

1-1 By: Johnson S.B. No. 916
1-2 (In the Senate - Filed February 20, 2019; March 1, 2019,
1-3 read first time and referred to Committee on Health & Human
1-4 Services; April 23, 2019, reported adversely, with favorable
1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
1-6 April 23, 2019, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	<u>X</u>			
1-10	<u>X</u>			
1-11	<u>X</u>			
1-12	<u>X</u>			
1-13	<u>X</u>			
1-14	<u>X</u>			
1-15	<u>X</u>			
1-16	<u>X</u>			
1-17	<u>X</u>			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 916 By: Perry

1-19 A BILL TO BE ENTITLED
1-20 AN ACT

1-21 relating to supportive palliative care.
1-22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
1-23 SECTION 1. Subtitle G, Title 2, Health and Safety Code, is
1-24 amended by adding Chapter 142A to read as follows:
1-25 CHAPTER 142A. SUPPORTIVE PALLIATIVE CARE SERVICES
1-26 Sec. 142A.0001. DEFINITION. In this chapter, "supportive
1-27 palliative care" means physician-directed interdisciplinary
1-28 patient- and family-centered care provided to a patient with a
1-29 serious illness without regard to the patient's age or terminal
1-30 prognosis that:
1-31 (1) may be provided concurrently with methods of
1-32 treatment or therapies that seek to cure or minimize the effects of
1-33 the patient's illness; and
1-34 (2) seeks to optimize the quality of life for a patient
1-35 with a life-threatening or life-limiting illness and the patient's
1-36 family through various methods, including methods that seek to:
1-37 (A) anticipate, prevent, and treat the patient's
1-38 total suffering related to the patient's physical, emotional,
1-39 social, and spiritual condition;
1-40 (B) address the physical, intellectual,
1-41 emotional, cultural, social, and spiritual needs of the patient;
1-42 and
1-43 (C) facilitate for the patient regarding
1-44 treatment options, education, informed consent, and expression of
1-45 desires.
1-46 Sec. 142A.0002. REFERENCE IN OTHER LAW. Notwithstanding
1-47 any other law, a reference in this code or other law to palliative
1-48 care means supportive palliative care.
1-49 Sec. 142A.0003. STUDY. (a) The commission shall conduct a
1-50 study to assess potential improvements to a patient's quality of
1-51 care and health outcomes and to anticipated cost savings to this
1-52 state from supporting the use of or providing Medicaid
1-53 reimbursement to certain Medicaid recipients for supportive
1-54 palliative care. The study must include an evaluation and
1-55 comparison of other states that provide Medicaid reimbursement for
1-56 supportive palliative care.
1-57 (b) The Palliative Care Interdisciplinary Advisory Council
1-58 established under Chapter 118 shall provide to the commission
1-59 recommendations on the structure of the study, including
1-60 recommendations on identifying specific populations of Medicaid

2-1 recipients, variables, and outcomes to measure in the study.
2-2 (c) The commission may collaborate with and solicit and
2-3 accept gifts, grants, and donations from any public or private
2-4 source for the purpose of funding the study.

2-5 (d) Not later than September 1, 2020, the commission shall
2-6 provide to the Palliative Care Interdisciplinary Advisory Council
2-7 the findings of the study. Not later than October 1, 2020, the
2-8 advisory council shall include the findings of the study in the
2-9 report required under Section 118.010.

2-10 (e) This section expires September 1, 2021.

2-11 SECTION 2. Section 142.001(15), Health and Safety Code, is
2-12 amended to read as follows:

2-13 (15) "Hospice services" means services, including
2-14 services provided by unlicensed personnel under the delegation of a
2-15 registered nurse or physical therapist, provided to a client or a
2-16 client's family as part of a coordinated program consistent with
2-17 the standards and rules adopted under this chapter. These services
2-18 include [~~palliative care for terminally ill clients and~~] support
2-19 services for terminally ill patients [~~clients~~] and their families
2-20 that:

2-21 (A) are available 24 hours a day, seven days a
2-22 week, during the last stages of illness, during death, and during
2-23 bereavement;

2-24 (B) are provided by a medically directed
2-25 interdisciplinary team; and

2-26 (C) may be provided in a home, nursing home,
2-27 residential unit, or inpatient unit according to need. These
2-28 services do not include inpatient care normally provided in a
2-29 licensed hospital to a terminally ill person who has not elected to
2-30 be a hospice client.

2-31 SECTION 3. Section 142.001(20), Health and Safety Code, is
2-32 repealed.

2-33 SECTION 4. The Health and Human Services Commission shall
2-34 conduct the study required under Section 142A.0003, Health and
2-35 Safety Code, as added by this Act, only if the commission receives a
2-36 gift, grant, or donation or the legislature appropriates money
2-37 specifically for that purpose. If the commission does not receive a
2-38 gift, grant, or donation and the legislature does not appropriate
2-39 money specifically for that purpose, the commission may, but is not
2-40 required to, conduct the study using other money available for that
2-41 purpose.

2-42 SECTION 5. This Act takes effect immediately if it receives
2-43 a vote of two-thirds of all the members elected to each house, as
2-44 provided by Section 39, Article III, Texas Constitution. If this
2-45 Act does not receive the vote necessary for immediate effect, this
2-46 Act takes effect September 1, 2019.

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