

State-Level Interventions to Expand Access to Palliative Care

Faculty:

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Objectives

- Participants will be able to:
 - Describe the importance of state-level activity in expanding access to palliative care and the role of local collaborations;
 - Discuss examples of different approaches to integrating palliative care across all payers, including Medicare and Medicaid, such as pilot programs and demonstrations;
 - Identify opportunities to participate in state-level palliative care efforts.

Agenda

- Background on importance of state-level initiatives, overview of policy and non-policy levers.
- Examples of promising state-level initiatives.
- Discussion of lessons learned.
- Q&A

Stacie Sinclair, MPP, LBSW

INTRODUCTION

States Need Palliative Care

- Federal policymakers increasingly shifting risk and responsibility for health care to states
- States are primary insurers of long-term care (Medicaid), cover large percentage of care for serious ill children (Medicaid, CHIP)
- Palliative care improves patient and caregiver quality of life and reduces overall cost

Benefits of State-Level Initiatives

- Knowledge of key stakeholders
- Focused needs assessment
- Better understanding of the population, opportunities, gaps, resources
- Local solutions
- Greater flexibility to experiment, change direction if needed

Different Ways to Approach State-Level Change

→ Independent Activities

- Coalition building
- Education
- Awareness

→ Policy Activities

- Advocacy
- Legislation
- Regulation

Judy Thomas, JD

James Mittelberger, MD, MPH, FACP, FAAHPM

CALIFORNIA INITIATIVES



The Challenge: How to make access to high quality palliative care available, equitable and consistent

Strategy:

- Establish consistent standards for palliative care
- Help multiple payers build community models using these standards

SB 1004

→ SB 1004 (Statutes of 2014, Chapter 574)

Senate Bill No. 1004

CHAPTER 574

An act to add Section 14132.75 to the Welfare and Institutions Code, relating to health care.

[Approved by Governor September 25, 2014. Filed with Secretary of State September 25, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1004, Hernandez. Health care: palliative care.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits, including hospice benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. One of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed health care plans.

Existing law requires the department to develop, as a pilot project, a pediatric palliative care benefit to evaluate whether, and to what extent, such a benefit should be offered under the Medi-Cal program. Existing law requires that the pilot project be implemented only to the extent that federal financial participation is available, and requires the department to submit a waiver application for federal approval.

Existing law requires that beneficiaries eligible to receive the pediatric palliative care benefit be under 21 years of age, and allows the department to further limit the population served by the project to make the above evaluation. Existing law requires that the services available under the project include those types of services that are available through the Medi-Cal hospice benefit, and certain other services.

This bill would require the department to establish standards and provide technical assistance for Medi-Cal managed care plans to ensure delivery of palliative care services, which would include specified hospice services and any other services determined appropriate by the department. The bill would require that authorized providers include licensed hospice agencies and home health agencies licensed to provide hospice care that are contracted with Medi-Cal managed care plans to provide palliative care services. This bill would require the department, to the extent practicable, to ensure that the delivery of palliative care services under these provisions is provided in a manner that is cost neutral to the General Fund on an ongoing basis. This bill would authorize the department to implement these provisions through all plan letters or similar instructions.

SB 1004 – Background

- Inspired by Pediatric Concurrent Care Waiver
- Legislative staff personal experience
- Initial language modeled after pediatrics
- Final language leveraged Medi-Cal Managed Care

SB 1004 – Provisions

- Recognized growth of managed care
- Implement through existing contracts
- Called for technical assistance
- Assumed cost neutral
- Access to palliative care

SB 1004 – Implementation

- Not self-implementing
 - Requires instructions to the plans
- Methods for communicating with plans
 - All Plan Letter
 - Medical Directors meetings
- Options
 - Contract interpretation
 - Contract amendment

SB 1004 – Issues

- Plan provide services or contract for services
- How is community-based palliative care defined
- Capacity of healthcare delivery system
- Stakeholder role and process

SB 1004 – Technical Assistance

- Funded by the California Health Care Foundation
- Several educational meetings
 - For managed care plans, providers & Medi-Cal
- Technical assistance series
 - Webinars, live trainings, resources
 - Five topics:
 - Estimating volume and baseline costs
 - Estimating care delivery costs
 - Evaluate capacity
 - Expand strategically
 - Gauge and promote success

