SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[Second Reprint]
ASSEMBLY, No. 312

STATE OF NEW JERSEY

DATED: JUNE 17, 2019

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 312 (2R).

Assembly Bill No. 312 (2R) establishes certain requirements concerning palliative care and hospice care.

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

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

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

The bill requires every hospital, nursing home, rehabilitation facility, and other facility identified by the Commissioner of Health as appropriate, and which is licensed in this State to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. The Commissioner of Health may require a hospital, nursing home, or facility that fails to comply with these requirements to provide a plan of action to bring the hospital, nursing home, or facility into compliance. In implementing these requirements, DOH will be required to take into account the size of the facility; access and proximity to palliative care and hospice care services, including the availability of hospice and palliative care board-certified practitioners and related workforce staff; geographic factors; and any other factors that may impact the ability of a hospital, nursing home, or facility to comply.

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

The council will comprise eleven members, to be appointed as follows: one member of the Senate appointed by the Senate President; one member of the General Assembly appointed by the Speaker of the General Assembly; three public members appointed by the Senate President; three public members appointed by the Speaker of the General Assembly; and three public members appointed by the Governor. In selecting the public members, the Senate President, the Speaker of the General Assembly, and the Governor will be required to seek to include persons who have experience, training, or an academic background in issues related to the provision of palliative or hospice care, and will be permitted to consult with various professional boards and stakeholders.

The public members of the council will be selected with an emphasis on addressing physical, emotional, social, and spiritual needs, and facilitating patient autonomy, access to information, and choice. Seven of the nine public members will be comprised as follows: one physician, one advanced practice nurse or physician assistant, one nurse, one social worker, one chaplain, one pediatric oncologist, and one hospice administrator. The public members are to board certified or have a hospice and palliative care certification, as appropriate to their discipline.

The bill requires all appointments to be made within 30 days after the effective date of the bill. The public members will serve for a term of five years; except that, of the members first appointed, three will serve for a term of three years, three for a term of four years, and three for a term of five years. Members will be eligible for reappointment upon the expiration of their terms, and vacancies in the membership will be filled in the same manner as the original appointments. The council will organize as soon as practicable upon the appointment of a majority of its members, and will select a chairperson from among the members.

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

As reported, this bill is identical to Senate Bill No. 2682(1R), as amended and reported by the committee.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate costs under the bill in supporting the work of the Palliative Care and Hospice Care Advisory Council, as established under the bill. However, it is possible that the department may be able to integrate these costs into its existing budget, thereby minimizing expenditures. Furthermore, certain State costs may be minimized through collaboration with the Cancer Institute of New Jersey (CINJ), as required by the bill.

The DOH may also incur indeterminate expenses in enforcing requirements regarding the distribution of palliative care and hospice care information by certain facilities. As monitoring licensed State facilities reflects the department's current duties, the costs of this provision may be absorbed into the DOH's existing budget.

The OLS finds that nursing homes operated by the Department of Military and Veterans Affairs (DMAVA) and certain county governments may incur indeterminate increases in annual operating expenditures through compliance with the provisions of the bill that require certain facilities to provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness. These costs may be minimized to the extent that these State and county nursing homes currently have those procedures in place.