- 1 HB291
- 2 156133-1
- 3 By Representatives McClendon, Beech, Treadaway, Patterson,
- 4 Lee, Forte, McClurkin, Weaver, Johnson (R) and Millican
- 5 RFD: Health
- 6 First Read: 16-JAN-14

1	156133-1:n:01/06/2014:FC/th LRS2013-4479	
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8	SYNOPSIS: This bill would establish within the Sta	ite
9	Health Department a State Advisory Council on	
10	Palliative Care and Quality of Life. The counci	1
11	would be appointed by the State Health Officer	to
12	be composed of interdisciplinary health care	
13	professionals and other persons having experien	.ce
14	with palliative care. The council would consult	
15	with the department on the delivery of palliati	ve
16	care in this state. In addition, the bill would	L
17	provide for the department to establish a	
18	palliative care education program.	
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20	A BILL	
21	TO BE ENTITLED	
22	AN ACT	
23		
24	Relating to the State Health Department and	
25	palliative care; to establish a State Advisory Council on	
26	Palliative Care and Quality of Life; to provide for the	
27	appointment of the members and the duties of the council.	2 n (

to provide for the establishment of a statewide palliative care education program within the department.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. The purpose of this act is to improve quality and delivery of patient centered and family focused palliative care in this state by establishing a State Advisory Council on Palliative Care and Quality of Life within the State Health Department and to provide for the establishment within the department of a palliative care consumer and professional information and education program.

Section 2. (a) Not later than 90 days after the effective date of this act, the State Health Department shall establish a State Palliative Care and Quality of Life Advisory Council within the department.

(b) The council membership shall be appointed by the State Health Officer and shall include interdisciplinary palliative care medical, nursing, social work, pharmacy, and spiritual professional expertise; patient and family caregiver advocate representation; and any other relevant appointees the State Health Officer determines appropriate. Membership shall specifically include health professionals having palliative care work experience or expertise in palliative care delivery models in a variety of inpatient, outpatient, and community settings such as acute care, long-term care, and hospice and with a variety of populations, including pediatric, youth, and adults. At least one council member shall be a board-certified hospice and palliative medicine physician and one member a

- licensed registered nurse. Council members shall be appointed
 for a term of three years, but may be replaced at the
 discretion of the State Health Officer. The members shall
 elect a chair and vice chair whose duties shall be established
 by the council. The council shall fix a time and place for
 regular meetings and shall meet not less than twice yearly.
 - (c) Council members shall receive no compensation for their services.

(d) The Palliative Care and Quality of Life Advisory Council shall consult with and advise the State Health Officer and the department on matters related to the establishment, maintenance, operation, and outcome evaluation of palliative care initiatives in this state.

Section 3. There is created a statewide Palliative
Care Information and Education Program in the State Health
Department. The purpose of the palliative care information and
education program is to maximize the effectiveness of
palliative care initiatives in the state by ensuring that
comprehensive and accurate information and education about
palliative care is available to the public, health care
providers, and health care facilities. The department shall
publish on its website information and resources, including
links to external resources, about palliative care for the
public, health care providers, and health care facilities.
This information shall include, but not be limited to,
continuing educational opportunities for health care
providers; information about palliative care delivery in the

home and in other primary, secondary, and tertiary
environments; best practices for palliative care delivery; and
consumer educational materials and referral information for
palliative care, including hospice. The department may develop
and implement any other initiatives regarding palliative care
services and education that the department determines would
further the purposes of this section.

(b) The department shall consult with the Palliative Care and Quality of Life Advisory Council in implementing this section.

Section 4. This act shall become effective immediately following its passage and approval by the Governor, or its otherwise becoming law.

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