SB 1004 – Status

- January 1, 2018 implementation date
- \$50,000 per plan to support preparation

California Advanced Illness Collaborative (CAIC)

blue  of california



History of Collaboration

- California has long history of collaboration
 - Leadership
 - Stakeholder engagement
- Success story with POLST
 - Legislation, standardization, training
 - High-level policy combined with grassroots

CAIC Motive

→ Problem

- Community-based palliative is developing in a way that prevents scale
- Boutique programs that work for limited patient populations
- Providers having to customize program structure depending on insurance coverage

CAIC Motive

→ Goal

- Support consistent access to high quality palliative care

→ Strategy

- Establish High-level consensus standards for the essential elements of community-based palliative care
- Support community-wide implementation of palliative care with multiple payers

CAIC Workgroup

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California Association of Health Plans

Caroline Davis

Local Health Plans of California

Anastasia Dodson

California Department of Health Care Services

Torrie Fields, MPH

Blue Shield of California

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Collabria Care

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Center for Palliative Care and Supportive Care

OPTUM

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Coalition for Compassionate Care of California

Judy Thomas, JD

Coalition for Compassionate Care of California

Marcus Thygeson, MD, MPH

Blue Shield of California

Ashby Wolfe, MD

Centers for Medicare and Medicaid Services

Ann Zisser, RN

Anthem, Inc.

CAIC Consensus Standards

- Patient Eligibility
- Essential Services
- Palliative Care Providers
- Disenrollment Criteria
- Payment Models
- Measurement & Reporting

Next Step

- Pilot use of the CAIC Consensus Standards
 - Multiple payers and multiple providers
 - Two geographic communities

Thank You!

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COLORADO INITIATIVES



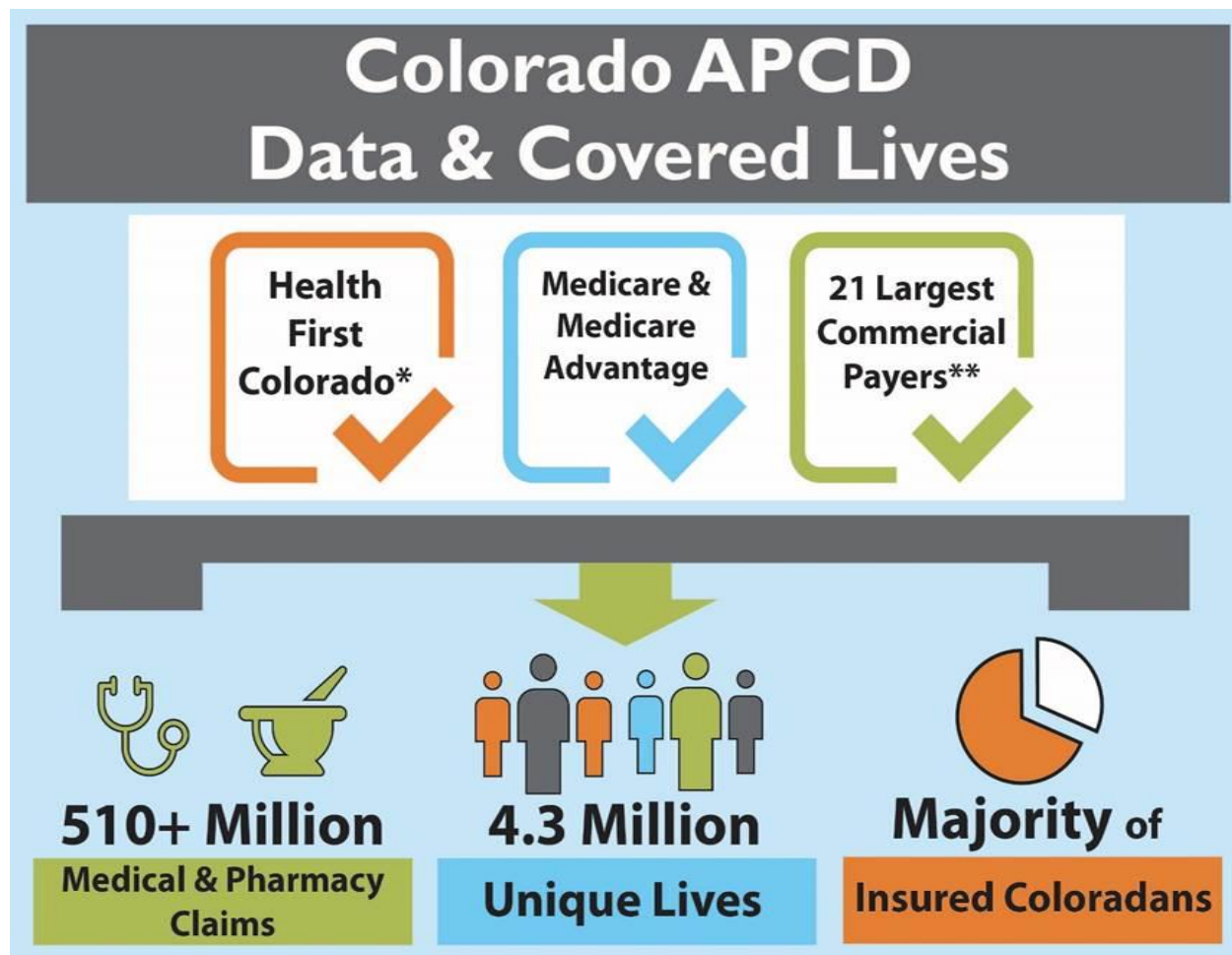
Higher Quality. Lower Cost. A Healthier Colorado.

