

MAINE STATE LEGISLATURE

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129th MAINE LEGISLATURE

SECOND REGULAR SESSION-2020

Legislative Document

No. 1950

H.P. 1394

House of Representatives, January 8, 2020

An Act To Advance Palliative Care Utilization in the State

(EMERGENCY)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script that reads "R B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative CRAVEN of Lewiston.
Cosponsored by Senator MOORE of Washington and
Representatives: CARNEY of Cape Elizabeth, DOUDERA of Camden, FARNSWORTH of
Portland, GATTINE of Westbrook, Senators: CLAXTON of Androscoggin, MILLETT of
Cumberland, SANBORN, L. of Cumberland.

1 **Emergency preamble. Whereas,** acts and resolves of the Legislature do not
2 become effective until 90 days after adjournment unless enacted as emergencies; and

3 **Whereas,** with the advent of reduced opioid prescribing, people with chronic pain
4 are often left hopeless and at high risk of suicide or addiction; and

5 **Whereas,** this Act requires the adoption of rules that support and standardize the
6 delivery of palliative care in the State; and

7 **Whereas,** the rulemaking process must be commenced before the expiration of the
8 90-day period due to the critical nature of the problem this Act seeks to address; and

9 **Whereas,** in the judgment of the Legislature, these facts create an emergency within
10 the meaning of the Constitution of Maine and require the following legislation as
11 immediately necessary for the preservation of the public peace, health and safety; now,
12 therefore,

13 **Be it enacted by the People of the State of Maine as follows:**

14 **Sec. 1. 22 MRSA §1726-A** is enacted to read:

15 **§1726-A. Palliative care**

16 **1. Definition.** For the purposes of this section, "palliative care" has the same
17 meaning as in section 1726.

18 **2. Rules.** The department shall adopt rules that support and standardize the delivery
19 of palliative care in the State. The rules must include, but are not limited to, strategies for
20 the distribution of public educational documents and the distribution by health care
21 providers of information regarding the availability of palliative care to patients. Rules
22 adopted pursuant to this subsection are routine technical rules as defined in Title 5,
23 chapter 375, subchapter 2-A.

24 **3. Stakeholders.** The department shall periodically consult with the Maine Hospice
25 Council established in section 8611, the Palliative Care and Quality of Life
26 Interdisciplinary Advisory Council established in Title 5, section 12004-I, subsection 47-I
27 and other stakeholders when developing educational documents and rules related to this
28 section.

29 **Sec. 2. 22 MRSA §3174-EEE** is enacted to read:

30 **§3174-EEE. Palliative care reimbursement**

31 **1. Reimbursement.** The department shall provide reimbursement under the
32 MaineCare program for palliative care. For the purposes of this section, "palliative care"
33 has the same meaning as in section 1726.

34 **2. Rules.** The department shall adopt rules to implement this section. The rules
35 must include reimbursement policies and quality control measures that ensure and

1 promote high-value palliative care under the MaineCare program. Rules adopted
2 pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375,
3 subchapter 2-A.

4 **Emergency clause.** In view of the emergency cited in the preamble, this
5 legislation takes effect when approved.

6 **SUMMARY**

7 This bill directs the Department of Health and Human Services to provide
8 reimbursement under the MaineCare program for palliative care. It also requires the
9 department to adopt rules that support and standardize the delivery of palliative care in
10 the State, including but not limited to strategies for the distribution of public educational
11 documents and the distribution by health care providers of information regarding the
12 availability of palliative care to patients. It also requires the department to consult with
13 the Maine Hospice Council, the Palliative Care and Quality of Life Interdisciplinary
14 Advisory Council and other stakeholders when developing educational documents and
15 rules related to palliative care.