
A BILL FOR AN ACT

RELATING TO PALLIATIVE CARE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that numerous studies
2 show that palliative care significantly improves patient quality
3 of life and lowers symptom burden. Palliative care is defined
4 by the World Health Organization as an approach that improves
5 the quality of life of patients and their families facing the
6 problems associated with life-threatening illness through the
7 prevention and relief of suffering by means of early
8 identification, assessment, and treatment of pain and other
9 issues of a physical, psychosocial, and spiritual nature.

10 Palliative care has a team approach that utilizes
11 clinicians, physicians, nurses, social workers, and chaplains
12 who work with the person with serious illness and their loved
13 ones. There have been misunderstandings about palliative care
14 and it has often been confused with hospice and end-of-life
15 care. Hospice, which is provided only when there is a six month
16 or less diagnosis and once curative treatments have stopped, is
17 only one type of palliative care. In other situations,
18 palliative care is an extra layer of support that can be offered



1 at the same time as curative treatments and can continue if
2 curative treatments are completed. All palliative care strives
3 to provide the best quality of life for those with serious
4 illness and their loved ones.

5 The legislature finds that palliative care and hospice
6 utilization in Hawaii deviates from mainland patterns. A 2017
7 study titled "Hospice Utilization of Medicare Beneficiaries in
8 Hawaii Compared to Other States", found that hospice utilization
9 in Hawaii was 45.7 per cent compared to a national average of
10 fifty-two per cent; the mean length of stay was sixty days in
11 Hawaii compared with seventy-one days nationally. A consistent
12 finding of this study is that Asians and Pacific Islanders were
13 less likely than whites to enroll in hospice and that "further
14 research is needed to understand these differences and eliminate
15 potential barriers to hospice care." A key concept identified
16 by this analysis is that Hawaii's culture, uniquely influenced by
17 Asian values compared to the mainland, emphasizes filial piety
18 and "the expectation of caring for their loved ones at home
19 rather than in a nursing home."

20 Other studies make similar observations, such as the
21 "Culturally Competent Palliative and Hospice Care Training for



1 Ethnically Diverse Staff in Long-Term Care Facilities", which
2 found that culturally competent palliative and hospice training
3 is a promising practice to increase patient, family, and
4 provider engagement with end-of-life conversations.

5 Therefore, the purpose of this Act is to support activities
6 that increase the utilization of palliative care through public
7 education and the development of practices specific to the
8 cultural norms of Hawaii's patients and families.

9 SECTION 2. (a) There is established the culturally
10 competent palliative care pilot program, to be administered by
11 the department of health. The department of health shall:

12 (1) Provide public education to:

13 (A) Promote palliative care utilization;

14 (B) Emphasize referrals to palliative care earlier
15 during treatment for patients; and

16 (C) Acquire local health care utilization data for
17 purposes of more precisely measuring palliative
18 care utilization in the State; and

19 (2) Conduct competitive bidding for at least two pilot
20 programs for home- or community-based palliative care.

21 At least one pilot program shall be implemented in a



1 county with a population of less than two hundred
2 thousand residents.

3 (b) The department of health shall submit to the
4 legislature:

5 (1) A preliminary report no later than twenty days prior
6 to the convening of the regular session of 2020 on the
7 expenditure of funds for the culturally competent
8 palliative care pilot program as of the date of the
9 preliminary report; and

10 (2) A final report no later than twenty days prior to the
11 convening of the regular session of 2021 on the
12 expenditure of all funds for the culturally competent
13 palliative care pilot program as of the date of the
14 final report.

15 SECTION 3. The department of health shall establish an
16 advisory group to oversee implementation of the palliative care
17 pilot program. The advisory group shall consist of the director
18 of health or the director's designee, the mayor of the county in
19 which the pilot program is implemented or the mayor's designee,
20 and the chief executive of the Hawaii health systems corporation
21 region in which the pilot program is implemented or the chief



1 executive's designee; provided that if the pilot program is
2 implemented in the county of Maui, the director of health shall
3 invite the chief executive of Maui Health System or the chief
4 executive's designee. The director of health shall also invite
5 to serve on the advisory group a representative from the John A.
6 Burns school of medicine, a representative from the American
7 Cancer Society, a representative from Kokua Mau, and a
8 representative who is a patient or family of a patient who
9 previously received palliative care. The advisory group shall
10 be exempt from chapter 92, Hawaii Revised Statutes.

11 SECTION 4. There is appropriated out of the general
12 revenues of the State of Hawaii the sum of \$250,000 or so much
13 thereof as may be necessary for fiscal year 2019-2020 and the
14 same sum or so much thereof as may be necessary for fiscal year
15 2020-2021 for the palliative care pilot programs.

16 The sums appropriated shall be expended by the department
17 of health for the purposes of this Act.

18 SECTION 5. This Act shall take effect on July 1, 2019.



Report Title:

Palliative Care; Culturally Competent Palliative Care Pilot Program; DOH; Advisory Group; Appropriation

Description:

Establishes the culturally competent palliative care pilot program within the Department of Health to promote palliative care, gather health care utilization data, and conduct bidding for at least two pilot programs for home- or community-based palliative care, one of which must be located in a county with less than two hundred thousand residents. Requires reports to the legislature. Establishes an advisory group to oversee implementation of the pilot program. Appropriates funds. (CD1)

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