Who We Are

→ Non-profit, objective organization



Represents Majority of Coloradans



History of CIVHC Palliative Care

- **2009:** Task Force established
 - Jean Kutner, MD, CUSOM/UCH – chair
 - Over 40 members representing palliative care and hospice providers, consumers and affiliated organizations
- **2010:** Task Force developed recommendations for advancing quality palliative care in Colorado
 - Many in progress or completed – highlights follow
- **2015:** Concluded Task Force, evaluating new goals and funding
- **2016:** Palliative Care Town Halls to evaluate community priorities and needs
- **2016-2017:** Established working groups for: Advance Care Planning, Reimbursement, Policy, and Provider Outreach and Education

Task Force Actions (2009-2015)

- **Increase #/% of patients receiving high-quality palliative care**
 - State of Palliative Care in Colorado 2013
- **Increase #/% of long-term care patients receiving palliative care**
 - *Palliative Care Best Practices: A Guide for Long-Term Care and Hospice; educational webinars hosted by CIVHC and Life Quality Inst.*
- **Create expedited process for hospice admissions**
 - Amended procedures to allow patients immediate access to hospice in nursing facilities without waiting for review and approval process to complete
- **Develop (with Center for Hospice and Palliative Care) regulatory definition/standards for licensure, public reporting**
 - Approved by State Board of Health; adopted Spring 2014
- **Create expedited process for hospice admissions**
 - Amended procedures to allow patients immediate access to hospice in nursing facilities without waiting for review and approval process to complete (PASSR)

State of Palliative Care in Colorado Findings

- Percentage of **hospitals** with palliative care programs has stayed the same (2008-2013)
 - 5 fold increase in palliative care consults
 - Hospitals with programs are using them more
- Percent of **hospices** offering palliative care has increased
 - 4 fold increase in palliative care consults
 - More programs are offering palliative care and existing programs have likely increased usage
- Variation in the number of consults may indicate large variations in what is being provided as palliative care

State Definition

Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain and stress of serious illness, whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of physicians, nurses, and other specialists who work with a patient's other health care providers to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness and can be provided together with curative treatment.



Code of Colorado Regulations
Secretary of State
State of Colorado

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 02 - GENERAL LICENSURE STANDARDS

6 CCR 1011-1 Chap 02

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Copies of these regulations may be obtained at cost by contacting:

Division Director
Colorado Department of Public Health and Environment
Health Facilities Division
4300 Cherry Creek Drive South
Denver, Colorado 80222-1530
Main switchboard: (303) 692-2800

These chapters of regulation incorporate by reference (as indicated within) material originally published elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material. Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health And Environment maintains copies of the incorporated texts in their entirety which shall be available for public inspection during regular business hours at:

Division Director
Colorado Department of Public Health and Environment
Health Facilities Division
4300 Cherry Creek Drive South
Denver, Colorado 80222-1530
Main switchboard: (303) 692-2800

Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material that has been incorporated by reference after July 1, 1994 may be examined in any state publications depository library. Copies of the incorporated materials have been sent to the state publications depository and distribution center, and are available for interlibrary loan.

PART 1 - GENERAL BUILDING AND FIRE SAFETY PROVISIONS

1.100 SUBMISSION OF CONSTRUCTION PLANS/DOCUMENTS

Effective July 1, 2013, all health facility buildings and structures shall be constructed in conformity with the standards adopted by the Director of the Division of Fire Prevention and Control at the Colorado Department of Public Safety.

