

# State-Level Interventions to Expand Access to Palliative Care

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November 11, 2017

# 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

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# 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*

**Linda Gibson**

*Collabria Care*

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*Kerr Consulting*

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*LightBridge Hospice and Palliative Care*

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*Center for Palliative Care and Supportive Care*

*OPTUM*

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*Blue Shield of California*

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*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



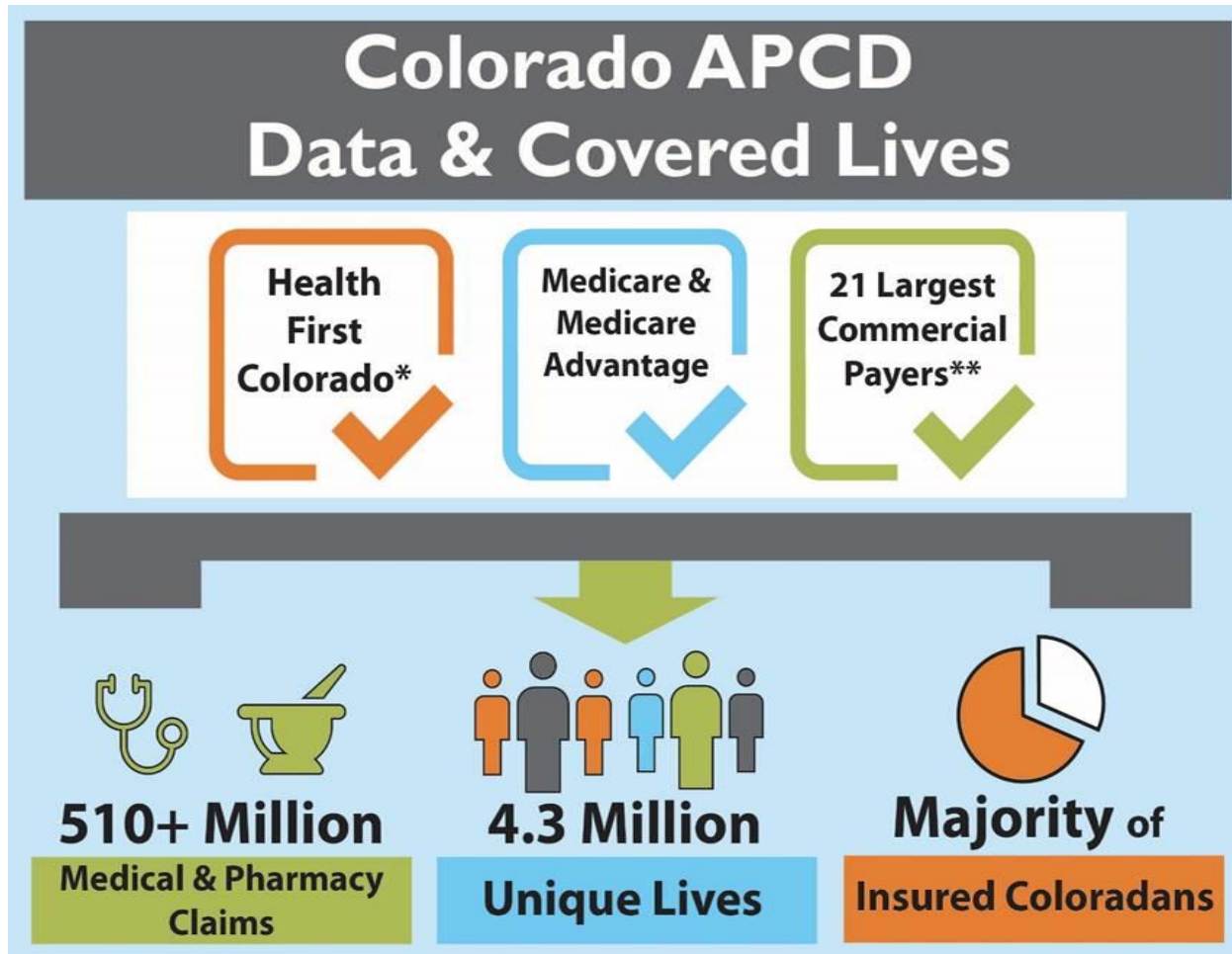
Higher Quality. Lower Cost. A Healthier Colorado.

