

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)

M
12
6

DATE: May 24, 2001

(Filing No. S-260)

Reproduced and distributed under the direction of the Secretary of the Senate.

STATE OF MAINE
SENATE
120TH LEGISLATURE
FIRST REGULAR SESSION

SENATE AMENDMENT "O" to COMMITTEE AMENDMENT "A" to H.P. 256, L.D. 300, Bill, "An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2002 and June 30, 2003"

Amend the amendment by inserting after Part Y the following:

PART Z

Sec. Z-1. 24 MRSA §2317-B, sub-§12-A is enacted to read:

12-A. Title 24-A, sections 2759 and 2847-J. Hospice care, palliative care and end-of-life care, Title 24-A, sections 2759 and 2847-J;

Sec. Z-2. 24-A MRSA §2759 is enacted to read:

§2759. Coverage for hospice care services

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Hospice care services" means services provided on a 24-hours-a-day, 7-days-a-week basis to a person who is terminally ill and that person's family. "Hospice care services" includes, but is not limited to, physician services; nursing care; respite care; medical and social work services; counseling services; nutritional counseling; pain and symptom management; medical supplies and durable medical equipment; occupational, physical or speech therapies; volunteer services; home health care services; and bereavement services.

2 B. "Person who is terminally ill" means a person that has a
3 medical prognosis that the person's life expectancy is 12 months
4 or less if the illness runs its normal course.

6 2. Coverage for hospice care services. All individual
7 health policies must provide coverage for hospice care services
8 to a person who is terminally ill. Hospice care services must be
9 provided according to a written care delivery plan developed by a
10 hospice care provider and the recipient of hospice care
11 services. Coverage for hospice care services must be provided
12 whether the services are provided in a home setting or an
13 inpatient setting.

14 Sec. Z-3. 24-A MRSA §2847-J is enacted to read:

16 §2847-J. Coverage for hospice care services

18 1. Definitions. As used in this section, unless the
19 context otherwise indicates, the following terms have the
20 following meanings.

22 A. "Hospice care services" means services provided on a
23 24-hours-a-day, 7-days-a-week basis to a person who is
24 terminally ill and that person's family. "Hospice care
25 services" includes, but is not limited to, physician
26 services; nursing care; respite care; medical and social
27 work services; counseling services; nutritional counseling;
28 pain and symptom management; medical supplies and durable
29 medical equipment; occupational, physical or speech
30 therapies; volunteer services; home health care services;
31 and bereavement services.

34 B. "Person who is terminally ill" means a person that has a
35 medical prognosis that the person's life expectancy is 12
36 months or less if the illness runs its normal course.

38 2. Coverage for hospice care services. All group insurance
39 policies and contracts must provide coverage for hospice care
40 services to a person who is terminally ill. Hospice care
41 services must be provided according to a written care delivery
42 plan developed by a hospice care provider and the recipient of
43 hospice care services. Coverage for hospice care services must be
44 provided whether the services are provided in a home setting or
45 an inpatient setting.

46 Sec. Z-4. 24-A MRSA §4249 is enacted to read:

48 §4249. Coverage for hospice care services

1. Definitions. As used in this section, unless the
context otherwise indicates, the following terms have the
following meanings.

A. "Hospice care services" means services provided on a
24-hours-a-day, 7-days-a-week basis to a person who is
terminally ill and that person's family. "Hospice care
services" includes, but is not limited to, physician
services; nursing care; respite care; medical and social
work services; counseling services; nutritional counseling;
pain and symptom management; medical supplies and durable
medical equipment; occupational, physical or speech
therapies; volunteer services; home health care services;
and bereavement services.

B. "Person who is terminally ill" means a person that has a
medical prognosis that the person's life expectancy is 12
months or less if the illness runs its normal course.

2. Coverage for hospice care services. All health
maintenance organization individual and group health contracts
must provide coverage for hospice care services to a person who
is terminally ill. Hospice care services must be provided
according to a written care delivery plan developed by a hospice
care provider and the recipient of hospice care services.
Coverage for hospice care services must be provided whether the
services are provided in a home setting or an inpatient setting.

Sec. Z-5. Application. The requirements of this Part apply to
all policies, contracts and certificates executed, delivered,
issued for delivery, continued or renewed in this State on or
after January 1, 2002. For purposes of this Part, all contracts
are deemed to be renewed no later than the next yearly
anniversary of the contract date.

Sec. Z-6. Exemption from review. Notwithstanding the Maine
Revised Statutes, Title 24-A, section 2752, this Part is enacted
without review and evaluation by the Bureau of Insurance within
the Department of Professional and Financial Regulation.