Part 2 Licensure Process

2.1 Statutory Authority and Applicability

2.1.1 The statutory authority for the promulgation of these rules is set forth in sections 25-1.5-103 and 25-3-101, *et seq.*, C.R.S.

Code of Colorado Regulations

1

State Palliative Care Standards

Palliative care shall address the comprehensive needs of patients and families. A health care entity that provides palliative care shall document that its care meets the following criteria:

- 1. Assessing and managing the patient's pain and other distressing symptoms;**
- 2. Addressing goals of care and advance care planning;**
- 3. Attending to the psychological and spiritual needs of the patient and family;**
- 4. Offering a support system to help the family cope during the patient's illness;**
- 5. Assessing the need for bereavement support and offering resources as indicated.**

CIVHC Community Workgroups

Advance Care Planning:

- Researching ACP registry possibilities, starting ACP resource hub, pursuing funding for additional work.

Reimbursement:

- Working to gain buy in for a Palliative Care Interim Committee to look at reimbursement patterns and recommend state action.
- Developing a Payer and Provider Summit to discuss needs, limitations, and next steps for success

Provider Outreach and Education:

- Collecting current approaches in use for provider education around ACP and palliative care.

CIVHC Activities

- Total Cost of Care at End of Life:
 - Analysis looking at the health care costs and utilizations in the last year of life for all Colorado decedents from 2015.
 - Stratified by age, primary disease, payer, access to palliative services, etc.

- State of Palliative Care in Colorado 2017:
 - Seeking funding to replicate 2013 study to examine trends in palliative care access and delivery.
 - Expanding to engage with health systems and payers.

- Focus and drive workgroup actions

- Actively collaborate with national partners:
 - Use our data, analytics and engaged communities to work with national partners on conferences, presentations, and projects to drive the Triple Aim.

Thank You!

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SOUTH CAROLINA INITIATIVES

Healthy Connections 
PRIME

Healthy Connections Prime

South Carolina's Initiative

- Healthy Connections Prime Implemented: **February 2015**
- Demographic: **Medicare-Medicaid Enrollees 65 years and older**
- Model of care leverages **person-centered care coordination** for high-risk members
- Medicare-Medicaid Plans (**MMP**):



-  Healthy Connections Prime is available
-  Healthy Connections Prime is not yet available



Member Profile



- Female
- Black (or African American)
- 65-74
- 3-4 Chronic Conditions
- 15% with a behavioral health diagnosis

Compared to Medicare-only seniors, SC seniors with both Medicare and Medicaid are:

- **Twice as likely to have Alzheimer's or Dementia**
- **Three times as likely to have a health condition associated with a physical disability**

Sources: South Carolina Revenue and Fiscal Affairs Office, Health and Demographics. 2015 Medicare and 2016 Medicaid data linked to Healthy Connections Prime members as of December 2016.

Impact of Messaging

Palliative Care: New Benefit

- Previous language included terms like:
advanced illness; life-threatening injury and end-of-life
- CAPC provided input on **messaging** of benefit in 2018 member material to promote quality of life
 - Specialized medical care for **people with serious illnesses**
 - Goal is to improve **quality of life for both the patient and family**
 - Provides **extra layer of support** to patient's doctors
 - Appropriate at **any stage** of serious illness; can be provided together with **curative treatment**



Image by [Patient Quality of Life Coalition](https://www.patientqualityoflife.org/)

Palliative Care: SC Experience

- **Utilization experience continuing to grow**
- Among members appropriate for palliative care **1,237 or 49%** received palliative care in 2016
- **Emerging interest related to advance care planning (ACP)**
 - South Carolina Institute of Medicine and Public Health 2015 report includes state ACP education among its 30 long-term care recommendations
 - South Carolina Coalition for the Care of the Seriously Ill developing statewide strategy to support ACP
 - Model includes physician and consumer education, as well as creation of a statewide repository accessible across all settings by providers and consumers
- Opportunities for expanded **training and education for health plan staff** in both palliative care and ACP

Palliative Care Training

End of Life Nursing Education Consortium (ELNEC)

- State sponsored training targeted to health plan care coordinators
- Conducted by The Carolina's Center
- Improving Palliative Care for Patients and Families
 - Chronic disease prevalence
 - Symptom Management
 - Initiating difficult conversations
 - Ethical dilemmas
 - Cultural and spiritual considerations
 - Final stages

Respecting Choices® Training

Respecting Choices® First Steps® Training Opportunity for Health Plan Staff

- Respecting Choices® piloted by South Carolina Medical Association in select physician practices
- Includes creation of advanced directive that identifies health care agent and goals of care
- Helps health plan staff facilitate ACP dialogue throughout chronic care management
- Customized to include palliative care



Thank You!

