

# **WEST VIRGINIA LEGISLATURE**

**2018 REGULAR SESSION**

**ENROLLED**

**Committee Substitute**

**for**

**House Bill 4035**

BY DELEGATES SUMMERS, ELLINGTON, HOUSEHOLDER, ROHRBACH,

BYRD, CAPITO, HOLLEN, DEAN, BUTLER, FRICH, AND ROWAN

[Passed March 9, 2018; in effect ninety days from passage.]



1 AN ACT to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article,  
2 designated §16-54-1, §16-54-2, §16-54-3, §16-54-4, §16-54-5, §16-54-6, and §16-54-7,  
3 all relating to palliative care; creating a state advisory coalition to improve palliative care  
4 in West Virginia; providing definitions; designating members of the coalition; providing for  
5 the powers and duties of the coalition; establishing that certain and other state agencies  
6 shall cooperate with the coalition; and establishing a termination date for the coalition.

*Be it enacted by the Legislature of West Virginia:*

**ARTICLE 54. STATE ADVISORY COALITION ON PALLIATIVE CARE.**

**§16-54-1. Purpose.**

1 The purpose of the coalition created under this article is to improve quality and delivery of  
2 patient centered and family focused palliative care in West Virginia.

**§16-54-2. Definitions.**

1 As used in this article:

2 “Appropriate” means consistent with applicable legal, health, and professional standards;  
3 the patient’s clinical and other circumstances; and the patient’s reasonably known wishes and  
4 beliefs.

5 “Medical care” means services provided, requested, or supervised by a physician or  
6 advanced practice nurse.

7 “Palliative care” means patient and family centered medical care that optimizes quality of  
8 life by anticipating, preventing, and treating suffering caused by serious illness throughout the  
9 continuum of illness, involves addressing physical, emotional, social, and spiritual needs, and  
10 facilitates patient autonomy, access to information, and choice.

11 “Serious Illness” means any medical illness or physical injury or condition that substantially  
12 impacts quality of life for more than a short time.

**§16-54-3. Creation of the State Advisory Coalition on Palliative Care.**

1           There is created the State Advisory Coalition on Palliative Care. The administrative  
2 functions of the coalition are the responsibility of staff assigned to the Joint Committee on Health.

**§16-54-4. Members of the Advisory Coalition on Palliative Care.**

1           (a) The Advisory Coalition on Palliative Care consists of the individuals appointed by the  
2 President of the Senate and the Speaker of the House of Delegates who are health professionals  
3 having palliative care work experience and/or expertise in palliative care delivery models in a  
4 variety of inpatient, outpatient, and community settings and with a variety of populations, including  
5 pediatric, youth, and adults.

6           (b) The members include:

7           (1) A physician who practices palliative care in this state and is licensed pursuant to the  
8 provisions of §30-3-1 *et seq.* of this code, who shall serve as chair of the coalition for the first  
9 meeting until a chairman is selected by the Advisory Coalition;

10          (2) A physician;

11          (3) A registered professional nurse;

12          (4) A social worker;

13          (5) A pharmacist;

14          (6) A spiritual advisor;

15          (7) A patient advocate;

16          (8) A family caregiver advocate;

17          (9) One additional palliative care practitioner; and

18          (10) The Executive Director of the Center for End of Life Care, or his or her designee.

19          (c) The co-chairs of the Joint Committee on Health serve as nonvoting members, *ex-*  
20 *officio*.

21          (d) Membership on the coalition shall be distributed among the congressional districts of  
22 the state, and each congressional district shall be represented in the membership of the coalition.

**§16-54-5. Powers and duties.**

1           (a) The coalition shall consult with and advise the Legislature on matters related to the  
2 establishment, maintenance, operation, and outcomes evaluation of palliative care initiatives in  
3 the state. The coalition may:

4           (1) Meet at least quarterly or at the call of the chairman. A quorum is a simple majority of  
5 the coalition;

6           (2) Keep accurate records of the actions of the coalition;

7           (3) Make recommendations to the Legislature as required by this article;

8           (4) Provide guidance to the Legislature on potential statutory solutions relative to  
9 regulation of palliative care;

10           (5) Establish workgroups and clinical advisory committees as the coalition considers  
11 necessary to address pertinent issues related to palliative care and to provide consistency in the  
12 development of further regulation;

13           (6) Consult with entities and persons with expertise as the coalition considers necessary  
14 in the fulfillment of its duties. This can include public and private sector partnerships;

15           (7) Establish a system for identifying patients or residents who could benefit from palliative  
16 care;

17           (8) Provide information about and facilitate access to appropriate palliative care; and

18           (9) Offer any additional guidance to the Legislature which the coalition sees is within its  
19 scope which would further enhance the palliative care.

20           (b) The coalition shall report its findings to the Joint Committee on Health by December  
21 31, 2019, and annually after that until the coalition terminates pursuant to the provisions of this  
22 article. The report shall include, at a minimum, the following:

23           (1) Conclusions and recommendations to promote a better means for palliative care;

24           (2) Recommendations for statutory and regulatory modifications;

- 25           (3) Identification of any action which may be taken by the Legislature to better foster  
26 awareness of palliative care issues in this state;
- 27           (4) A means to raise palliative care awareness; and
- 28           (5) Any other ancillary issues relative to palliative care.

**§16-54-6. Cooperation with the coalition.**

- 1           The Department of Health and Human Resources, the West Virginia Insurance  
2 Commission, the Public Employees Insurance Agency, the Center for End of Life Care, and all  
3 other entities of state government shall cooperate with the coalition in the exchange of data,  
4 information, and expertise if so requested by the coalition, including, but not limited to:
- 5           (1) Providing the entity's plans to improve palliative care in West Virginia;
- 6           (2) Sharing information on the financial impact of palliative care on the State of West  
7 Virginia;
- 8           (3) Providing an assessment of the benefits of implemented programs and activities aimed  
9 at bettering palliative care;
- 10          (4) Assisting in the development or revision of detailed action plans to improve palliative  
11 care; and
- 12          (5) Providing resources required to implement the plan.

**§16-54-7. Sunset.**

- 1           The coalition terminates on December 31, 2021, unless continued by act of the  
2 Legislature.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

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*Chairman, House Committee*

.....  
*Chairman, Senate Committee*

Originating in the House.

In effect ninety days from passage.

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*Clerk of the House of Delegates*

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*Clerk of the Senate*

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*Speaker of the House of Delegates*

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*President of the Senate*

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The within ..... this the.....  
day of ....., 2018.

.....  
*Governor*