

**ASSEMBLY, No. 312**

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**STATE OF NEW JERSEY**

**218th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

**Sponsored by:**

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**District 18 (Middlesex)**

**Assemblyman HERB CONAWAY, JR.**

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**SYNOPSIS**

Requires certain health care facilities to provide information concerning palliative care and hospice care services.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.

(Sponsorship Updated As Of: 2/8/2019)

1 AN ACT concerning palliative care and hospice care and  
2 supplementing Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6

7 1. As used in this act:

8 “Appropriate” means consistent with applicable legal, health,  
9 and professional standards, the patient’s clinical and other  
10 circumstances, and the patient’s reasonably known wishes and  
11 beliefs.

12 “Hospice care” means a coordinated program of home,  
13 outpatient, and inpatient care and services that is operated by a  
14 public agency or private organization, or subdivision of either of  
15 these entities, and that provides care and services to hospice  
16 patients and to hospice patients’ families, through a medically  
17 directed interdisciplinary team, under interdisciplinary plans of care  
18 in order to meet the physical, psychological, social, spiritual, and  
19 other special needs that are experienced during the final stages of  
20 illness, dying, and bereavement. A hospice care program includes:  
21 nursing care by or under the supervision of a registered professional  
22 nurse; physical, occupational, or speech or language therapy;  
23 medical social services by a certified or licensed social worker  
24 under the direction of a physician; services of a certified home  
25 health aide; medical supplies, including drugs and biologicals, and  
26 the use of medical appliances related to terminal diagnosis;  
27 physician’s services; short-term inpatient care, including both  
28 palliative and respite care and procedures; spiritual and other  
29 counseling for hospice patients and hospice patients’ families;  
30 services of volunteers under the direction of the provider of the  
31 hospice care program; and bereavement services for hospice  
32 patients’ families.

33 “Medical care” means services provided, requested, or  
34 supervised by a physician, physician assistant, or advanced practice  
35 nurse.

36 “Palliative care” means patient-centered and family-centered  
37 medical care that optimizes quality of life by anticipating,  
38 preventing, and treating suffering caused by serious illness.  
39 Palliative care throughout the continuum of illness involves  
40 addressing physical, emotional, social, and spiritual needs and  
41 facilitating patient autonomy, access to information, and choice.  
42 Palliative care includes, but is not limited to: comprehensive pain  
43 and symptom management and discussion of treatment options  
44 appropriate to the patient, including hospice care, when appropriate.

45 “Serious illness” means any medical illness or physical injury or  
46 condition that substantially impacts quality of life for more than a  
47 short period of time. Serious illness includes, but is not limited to:

1 cancer; heart, renal, or liver failure; lung disease; and Alzheimer’s  
2 disease and related dementias.

3

4 2. a. There is established the “Palliative Care and Hospice  
5 Care Consumer and Professional Information and Education  
6 Program” in the Department of Health.

7 b. The purpose of the program is to maximize the effectiveness  
8 of palliative care and hospice care initiatives in the State by  
9 ensuring that comprehensive and accurate information and  
10 education about palliative care and hospice care are available to the  
11 public, to health care providers, and to health care facilities.

12 c. The Palliative Care and Hospice Care Advisory Council,  
13 established pursuant to section 4 of P.L. , c. (C. )  
14 (pending before the Legislature as this bill) shall, in collaboration  
15 with the Cancer Institute of New Jersey, develop and implement the  
16 program established under this section, including developing and  
17 implementing any initiatives regarding palliative care and hospice  
18 care services and education that the council determines would  
19 further the purposes of this section.

20

21 3. a. Every hospital, nursing home, extended care facility,  
22 ambulatory health care facility providing long-term care services,  
23 and rehabilitation facility licensed in this State shall provide  
24 information about appropriate palliative care and hospice care  
25 services to patients and residents with a serious illness or, in the  
26 event the patient or resident lacks capacity to make health care  
27 decisions, to a family member or other person legally authorized to  
28 make health care decisions for the patient or resident.

29 b. If a hospital, nursing home, or facility fails to comply with  
30 the requirements of subsection a. of this section, the Commissioner  
31 of Health may require the hospital, nursing home, or facility to  
32 provide a plan of action to bring the hospital, nursing home, or  
33 facility into compliance.