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Structured Q&A/Lessons Learned

- Getting Started
- Maximizing Effectiveness
- Considerations for Developing a Payment/Business Model
- Single Biggest Challenge

Open Q&A

→ Please raise your hand and speak clearly into the microphone provided.

Additional Resources

Strategies for Leveraging Your Palliative Care Advisory Council

capc

An acute care hospital's Palliative Care Advisory Council, the **Center to Advance Palliative Care (CAPC)**, has led an opportunity to speak with several representatives and learn about their efforts. Based on these discussions, we have compiled examples of activities that can help states expand access to palliative care:

- Partner with key organizations** to combine and leverage available resources.
 - Example partner organizations include:
 - Academy on Geriatric Psychiatry, Cancer Action Network (CAN), and CAPC
 - State Palliative Care Organizations and Advocates (SPCOs)
 - Academy on Palliative Care (APC)
 - Community Care, Cancer Control Programs, and CAPC
 - Consider also working on other local and state-level palliative care initiatives, such as the National Hospital Care Program, to increase opportunities to pay for palliative care in your state.
- Complete a capacity assessment** to identify decision makers where palliative care programs are and how many individuals current programs can serve, and help identify any significant geographic gaps.
 - Several states, including Florida, California, and Colorado, have completed capacity assessments and made their findings available to other states to replicate. CAPC is also launching a new Mapping Community Palliative Care project to do this.
- Codify definitions and standards** to provide legislators, patients and families, and providers with a shared understanding of what palliative care means in your state.
 - Example definitions and standards from California and Colorado are provided as helpful reference points. It is not a goal to copy these, but rather to use them as a guide to develop your own definitions and standards. CAPC has a template for this and a list of resources to help you get started.
- Build a centralized location** for information and resources about palliative care in your state.
 - Consider building a web page or social media page for families, information on palliative care, and a list of resources. CAPC has a template for this and a list of resources to help you get started.

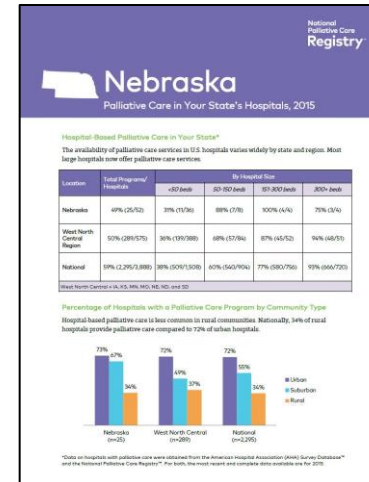
ADDITIONAL RESOURCES

For more details and ideas for potential activities, read our blog posts on [Health Affairs and Palliative Care Practice](#). The National Palliative Care Registry has also prepared state-level reports on the availability of hospital-based palliative care, which connect members via access by visiting [registry.bepalliativecare.org](#).

These are intended to serve as preliminary recommendations. If you have questions, suggestions, or want to learn more about what other states are doing, contact us at [info@capc.org](#).

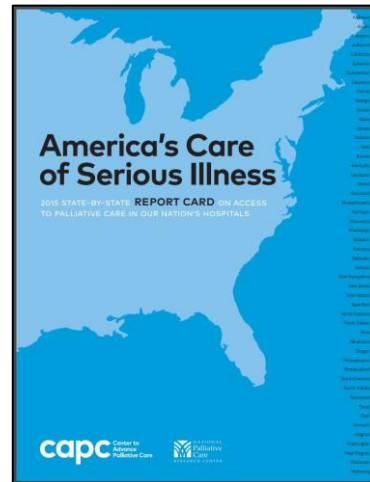
See page 3 for a list of references.

CAPC Advisory Council One-Pager



State-Level Palliative Care Reports

State-by-State Report Card



National Palliative Care Registry™

National Palliative Care Registry™

The National Palliative Care Registry™ is building a profile of palliative care teams, operations and service delivery.

896 Registry Care Programs | 1046 Care Settings | 1.48M Initial Patient Consultations

The Registry is FREE and open to all palliative care programs across the continuum of care.