# 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.]*

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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](#)

# 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!

**Teeshla Curtis**

Program Manager

South Carolina Department of Health and Human Services

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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

As some states establish Palliative Care Advisory Councils, the **Center to Advance Palliative Care (CAPC)** has had 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.

Examples of other organizations include:

- **Academy on Geriatric Psychiatry, Cancer Action Network (CAN),**
- **State Palliative Care Organizations and Networks (SPCCO),**
- **Statewide Palliative Care Advocates (STATEPAC),**
- **Community Care, Central Programs, and Statewide Support**

Consider also working on to offer local non-palliative care medical associations, as well as **Hospital Supportive Care Organizations**, to discuss opportunities to join the 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 that enable their stakeholders involved in other states to replicate CAPC's **Statewide Supportive Care Central Programs** to help states.

**Codify definitions and standards**  
to provide legislators, patients and families, and providers with a shared understanding of what palliative care means in your state.

Examples of definitions and standards include:

- **California's Palliative Care Act**
- **Florida's Palliative Care Act**
- **Illinois' Palliative Care Act**
- **Michigan's Palliative Care Act**
- **Minnesota's Palliative Care Act**
- **North Carolina's Palliative Care Act**
- **Ohio's Palliative Care Act**
- **South Carolina's Palliative Care Act**
- **Tennessee's Palliative Care Act**
- **Virginia's Palliative Care Act**
- **Washington's Palliative Care Act**
- **Wisconsin's Palliative Care Act**
- **Wyoming's Palliative Care Act**

**Build a centralized location**  
for information and resources about palliative care in your state.

Consider building a web page or mobile resource that provides information on palliative care, links to resources, and information on how to get involved in your state's palliative care efforts. CAPC has also developed a **Statewide Supportive Care Central Programs** to help states expand access to palliative care in your state.

**ADDITIONAL RESOURCES**  
For more details and ideas for potential activities, read our blog posts on [Health Affairs](#) and [Palliative in 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.hospitalsupportivecare.org](#).

Those who wish to receive preliminary recommendations, if you have questions, suggestions, or want to learn more about what other states are doing, contact us at [info@capc.org](mailto:info@capc.org).

See page 3 for a list of states.

## CAPC Advisory Council One-Pager

**Nebraska**  
Palliative Care in Your State's Hospitals, 2015

National Palliative Care Registry

**Hospital-Based Palliative Care in Your State\***  
The availability of palliative care services in US hospitals varies widely by state and region. Most large hospitals now offer palliative care services.

Location	Total Programs/ Hospitals		By Hospital Size	
	<100 beds	≥100 beds	≥10,000 beds	200-99,999 beds
Nebraska	48% (26/52)	33% (17/56)	88% (17)	30% (4/14)
West North Central Region	50% (289/575)	36% (193/588)	68% (151/219)	54% (145/271)
National	58% (1,295/2,288)	38% (1,001/2,638)	67% (540/794)	77% (1,000/1,295)

\*West North Central includes IL, IN, MI, MN, MO, ND, SD, and WI.

**Percentage of Hospitals with a Palliative Care Program by Community Type**  
Hospital-based palliative care is less common in rural communities. Nationally, 34% of rural hospitals provide palliative care compared to 72% of urban hospitals.

\*Data on hospital-based palliative care were obtained from the American Hospital Association's **2015 Survey of Hospital-Based Palliative Care** and the **National Palliative Care Registry**™. For both, the most recent and complete available statistics are for 2015.