34 c. In implementing the provisions of this section, the  
35 department shall:

36 (1) consult with the Palliative Care and Hospice Care Advisory  
37 Council established pursuant to section 4 of P.L. , c. (C. )  
38 (pending before the Legislature as this bill); and

39 (2) take into account factors that may impact the ability of a  
40 hospital, nursing home, or facility to comply with the requirements  
41 of subsection a. of this section. These factors may include, but are  
42 not limited to: the size of the hospital, nursing home, or facility;  
43 access and proximity to palliative care and hospice care services,  
44 including the availability of palliative care and hospice care board-  
45 certified practitioners and related workforce staff; and geographic  
46 factors.

- 1       4. a. There is established in the Department of Health the  
2 Palliative Care and Hospice Care Advisory Council.
- 3       b. It shall be the duty of the council, in collaboration with the  
4 Cancer Institute of New Jersey, to implement the provisions of P.L.   ,  
5 c. (C.   ) (pending before the Legislature as this bill), including  
6 establishing the Palliative Care and Hospice Care Consumer and  
7 Professional Information and Education Program pursuant to section 2  
8 of P.L.   , c. (C.   ) (pending before the Legislature as this bill),  
9 developing and facilitating the provision of information about  
10 palliative care and hospice care for the purposes of section 3 of P.L.   ,  
11 c. (C.   ) (pending before the Legislature as this bill), and  
12 developing resources and programs to facilitate access to palliative  
13 care and hospice care services for patients and residents.
- 14       c. (1) The council shall comprise nine members, to be appointed  
15 as follows: one member of the Senate appointed by the Senate  
16 President; one member of the General Assembly appointed by the  
17 Speaker of the General Assembly; two public members appointed by  
18 the Senate President; two public members appointed by the Speaker of  
19 the General Assembly; and three public members appointed by the  
20 Governor.
- 21       (2) In selecting the public members, the Senate President, the  
22 Speaker of the General Assembly, and the Governor shall seek to  
23 include persons who have experience, training, or academic  
24 background in issues related to the provision of palliative care or  
25 hospice care, with an emphasis on addressing physical, emotional,  
26 social, and spiritual needs and facilitating patient autonomy, access to  
27 information, and choice. Six of the seven public members shall be  
28 comprised as follows: one physician, one advanced practice nurse or  
29 physician assistant, one nurse, one social worker, one chaplain, and  
30 one hospice administrator. The public members shall be board  
31 certified or have a hospice and palliative care certification, as  
32 appropriate to their discipline. Selections of public members may be  
33 made in consultation with: the State Board of Medical Examiners, the  
34 New Jersey Board of Nursing, the Physician Assistant Advisory  
35 Committee, the Board of Pharmacy, the New Jersey Hospital  
36 Association, the Health Care Association of New Jersey, the Medical  
37 Society of New Jersey, the New Jersey Association of Osteopathic  
38 Physicians and Surgeons, the New Jersey State Nurses Association,  
39 the Home Care and Hospice Association of New Jersey, LeadingAge  
40 New Jersey, the New Jersey State Society of Physician Assistants, and  
41 the New Jersey Hospice and Palliative Care Organization.
- 42       d. All appointments shall be made within 30 days after the  
43 effective date of P.L.   , c. (C.   ) (pending before the Legislature  
44 as this bill).
- 45       e. The public members shall serve for a term of five years; but, of  
46 the members first appointed, three shall serve for a term of three years,  
47 three for a term of four years, and three for a term of five years.  
48 Members are eligible for reappointment upon the expiration of their

1 terms. Vacancies in the membership shall be filled in the same  
2 manner as the original appointments.

3 f. The council shall organize as soon as is practicable upon the  
4 appointment of a majority of its members, and shall select a  
5 chairperson from among the members.

6 g. The members of the council shall serve without compensation  
7 but may be reimbursed, within the limits of funds made available to  
8 the council, for necessary travel expenses incurred in the performance  
9 of their duties.

10 h. The council shall be entitled to call to its assistance and avail  
11 itself of the services of the employees of any State, county, or  
12 municipal department, board, bureau, commission, or agency as it may  
13 require and as may be available for its purposes.

14 i. The Department of Health shall provide staff support to the  
15 council.

16

17 5. This act shall take effect on the first day of the fourth month  
18 next following enactment.

