

[Second Reprint]

ASSEMBLY, No. 312

STATE OF NEW JERSEY

218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

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SYNOPSIS

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

CURRENT VERSION OF TEXT

As reported by the Assembly Appropriations Committee on May 20, 2019, with amendments.

(Sponsorship Updated As Of: 5/24/2019)

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.

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted February 7, 2019

²Assembly AAP committee amendments adopted May 20, 2019.

1 “Serious illness” means any medical illness or physical injury or
2 condition that substantially impacts quality of life for more than a
3 short period of time. Serious illness includes, but is not limited to:
4 cancer; heart, renal, or liver failure; lung disease; and Alzheimer’s
5 disease and related dementias.

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

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

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

23
24 3. a. Every hospital, nursing home, ²[extended care facility,
25 ambulatory health care facility providing long-term care services,
26 and]² rehabilitation facility ², and other facility which is identified
27 by the Commissioner of Health to be appropriate and which is²
28 licensed in this State shall provide information about appropriate
29 palliative care and hospice care services to patients and residents
30 with a serious illness or, in the event the patient or resident lacks
31 capacity to make health care decisions, to a family member or other
32 person legally authorized to make health care decisions for the
33 patient or resident.

34 b. If a hospital, nursing home, or facility fails to comply with
35 the requirements of subsection a. of this section, the Commissioner
36 of Health may require the hospital, nursing home, or facility to
37 provide a plan of action to bring the hospital, nursing home, or
38 facility into compliance.

39 c. In implementing the provisions of this section, the
40 department shall:

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

44 (2) take into account factors that may impact the ability of a
45 hospital, nursing home, or facility to comply with the requirements
46 of subsection a. of this section. These factors may include, but are
47 not limited to: the size of the hospital, nursing home, or facility;
48 access and proximity to palliative care and hospice care services,

1 including the availability of palliative care and hospice care board-
2 certified practitioners and related workforce staff; and geographic
3 factors.

4

5 4. a. There is established in the Department of Health the
6 Palliative Care and Hospice Care Advisory Council.

7 b. It shall be the duty of the council, in collaboration with the
8 Cancer Institute of New Jersey, to implement the provisions of P.L. ,

9 c. (C.) (pending before the Legislature as this bill), including
10 establishing the Palliative Care and Hospice Care Consumer and
11 Professional Information and Education Program pursuant to section 2
12 of P.L. , c. (C.) (pending before the Legislature as this bill),
13 developing and facilitating the provision of information about
14 palliative care and hospice care for the purposes of section 3
15 of P.L. , c. (C.) (pending before the Legislature as this bill),
16 and developing resources and programs to facilitate access to palliative
17 care and hospice care services for patients and residents.

18 c. (1) The council shall ¹~~comprise nine~~ be comprised of
19 eleven¹ members, to be appointed as follows: one member of the
20 Senate appointed by the Senate President; one member of the General
21 Assembly appointed by the Speaker of the General Assembly; ¹~~two~~
22 three¹ public members appointed by the Senate President; ¹~~two~~
23 three¹ public members appointed by the Speaker of the General
24 Assembly; and three public members appointed by the Governor.

25 (2) In selecting the public members, the Senate President, the
26 Speaker of the General Assembly, and the Governor shall seek to
27 include persons who have experience, training, or academic
28 background in issues related to the provision of palliative care or
29 hospice care, with an emphasis on addressing physical, emotional,
30 social, and spiritual needs and facilitating patient autonomy, access to
31 information, and choice. ¹~~Six~~ Seven¹ of the ¹~~seven~~ nine¹ public
32 members shall be comprised as follows: one physician, one advanced
33 practice nurse or physician assistant, one nurse, one social worker, one
34 chaplain, ¹one pediatric oncologist¹ and one hospice administrator.
35 The public members shall be board certified or have a hospice and
36 palliative care certification, as appropriate to their discipline.
37 Selections of public members may be made in consultation with: the
38 State Board of Medical Examiners, the New Jersey Board of Nursing,
39 the Physician Assistant Advisory Committee, the Board of Pharmacy,
40 the New Jersey Hospital Association, the Health Care Association of
41 New Jersey, the Medical Society of New Jersey, the New Jersey
42 Association of Osteopathic Physicians and Surgeons, the New Jersey
43 State Nurses Association, the Home Care and Hospice Association of
44 New Jersey, LeadingAge New Jersey, the New Jersey State Society of
45 Physician Assistants, and the New Jersey Hospice and Palliative Care
46 Organization.

- 1 d. All appointments shall be made within 30 days after the
2 effective date of P.L. , c. (C.) (pending before the Legislature
3 as this bill).
- 4 e. The public members shall serve for a term of five years; but, of
5 the members first appointed, three shall serve for a term of three years,
6 three for a term of four years, and three for a term of five years.
7 Members are eligible for reappointment upon the expiration of their
8 terms. Vacancies in the membership shall be filled in the same
9 manner as the original appointments.
- 10 f. The council shall organize as soon as is practicable upon the
11 appointment of a majority of its members, and shall select a
12 chairperson from among the members.
- 13 g. The members of the council shall serve without compensation
14 but may be reimbursed, within the limits of funds made available to
15 the council, for necessary travel expenses incurred in the performance
16 of their duties.
- 17 h. The council shall be entitled to call to its assistance and avail
18 itself of the services of the employees of any State, county, or
19 municipal department, board, bureau, commission, or agency as it may
20 require and as may be available for its purposes.
- 21 i. The Department of Health shall provide staff support to the
22 council.
- 23
- 24 5. This act shall take effect on the first day of the fourth month
25 next following enactment.