## State-Level Palliative Care Reports

## State-by-State Report Card

**America's Care of Serious Illness**

2015 STATE-BY-STATE REPORT CARD ON ACCESS TO PALLIATIVE CARE IN OUR NATION'S HOSPITALS

capc Center to Advance Palliative Care

AMERICAN HOSPITAL ASSOCIATION

## 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 Palliative Care Programs | 1046 Care Settings | 1.48M Total Patient Consultations

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

Based on data released in 2014 which tracked palliative care?

Participate in the Registry

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

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

Access Metrics & Resources

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

Find key palliative care metrics and definitions and review **Building Your Registry** recently published research on the field. Download Registry necessary data reports, presentation and webinars.

Sign In to the Registry

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

CREATE AN ACCOUNT

Registry Publications include peer-reviewed journal articles and our latest publications, *Your State 2014*.

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

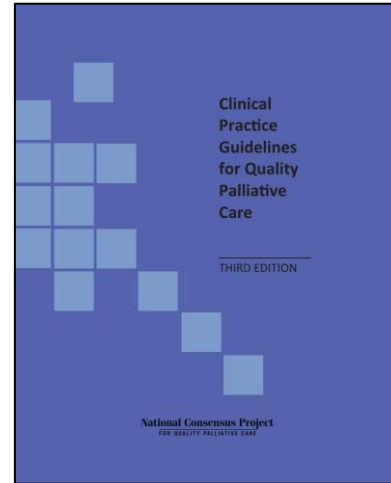
A project of the Center to Advance Palliative Care and the National Palliative Care Research Center.