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#### STATEMENT

22

23 This bill establishes certain requirements concerning palliative  
24 care and hospice care.

25 Palliative care is patient-centered and family-centered medical  
26 care that optimizes quality of life by anticipating, preventing, and  
27 treating suffering caused by serious illness. Palliative care may  
28 involve addressing physical, emotional, social, and spiritual needs,  
29 as well as facilitating patient autonomy, access to information, and  
30 choice. Specific examples of palliative care include comprehensive  
31 pain and symptom management and discussion of treatment options  
32 appropriate to the patient, such as hospice care.

33 Hospice care is a coordinated program of home, outpatient, and  
34 inpatient care and services that provides care and services to  
35 hospice patients and their families through a medically-directed  
36 interdisciplinary team under interdisciplinary plans of care, which is  
37 designed to meet the physical, psychological, social, spiritual, and  
38 other special needs that develop during the final stages of illness,  
39 dying, and bereavement.

40 The bill establishes the "Palliative Care and Hospice Care  
41 Consumer and Professional Information and Education Program" in  
42 the Department of Health (DOH). The purpose of the program will  
43 be to ensure that comprehensive and accurate information and  
44 education about palliative care and hospice care are available to the  
45 public, to health care providers, and to health care facilities.

46 The bill will require every hospital, nursing home, extended care  
47 facility, ambulatory health care facility providing long-term care  
48 services, and rehabilitation facility licensed in this State to provide

1 information about appropriate palliative care and hospice care  
2 services to patients and residents with a serious illness. The  
3 Commissioner of Health may require a hospital, nursing home, or  
4 facility that fails to comply with these requirements to provide a  
5 plan of action to bring the hospital, nursing home, or facility into  
6 compliance. In implementing these requirements, DOH will be  
7 required to take into account the size of the facility; access and  
8 proximity to palliative care and hospice care services, including the  
9 availability of hospice and palliative care board-certified  
10 practitioners and related workforce staff; geographic factors; and  
11 any other factors that may impact the ability of a hospital, nursing  
12 home, or facility to comply.

13 The bill establishes the Palliative Care and Hospice Care  
14 Advisory Council in DOH. It will be the duty of the council, in  
15 collaboration with the Cancer Institute of New Jersey, to implement  
16 the provisions of the bill, including establishing the Palliative Care  
17 and Hospice Care Consumer and Professional Information and  
18 Education Program, developing the information to be provided to  
19 patients and residents by hospitals, nursing homes, and other  
20 facilities and facilitating the provision of this information, and  
21 developing resources and programs to facilitate access to palliative  
22 care and hospice care services for patients and residents.

23 The council will comprise nine members, to be appointed as  
24 follows: one member of the Senate appointed by the Senate  
25 President; one member of the General Assembly appointed by the  
26 Speaker of the General Assembly; two public members appointed  
27 by the Senate President; two public members appointed by the  
28 Speaker of the General Assembly; and three public members  
29 appointed by the Governor. In selecting the public members, the  
30 Senate President, the Speaker of the General Assembly, and the  
31 Governor will be required to seek to include persons who have  
32 experience, training, or an academic background in issues related to  
33 the provision of palliative or hospice care, and will be permitted to  
34 consult with various professional boards and stakeholders.

35 The public members of the council will be selected with an  
36 emphasis on addressing physical, emotional, social, and spiritual  
37 needs, and facilitating patient autonomy, access to information, and  
38 choice. Six of the seven public members will be comprised as follows:  
39 one physician, one advanced practice nurse or physician assistant, one  
40 nurse, one social worker, one chaplain, and one hospice administrator.  
41 The public members are to board certified or have a hospice and  
42 palliative care certification, as appropriate to their discipline.

43 The bill requires all appointments to be made within 30 days  
44 after the effective date of the bill. The public members will serve  
45 for a term of five years; except that, of the members first appointed,  
46 three will serve for a term of three years, three for a term of four  
47 years, and three for a term of five years. Members will be eligible  
48 for reappointment upon the expiration of their terms, and vacancies

**A312 PINKIN, CONAWAY**

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1 in the membership will be filled in the same manner as the original  
2 appointments. The council will organize as soon as practicable  
3 upon the appointment of a majority of its members, and will select a  
4 chairperson from among the members.

5 The members of the council will serve without compensation but  
6 may be reimbursed, within the limits of funds made available to the  
7 council, for necessary travel expenses incurred in the performance  
8 of their duties. The council will be entitled to call to its assistance  
9 and avail itself of the services of the employees of any State,  
10 county, or municipal department, board, bureau, commission, or  
11 agency as it may require and as may be available for its purposes.  
12 DOH will provide staff support to the council.