

# **WEST VIRGINIA LEGISLATURE**

**2018 REGULAR SESSION**

**Committee Substitute**

**for**

**House Bill 4035**

BY DELEGATES SUMMERS, ELLINGTON, HOUSEHOLDER,  
ROHRBACH, BYRD, CAPITO, HOLLEN, DEAN, BUTLER,  
FRICH, AND ROWAN

[Introduced January 12, 2018; Referred  
To The Committee On Health And Human Resources  
Then The Judiciary.]



1 A BILL 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 creating a state advisory coalition to improve palliative care in West Virginia, providing  
4 definitions, designating members of the coalition, providing for the powers and duties of  
5 the coalition, establishing that certain and other state agencies shall cooperate with the  
6 coalition, and establishing a termination date for the coalition, all relating to medical, end  
7 of life, serious illness and palliative care.

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

**ARTICLE 54. STATE ADVISORY COALITION ON QUALITY OF LIFE.**

**§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 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 "End of life care" means the support and medical care given during the time surrounding  
6 death.

7 "Hospice" has the meaning as defined in §16-51-1 et seq. of this code;

8 "Medical care" means services provided, requested, or supervised by a physician or  
9 advanced practice nurse.

10 "Palliative care" means patient and family centered medical care that optimizes quality of  
11 life by anticipating, preventing, and treating suffering caused by serious illness throughout the  
12 continuum of illness involves addressing physical, emotional, social, and spiritual needs and  
13 facilitating patient autonomy, access to information, and choice.

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

**§16-54-3. Creation of the State Advisory Coalition on Quality of Life.**

1 There is created the State Advisory Coalition on Quality of Life. 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 Quality of Life.**

1 (a) The Advisory Coalition on Quality of Life 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, end of life care and  
4 hospice delivery models in a variety of inpatient, outpatient, and community settings and with a  
5 variety of populations, including pediatric, youth and adults.

6 (b) The members include:

7 (1) The Executive Director of the Center for End of Life Care, or his or her designee, who  
8 serves as chair of the coalition for the first meeting until a chairman is selected by the Advisory  
9 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; and

17 (9) Two certified hospice practitioners.

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

20 (d) Membership on the coalition shall be distributed among the congressional districts of  
21 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, hospice and  
3 end of life care initiatives in 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, end of life care and hospice;

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

13           (6) Consult with entities and persons with a 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, end of life care and hospice;

17           (8) Provide information about and facilitate access to appropriate palliative care, end of  
18 life care and hospice services for patients or residents with serious illness; and

19           (9) Offer any additional guidance to the Legislature which the coalition sees is within its  
20 scope which would further enhance the palliative care, end of life care and hospice.

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

24           (1) Conclusions and recommendations to promote a better means for palliative care, end  
25 of life care and hospice;

- 26           (2) Recommendations for statutory and regulatory modifications;  
27           (3) Identification of any action which may be taken by the Legislature to better foster  
28 awareness of palliative care, end of life care and hospice issues in this state;  
29           (4) A means to raise palliative care, end of life care and hospice awareness; and  
30           (5) Any other ancillary issues relative to palliative care, end of life care and hospice.

**§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, end of life care and hospice in  
6 West Virginia;  
7           (2) Sharing information on the financial impact of palliative care, end of life care and  
8 hospice on the State of West Virginia;  
9           (3) Providing an assessment of the benefits of implemented programs and activities aimed  
10 at bettering palliative care, end of life care and hospice;  
11           (4) Assisting in the development or revision of detailed action plans to improve palliative  
12 care, end of life care and hospice; and  
13           (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.