COMMITTEE REPORT

April 19, 2018

**H. 4935**

Introduced by Reps. Felder, Douglas, Ridgeway and Bryant

S. Printed 4/19/18--S.

Read the first time April 9, 2018.

**THE COMMITTEE ON MEDICAL AFFAIRS**

To whom was referred a Joint Resolution (H. 4935) to create the “South Carolina Palliative Care and Quality of Life Study Committee”; to provide for the purpose, membership, and duties of the study committee, etc., respectfully

**REPORT:**

That they have duly and carefully considered the same and recommend that the same do pass:

HARVEY S. PEELER, JR. for Committee.

**STATEMENT OF ESTIMATED FISCAL IMPACT**

**Explanation of Fiscal Impact**

**Updated for Additional Agency Response Introduced on February 14, 2018**

**State Expenditure**

This bill creates the South Carolina Palliative Care and Quality of Life Study Committee. The study committee shall consult with and advise the Division on Aging on matters related to the establishment, maintenance, operation, and outcomes evaluation of palliative care initiatives in the State, including needed policies or responses and ways to provide clear and coordinated services to support and enhance the delivery of palliative care. The Division on Aging shall publish on its website information and resources recommended by the study committee for the public, health care providers, and health care facilities. By December 31, 2019, the committee shall submit a report on the state of palliative care in South Carolina with findings and recommendations to the Governor and the General Assembly, after which the study committee will be dissolved.

The committee is comprised of the following members: one member of the Medical, Military, Public and Municipal Affairs Committee of the House of Representatives, one member of the Medical Affairs Committee of the Senate, two members appointed by the Speaker of the House of Representatives, two members appointed by the President Pro Tempore of the Senate, three members appointed by the Governor, one representative of the Department of Health and Human Services with pertinent experience, and one representative of the Division on Aging of the Office of the Lieutenant Governor. Members of the study committee may not receive compensation but are entitled to mileage, subsistence, and per diem as allowed by law for members of state boards, commissions, and committees.

**House of Representatives and Senate**. This bill requires three members from the House and three members from the Senate to serve on the committee. Each member will receive per diem of $35, subsistence of $202.03, and mileage of $0.54 per mile for each meeting on non-session days. These expenses will be managed within the budgets of the appointees’ respective legislative bodies. Therefore, this bill would have no expenditure impact on the general fund, other funds, or federal funds for the House of Representatives or the Senate.

**Department of Health and Human Services (HHS).** This bill requires one representative of HHS to serve on the committee. HHS indicates that expenses for mileage, subsistence, and per diem will be managed within existing appropriations. Therefore, this bill would have no expenditure impact on the general fund, other funds, or federal funds for HHS.

**Office of the Lieutenant Governor.** This bill requires one representative of the Division on Aging of the Office of the Lieutenant Governor to serve on the committee. The office indicates that expenses for mileage, subsistence, and per diem will be managed within existing appropriations. In addition, the bill requires the office to provide staff and administrative support to the committee. The office indicates that staffing and administrative functions will be managed within existing appropriations. Therefore, this bill would have no expenditure impact on the general fund, other funds, or federal funds for the Office of the Lieutenant Governor. This fiscal impact statement has been updated based on additional information from the Office of the Lieutenant Governor.

**Introduced on February 14, 2018**

**State Expenditure**

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**Office of the Lieutenant Governor.** This bill requires one representative of the Division on Aging of the Office of the Lieutenant Governor to serve on the committee. The office indicates that expenses for mileage, subsistence, and per diem will be managed within existing appropriations. Therefore, this bill would have no expenditure impact on the general fund, other funds, or federal funds for the Office of the Lieutenant Governor.

Frank A. Rainwater, Executive Director

Revenue and Fiscal Affairs Office

**A** **JOINT RESOLUTION**

TO CREATE THE “SOUTH CAROLINA PALLIATIVE CARE AND QUALITY OF LIFE STUDY COMMITTEE”; TO PROVIDE FOR THE PURPOSE, MEMBERSHIP, AND DUTIES OF THE STUDY COMMITTEE; AND FOR OTHER PURPOSES.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. (A)(1) There is created the South Carolina Palliative Care and Quality of Life Study Committee. The study committee is comprised of the following members:

(a) one member of the Medical, Military, Public and Municipal Affairs Committee of the House of Representatives, appointed by the chairman;

(b) one member of the Medical Affairs Committee of the Senate, appointed by the chairman;

(c) two members, appointed by the Speaker of the House of Representatives;

(d) two members, appointed by the President Pro Tempore of the Senate;

(e) three members, appointed by the Governor;

(f) one representative of the Department of Health and Human Services with experience pertinent to palliative care to act as the research and technical coordinator for issues relating to palliative care; and

(g) one representative of the Division on Aging of the Office of the Lieutenant Governor.

(2) The appointing authorities are encouraged to coordinate appointments to ensure the study committee includes interdisciplinary representation of medical, nursing, social work, pharmacy, and spiritual professionals with palliative care expertise and patient and family caregiver advocate representation. Membership must include health professionals who have 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, or hospice, and with a variety of populations, including pediatric and adult patients. A minimum of two members must be board‑certified hospice and palliative care physicians, one with certification and experience in pediatric palliative care and one with certification and experience in adult palliative care.

(3) The members shall elect a chairperson and vice chairperson from among their membership. The Division on Aging shall provide staff support for the study committee to perform their duties.

(4) Members of the study committee may not receive compensation but are entitled to mileage, subsistence, and per diem as allowed by law for members of state boards, commissions, and committees.

(B) The study committee shall consult with and advise the Division on Aging on matters related to the establishment, maintenance, operation, and outcomes evaluation of palliative care initiatives in this State, including needed state policies or responses and ways to provide clear and coordinated services to support and enhance the delivery of palliative care.

(C) The Division on Aging shall publish on its website information and resources recommended by the study committee on palliative care for the public, health care providers and health care facilities including, but not limited to, continuing educational opportunities for health care providers; information about palliative care delivery in the home, primary, secondary and tertiary environments; best practices for palliative care delivery; and consumer educational materials and referral information for palliative care, including hospice.

(D) By December 31, 2019, the study committee shall submit to the Governor and the General Assembly a report on the state of palliative care in South Carolina with findings and recommendations, after which the study committee must be dissolved.

(E) For purposes of this Joint Resolution:

(1) ‘Health care facility’ means a hospital or a specialty care facility including, but not limited to, a pediatric facility, skilled nursing facility, intermediate care facility, assisted living community, personal care home, ambulatory surgical or obstetrical facility, health maintenance organization, home health agency, and diagnostic, treatment, or rehabilitation center.

(2) ‘Palliative care’ means an approach which improves the quality of life of patients and their families facing the issues associated with chronic life‑threatening illness, through the prevention and relief of suffering by means of early identification and assessment, reduced hospital readmissions and treatment of pain and other conditions associated with chronic illness, including physical, psychosocial, and spiritual. Palliative care includes, but is not limited to:

(a) discussions involving a patient’s goals for treatment;

(b) discussions involving treatment options which are appropriate to the patient, including where appropriate, hospice care and how palliative care can be utilized with other curative treatments and in addition to hospice care; and

(c) comprehensive pain and symptom management.

SECTION 2. This joint resolution takes effect upon approval by the Governor.

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