Must not have released in 2014 which hospital palliative care? (Download this data here)

Participate in the Registry

Every program needs a plan for measuring and monitoring impact to improve quality, access, efficiency, and patient support. Using the National Palliative Care Registry™, palliative care programs can measure their progress and track their operational, regulatory and research.

Participating programs have access to a variety of reports including longitudinal data and comparison reports for peer service settings.

Sign in to the Registry

[SIGN IN](#)

Are you new to the Registry?
CAPC membership is not required for participation.

[CREATE AN ACCOUNT](#)

Learn more about the Registry.

Access Metrics & Resources

Best evaluation depends on how definitions and shared goals. Metrics & Resources is a space that centralizes data resources, content, and research on the operational features of palliative care programs.

Find key palliative care metrics and definitions and review Registry has recently published research in the field. Download Registry summary data reports, presentation and webinars.

Registry Publications includes peer-reviewed journal articles and our latest publications, *From the Ground*.

[View](#)

Research in the Field Summaries recent findings in palliative care by topic area.

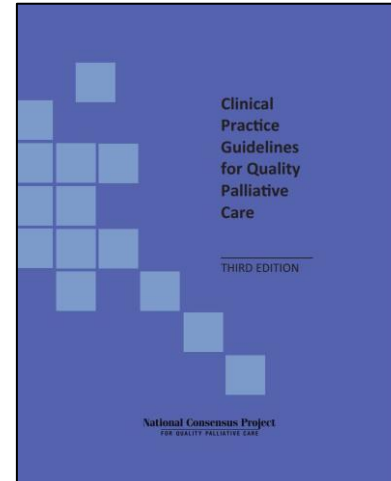
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Member of the Center to Advance Palliative Care and the National Palliative Care Research Center

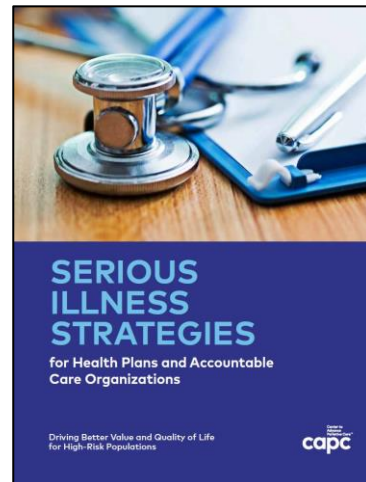
Additional Resources



Palliative Care Payment Primer

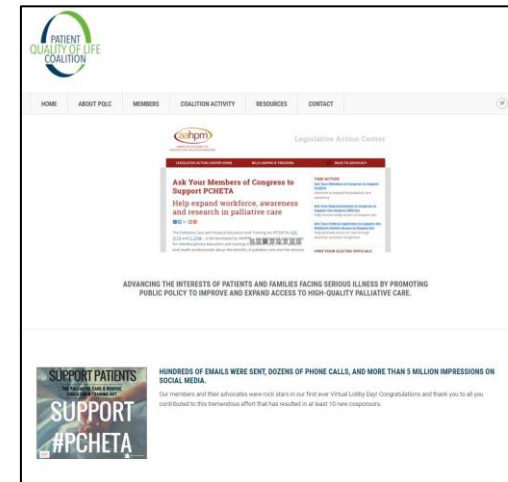


NCP Clinical Practice Guidelines for Palliative Care



Serious Illness Framework

Patient Quality of Life Coalition



Additional Resources

CAPC Website

The screenshot shows the CAPC website homepage. The header is blue with the CAPC logo and the tagline "Your hub for palliative care innovation, development and growth." Below the header is a navigation bar with links for "For Providers", "For Payers & Policymakers", "Topics", "Membership", "Jobs", and "About". A search bar is also present. The main content area features a section titled "Featured Resources" with three items: "Palliative Care Leadership Centers™", "Palliative Care in the Home: A Guide to Program Design", and "New: Palliative Care Impact Calculator". To the right, there is a prominent blue box for the "CAPC NATIONAL SEMINAR 2017" held on November 9-11 in Phoenix, AZ, with a "Learn More" button. At the bottom, there is a "BECOME A MEMBER" section and a note about customer support.

Center to Advance Palliative Care™
capc
Your hub for palliative care innovation, development and growth.

CAPC Central / My Profile / Logout

For Providers For Payers & Policymakers Topics Membership Jobs About

The Center to Advance Palliative Care (CAPC) provides the essential tools, training, technical assistance, and metrics to build and sustain palliative care in all health care settings.

Featured Resources

PCLC Palliative Care Leadership Centers™
In-person operational training and a full year of mentoring to sustain, grow, or start your palliative care program.

