient throughout the continuum of an illness and involves addressing the physical, emotional, social and spiritual needs of the patient, as well as facilitating patient autonomy, access to information and choice. The term includes, without limitation, discussion of the goals of the patient for treatment and discussion of treatment options appropriate to the patient, including, where appropriate, hospice care and comprehensive management of pain and symptoms.

Sec. 5. "Program" means the Palliative Care Consumer and Professional Information and Education Program established by section 9 of this act.

Sec. 6. "Serious illness" means any medical illness, condition or injury that substantially impacts the quality of life of a person for more than a short period of time. A serious illness includes, without limitation, heart, liver or renal failure, cancer, lung disease, Alzheimer's disease and related dementias, and similar conditions or diseases.

Sec. 7. 1. The Advisory Council on Palliative Care and Quality of Life is hereby created within the Department.

2. The Director may appoint such number of members of the Council as he or she determines is appropriate to carry out the provisions of sections 2 to 9, inclusive, of this act, but not less than nine members as follows:

(a) Two members with experience in the provision of interdisciplinary palliative care, including, without limitation, hospital, hospice, medical, nursing, social work, pharmacy, financial and spiritual services;

(b) One member with a background in patient and family caregiver advocacy;

(c) One member who is a health care professional with clinical experience in palliative care;

(d) One member who is a health care professional with expertise in delivery models for palliative care in a variety of inpatient, outpatient and community settings and with a variety of populations;

(e) Two members who are employees of the Department or any other state agency, board or commission who have relevant work experience related to palliative care; and



(f) Two members who are board-certified hospice and palliative medicine physicians or nurses.

3. The term of each member of the Council is 3 years, and members shall serve at the pleasure of the Director.

4. The Council shall select from its members a Chair and a Vice Chair who shall hold office for 1 year and whose duties will be established by the Council.

5. The Council shall meet at least twice annually at a time and place specified by a call of the Director.

6. Each member of the Council:

(a) Serves without compensation; and

(b) While engaged in the business of the Council, is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally to the extent that funds for such expenses are available within the budget of the Department.

Sec. 8. The Council shall:

1. Consult with and advise the Department on matters related to the establishment, maintenance, operation and outcomes of palliative care programs and initiatives in this State; and

2. Advise and assist in the creation and carrying out of the Program established by section 9 of this act.

Sec. 9. 1. The Palliative Care Consumer and Professional Information and Education Program is hereby established within the Department to maximize the effectiveness of palliative care initiatives in this State by ensuring that comprehensive and accurate information and education about palliative care is available to health care providers, health care facilities and members of the public.

2. The Department shall include on an Internet website available to the public, with links to appropriate external Internet websites, information and resources concerning:

(a) The delivery of palliative care in the home and in primary, secondary and tertiary environments;

(b) Best practices for the delivery of palliative care; and

(c) Educational materials and referral information for palliative and hospice care.

3. The Department may develop and carry out such other initiatives regarding palliative care and education that the Department determines will further the purposes of the Program. The Director shall consult with the Council in developing and implementing such initiatives.

4. On or before January 1, 2016, the Department shall encourage all hospitals, assisted living facilities and facilities for skilled nursing within this State with 100 beds or more to:



1 (a) *Educate their physicians, nurses and staff on how to*
2 *provide information regarding appropriate palliative care to*
3 *patients or residents with serious illnesses who would benefit from*
4 *such care; and*

5 (b) *Provide information about, and facilitate access to,*
6 *appropriate palliative care to patients or residents with serious*
7 *illnesses.*

8 5. *As used in this section:*

9 (a) *“Assisted living facility” has the meaning ascribed to it in*
10 *NRS 422.2708; and*

11 (b) *“Facility for skilled nursing” has the meaning ascribed to*
12 *it in NRS 449.0039.*

13 **Sec. 10.** NRS 232.290 is hereby amended to read as follows:

14 232.290 As used in NRS 232.290 to 232.484, inclusive, *and*
15 *sections 2 to 9, inclusive, of this act,* unless the context requires
16 otherwise:

17 1. “Department” means the Department of Health and Human
18 Services.

19 2. “Director” means the Director of the Department.

20 **Sec. 11.** Not later than October 1, 2015, the Director of the
21 Department of Health and Human Services shall appoint the
22 members of the Advisory Council on Palliative Care and Quality of
23 Life created by section 7 of this act.

24 **Sec. 12.** This act becomes effective on July 1, 2015.

