

## ACT 182

S.B. NO. 804

A Bill for an Act Relating to Palliative Care.

*Be It Enacted by the Legislature of the State of Hawaii:*

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

Palliative care has a team approach that utilizes clinicians, physicians, nurses, social workers, and chaplains who work with the person with serious illness and their loved ones. There have been misunderstandings about palliative care and it has often been confused with hospice and end-of-life care. Hospice, which is provided only when there is a six month or less diagnosis and once curative treatments have stopped, is only one type of palliative care. In other situations, palliative care is an extra layer of support that can be offered at the same time as curative treatments and can continue if curative treatments are completed. All palliative care strives to provide the best quality of life for those with serious illness and their loved ones.

The legislature finds that palliative care and hospice utilization in Hawaii deviates from mainland patterns. A 2017 study titled "Hospice Utilization of Medicare Beneficiaries in Hawaii Compared to Other States", found that hospice utilization in Hawaii was 45.7 per cent compared to a national average of fifty-two per cent; the mean length of stay was sixty days in Hawaii compared with seventy-one days nationally. A consistent finding of this study is that Asians and Pacific Islanders were less likely than whites to enroll in hospice and that

“further research is needed to understand these differences and eliminate potential barriers to hospice care.” A key concept identified by this analysis is that Hawaii’s culture, uniquely influenced by Asian values compared to the mainland, emphasizes filial piety and “the expectation of caring for their loved ones at home rather than in a nursing home.”

Other studies make similar observations, such as the “Culturally Competent Palliative and Hospice Care Training for Ethnically Diverse Staff in Long-Term Care Facilities”, which found that culturally competent palliative and hospice training is a promising practice to increase patient, family, and provider engagement with end-of-life conversations.

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

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

- (1) Provide public education to:
  - (A) Promote palliative care utilization;
  - (B) Emphasize referrals to palliative care earlier during treatment for patients; and
  - (C) Acquire local health care utilization data for purposes of more precisely measuring palliative care utilization in the State; and
- (2) Conduct competitive bidding for at least two pilot programs for home- or community-based palliative care. At least one pilot program shall be implemented in a county with a population of less than two hundred thousand residents.
- (b) The department of health shall submit to the legislature:
  - (1) A preliminary report no later than twenty days prior to the convening of the regular session of 2020 on the expenditure of funds for the culturally competent palliative care pilot program as of the date of the preliminary report; and
  - (2) A final report no later than twenty days prior to the convening of the regular session of 2021 on the expenditure of all funds for the culturally competent palliative care pilot program as of the date of the final report.

SECTION 3. The department of health shall establish an advisory group to oversee implementation of the palliative care pilot program. The advisory group shall consist of the director of health or the director’s designee, the mayor of the county in which the pilot program is implemented or the mayor’s designee, and the chief executive of the Hawaii health systems corporation region in which the pilot program is implemented or the chief executive’s designee; provided that if the pilot program is implemented in the county of Maui, the director of health shall invite the chief executive of Maui Health System or the chief executive’s designee. The director of health shall also invite to serve on the advisory group a representative from the John A. Burns school of medicine, a representative from the American Cancer Society, a representative from Kokua Mau, and a representative who is a patient or family of a patient who previously received palliative care. The advisory group shall be exempt from chapter 92, Hawaii Revised Statutes.

SECTION 4. There is appropriated out of the general revenues of the State of Hawaii the sum of \$250,000 or so much thereof as may be necessary for

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fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 for the palliative care pilot programs.

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

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

(Approved July 2, 2019.)