Palliative Care in the Home: A Guide to Program Design
The essential reference for those planning and starting home-based palliative care programs.

New: Palliative Care Impact Calculator
Interactive tool helps project inpatient palliative care consult service cost savings resulting from high-quality palliative care.

New Clinical Courses: Dementia and COPD
Take our new courses in the Relief of Suffering curriculum in CAPC Central.

CAPC NATIONAL SEMINAR 2017
NOVEMBER 9-11
Phoenix, AZ
Register and reserve your hotel
PRE-SEMINAR BOOT CAMP
WEDNESDAY, NOVEMBER 8
Developing Palliative Care in Community Settings: Home, Office/Clinic, and Long-Term Care
Learn More >

BECOME A MEMBER
Learn About the Benefits of Membership >

If you need assistance, please use the [customer support form](#).

Get Palliative Care Website

The screenshot shows the "Get Palliative Care" website. The header is white with the "GET PALLIATIVE CARE" logo and navigation links: "What Is It", "Is It Right for You", "How to Get It", and "Blog & Resources". Below the header is a large image of two smiling men, with a purple overlay stating "Right now an estimated 6,000,000 people in the US need palliative care." To the right of the image is a paragraph about the need for palliative care. Below the image is a "RESOURCES" section with links for "Links", "News", "Videos, Podcasts & Livechats", "For the Media", "For Clinicians", "For Policymakers", and "For Family Caregivers". To the right of the resources is a "RECENT BLOG POSTS" section with two posts: "Living well with serious illness: Kat's palliative care story" and "Palliative cancer care should focus on symptoms, not diagnoses". At the bottom, there is a "Resources" section with a link to "Access links to important websites, videos and specific resources for clinicians, caregivers, the media and policymakers."

GET PALLIATIVE CARE
What Is It Is It Right for You How to Get It Blog & Resources

Right now an estimated 6,000,000 people in the US need palliative care.

When you are facing a serious illness, you need relief from symptoms. You need to better understand your condition and choices for care. You need to improve your ability to tolerate medical treatments. And, you and your family need to be able to carry on with everyday life. This is what palliative care can do.

RESOURCES

Links
News
Videos, Podcasts & Livechats
For the Media
For Clinicians
For Policymakers
For Family Caregivers

RECENT BLOG POSTS

Living well with serious illness: Kat's palliative care story
Palliative cancer care should focus on symptoms, not diagnoses

What Is Palliative Care
Learn more about adult and pediatric palliative care, refer to the glossary and get answers to some frequently asked questions.

How to Get Palliative Care
Talk to your doctor, find a hospital and meet with your palliative care team. Just two simple steps to get palliative care.

Is Palliative Care Right for You
Take a quiz to determine if palliative care is right for you or a loved one.

Resources
Access links to important websites, videos and specific resources for clinicians, caregivers, the media and policymakers.

Additional Resources

State Advisory Council Tracking

State	Year Passed	Passed	In Progress	No Law	RSS	Status	Associated Website	Price Trend(s)	Notes
Alabama	2015	X			#8-95	State of Ala. § 42-36	http://legis.alabama.gov/FILES/TITLE%20OFFICIALS/PDF/ALAS_07C%20TMS		
Arkansas	2017	X			#SB-2067	A.C.A. § 20-9-703			
Connecticut	2013	X			#B-391	S.B. 391 Public Act 13-35	http://www.ct.gov/dept/human-senior/cfr/cfr117.htm#CT117		Draft Website
Georgia	2016	X			#HB-509	O.C.G.A. § 31-2-240 et seq.(2016)	https://doh.georgia.gov/palliative-care-and-quality-life-advisory-committee		
Illinois	2008	X				210 ILCS 90/15.			Litany defendant; public act went into effect in 2008 and most recent board meeting was in 2015
Indiana	2016	X			#HR-272	Article III, Code Ann., § 16-28-37-4 et seq.(2016)			Survived on June 30, 2016
Maine	2015	X			#LD-767/R-282	Public Laws Chapter 10(2)(1) M.R.S. § 1726	http://mainesenate.org/document.asp?doc_id=767&title_page/home/mainepalliativecareandqualityoflifethelawcommission/		Maine Palliative Care Survey
Maryland	2002	X				MIL HEALTH CARE CODE ANN. CODE TITLE -§§15-1501 TO 15-1504	http://www.marylandattorneygeneral.gov/Pages/HealthPolicy/K_Aken		
Massachusetts	2013	X			#HR-4520	AMM ch. 111A, § 20D and 20E	http://www.mass.gov/birthdays/reports/mass-palliative-care-commission/palliative-care/		
Missouri	2016	X			#R-635	S.B. 336 R.S.M. § A Mo.	https://doctors.mo.gov/congress/floor.asp?id=7618	#B-2014	Note was overridden; council had a sunset provision (automatically expires August 25, 2022)
Montana	2017	X			#HR-245	50...MCA			
Nevada	2014	X			#LB-133	Nevadans Revised Statute 71-4503			(B-204)
New Hampshire	2014	X			#H-259	Chapter 239-F			
New York	2007	X				NY CLS Pub Health §3307-(c)			NY has passed model legislation, but has state program that aligns with main tenets of model legislation.
Oklahoma	2015	X			#HB-1085	H.S. CH. 10, § 1-1509(a).	http://open.ok.gov/books/professional_health/Medical_Palliative_Care/Home_Services_Division/The_Home_Care_Assessment_and_Palliative_Care_Initiative_Supportive_Medications_Section/SocialHistory		
Oregon	2013	X			#RB-606	ORS § 413.270	http://open.oregon.gov/open/OregonPalliativeCareAdvisoryCommittee.aspx		