Sec. Z-7. Maine Center for End-of-life Care. The Department of
Human Services, Bureau of Health may establish, through contract
or otherwise, the Maine Center for End-of-life Care. The purpose
of the center is to educate health care providers and the public
regarding pain management and palliative and end-of-life care.
The center must maintain a registry of health professionals
trained in pain management and palliative and end-of-life care.
The bureau shall solicit and accept outside funding through
grants and other sources to establish and operate the center,
which must be hosted by an educational

2 institution, professional association or other entity interested
3 in the care of the terminally ill. By January 15th each year the
4 bureau shall report to the joint standing committee of the
5 Legislature having jurisdiction over health and human services
6 matters regarding the operation of the center and its funding.

8 **Sec. Z-8. Professional education.** The Department of
9 Professional and Financial Regulation, Office of Licensing and
10 Registration shall provide a report on current professional
11 entry-level and continuing educational requirements related to
12 end-of-life care for the following licensed professions:
13 counselors, social workers, psychologists, allopathic medicine,
14 osteopathic medicine, nursing, funeral directors, acupuncturists
15 and naturopathy. For the purposes of this report, "end-of-life
16 care" includes palliative care, hospice, pain management,
17 advanced health care directives, appointment of health care
18 decision surrogates and do-not-resuscitate orders. The office
19 shall request the licensing boards for the professions listed in
20 this section to provide a statement assessing how current
21 entry-level and continuing education requirements address
22 end-of-life care issues. The office shall submit these
23 statements in the form of a report to the Joint Standing
24 Committee on Health and Human Services by January 15, 2002.

26 **Sec. Z-9. Baseline data and standardized assessment tools.** The
27 Maine Health Data Organization, referred to in this section as
28 the "organization," established in the Maine Revised Statutes,
29 Title 22, chapter 1683, shall direct an effort to gather baseline
30 data and standardized assessment tools regarding end-of-life care
31 within the organization's present database. This data may
32 include information regarding end-of-life care, palliative care,
33 pain and symptom management and quality indicators for the care
34 of terminally ill persons.

36 **Sec. Z-10. Allocation.** The following funds are allocated from
37 Other Special Revenue funds to carry out the purposes of this
38 Part.

2001-02

40 **HUMAN SERVICES, DEPARTMENT OF**

42 **Bureau of Health**

44 All Other \$500

46 Allocates funds to establish the Maine
48 Center for End-of-life Care through outside
49 grants and other sources of funds.

50

2	DEPARTMENT OF HUMAN SERVICES	
	TOTAL	<u>\$500</u>
4	PROFESSIONAL AND FINANCIAL REGULATION,	
6	DEPARTMENT OF	
	Office of Licensing and Registration	
8		
10	All Other	\$7,400
12	Allocates funds for the per diem, travel,	
14	advertising and other costs associated with	
16	conducting a study of end-of-life related	
18	educational requirements for professionals	
20	working in end-of-life care.	
	DEPARTMENT OF PROFESSIONAL AND	
	FINANCIAL REGULATION	
	TOTAL	<u>\$7,400</u>
22	TOTAL ALLOCATIONS	<u>\$7,900'</u>

24 Further amend the amendment by relettering or renumbering
26 any nonconsecutive Part letter or section number to read
consecutively.

28

FISCAL NOTE

30

32 This amendment will have no significant effect on General
34 Fund appropriations and revenue, and a balanced budget is
maintained for fiscal year 2001-02 and fiscal year 2002-03.

36

SUMMARY

38

40 This amendment requires individual and group health
42 insurance policies to provide coverage for hospice care services
to persons who are terminally ill. The amendment applies to all
policies issued or renewed on or after January 1, 2002.

44

46 It also requires the Department of Human Services, Bureau of
48 Health to solicit grants and funding from other outside funding
sources to establish and operate the Maine Center for End-of-life
Care and requires that the center be hosted by an educational
institution, professional association or other entity interested
in the care of the terminally ill.

SENATE AMENDMENT "0" to COMMITTEE AMENDMENT "A" to H.P. 256,
L.D. 300

It requires the Department of Professional and Financial
Regulation, Office of Licensing and Registration to compile a
report on the current entry-level and continuing educational
requirements related to end-of-life care issues for licensed
health care professions.

It requires the Maine Health Data Organization to gather
baseline data and standardized assessment tools regarding
end-of-life care within the organization's existing database.

SPONSORED BY:

(Senator SMALL)

COUNTY: Sagadahoc