State HPC Orgs/Associations



National Hospice and Palliative Care
Organization

Email... Password... GO
Create new account Forget Password
Search NHPCO... GO

ABOUT US | MEMBERSHIP | REGULATORY | ADVOCACY | QUALITY | RESOURCES | EDUCATION | PALLIATIVE CARE


Text Size [-] [+]



Interested in starting a pet care program for your patients?

Net Peace of Mind offers a turnkey program for nonprofit hospices that covers all aspects of pet care for your patients.



RELATED CONTENT

- ADRs and Appeals
- MedPAC Recommendations Alert
- NHIC Audits
- NHPCO Edge Regulatory & Compliance Workshops
- NHPCO Podcast

POPULAR PAGES

- Hospice Care
- Hospice FAQs
- Education
- Regulatory
- History of Hospice Care

State Hospice/Palliative Care Organizations/Associations

Alabama

- [Alabama Hospice & Palliative Care Organization](#)

Arizona

- [Arizona Hospice & Palliative Care Organization](#)

Arkansas

- [Hospice & Palliative Care Association of Arkansas](#)

California

- [California Hospice and Palliative Care Association](#)

Colorado

- [Colorado Co-Op for Hospice and Palliative Care](#)

Connecticut

- [Connecticut Association for Healthcare at Home](#)

Florida

- [Florida Hospice & Palliative Care Association](#)

Georgia

- [Georgia Hospice & Palliative Care Organization](#)

Hawaii

- [Kokua Mau Hawaii Hospice and Palliative Care Organizations](#)

Idaho

- [Idaho Quality of Life Coalition](#)

Illinois

- [Illinois Hospice & Palliative Care Organization](#)
- [Illinois Homecare & Hospice Council](#)

Indiana

- [Indiana Hospice & Palliative Care Organization](#)
- [Indiana Association for Home & Hospice Care](#)

Mapping Community Palliative Care

<https://mapping.capc.org/>

[Home](#) [Contact](#)

Welcome to the Mapping Community Palliative Care project!



Are you a community-based palliative care program? Put yourself on the map!

Mapping Community Palliative Care is building a comprehensive inventory of community palliative care programs across health care settings. The information collected will be used to track the growth of palliative care over time and develop estimates of palliative care access in communities across the country.

The project will support the expansion of community palliative care by identifying models of service delivery and providing summary and comparative data for the field. And it will make it easier for patients, families, caregivers, and practitioners to find palliative care services in their community.

Mapping Community Palliative Care is a project of the Center to Advance Palliative Care, in collaboration with the National Coalition for Hospice and Palliative Care. Funding is provided by the Gordon and Betty Moore Foundation.

By participating in this project, you have chosen to "make your mark" on our growing map of community-based palliative care programs! Please complete this short survey and help build the list of palliative care providers. It should take 5-10 minutes.

[START SURVEY](#)



POINT OF CRISIS

HOSPITAL
PALLIATIVE CARE

FILLING THE GAP



**COMMUNITY-BASED
PALLIATIVE CARE**

OFFICE / CLINIC
HOME
LONG-TERM CARE



END OF LIFE

HOSPICE



Center to
Advance
Palliative Care

Thank You!