capc

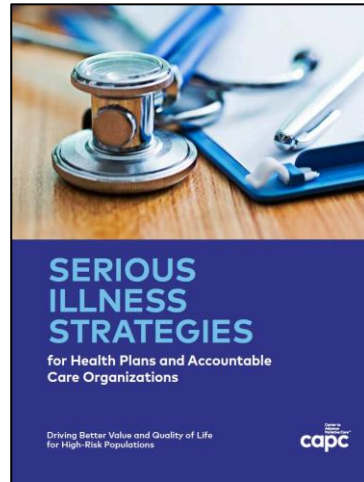
# Additional Resources



## [Palliative Care Payment Primer](#)

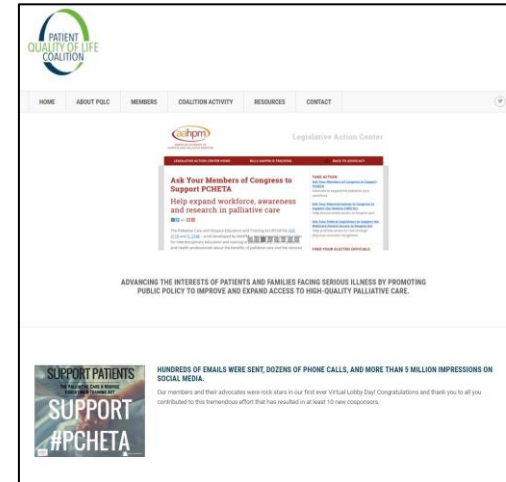


## [NCP Clinical Practice Guidelines for Palliative Care](#)



## [Serious Illness Framework](#)

## [Patient Quality of Life Coalition](#)



# Additional Resources

## CAPC Website

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

## Get Palliative Care Website

The screenshot shows the "Get Palliative Care" website. The header includes the site name and navigation links: "What is It", "Is It Right for You", "How to Get It", and "Blog & Resources". A large image of two smiling men is featured, with a purple callout box stating: "Right now an estimated 6,000,000 people in the US need palliative care." Below the image is a "RESOURCES" section with a list of links: "Links", "News", "Videos, Podcasts & Livechats", "For the Media", "For Clinicians", "For Policymakers", and "For Family Caregivers". A "RECENT BLOG POSTS" section lists "Living well with serious illness: Kat's palliative care story" and "Palliative cancer care should focus on symptoms, not diagnoses". The main content area contains an introductory paragraph and three numbered sections: "What Is Palliative Care", "How to Get Palliative Care", and "Is Palliative Care Right for You". A "Resources" section at the bottom provides access 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-Place	No Law	Bill	Status	Associated Website	Prior Years	Notes
Alabama	2015	X			SB 35	Code of Ala. § 22-25	<a href="http://legis.gov/76/AL/HC/HPC/CA/1/1/index.asp?PC=748">http://legis.gov/76/AL/HC/HPC/CA/1/1/index.asp?PC=748</a>		
Arkansas	2017	X			SB 2067	A.C.A. § 20-9-701			
Connecticut	2015	X			SB 991	SB 991/Chapter Act 13-55	<a href="http://www.ct.gov/son/son/news.asp?c=1117&amp;e=53376">http://www.ct.gov/son/son/news.asp?c=1117&amp;e=53376</a>		State Website
Georgia	2016	X			HB 508	H.C.G.A. § 32-2-205 et seq. (2016)	<a href="https://hhs.georgia.gov/palliative-care-and-quality-of-life-advisory-council">https://hhs.georgia.gov/palliative-care-and-quality-of-life-advisory-council</a>		
Illinois	2008	X			210 ILCS 90/2-1				likely defunct; public act went into effect in 2008 and most recent board meeting was in 2015.
Indiana	2016	X			SB 222	Public Act Code Ann. § 28-28-27 et seq. (2016)			Starts on June 30, 2016.
Maine	2015	X			LD 782/CF 200	Public Law Chapter 200(2) M.S. § 3726	<a href="http://mainehospicecouncil.org/files/new/india.php/home/learn-palliative-care-and-quality-of-life-advisory-council/">http://mainehospicecouncil.org/files/new/india.php/home/learn-palliative-care-and-quality-of-life-advisory-council/</a>		Maine Palliative Care Society
Maryland	2002	X			HB 1661/FC GENERAL Code Ann. §§11-1001-11-1005		<a href="http://www.marylandhospicegeneral.org/Pages/History.aspx">http://www.marylandhospicegeneral.org/Pages/History.aspx</a>		
Massachusetts	2015	X			HB 4520	804C ch. 111, § 232 and 234	<a href="http://www.mass.gov/hhs/hhs/department/son/son/news/committees/palliative-care/">http://www.mass.gov/hhs/hhs/department/son/son/news/committees/palliative-care/</a>		
Missouri	2016	X			SB 635	1191-1080 R.S. Mo.	<a href="https://boards.mo.gov/committees/boards.aspx?id=16">https://boards.mo.gov/committees/boards.aspx?id=16</a>	SB 204	Note was overridden; council has a sunset provision (automatically expire August 28, 2022)
Montana	2017	X			SB 285	50-... MCA			
Nebraska	2017	X			LB 312	Nebraska Revised Statute 71-450		LB 1043	
New Hampshire	2014	X			SB 259	Chapter 336-Y			
New York	2007	X			NY 634/ Pub Health §387c				NY has not passed model legislation, but has state program that aligns with main tenets of model legislation.
Oklahoma	2015	X			HB 1085	81 Okla. St. § 2-207a.1	<a href="https://www.ok.gov/health/Protective_Health/Medical_Practices/Services/Health_Advisory_Council/2015_State_Advisory_Council/Action.html">https://www.ok.gov/health/Protective_Health/Medical_Practices/Services/Health_Advisory_Council/2015_State_Advisory_Council/Action.html</a>		
Oregon	2015	X			SB 600	ORS § 611.270	<a href="https://www.oregon.gov/oha/ODHS/Pages/Palliative-Care-Advisory-Council.aspx">https://www.oregon.gov/oha/ODHS/Pages/Palliative-Care-Advisory-Council.aspx</a>		


## State HPC Orgs/Associations



Create new account. Forgot Password?

ABOUT US
MEMBERSHIP
REGULATORY
ADVOCACY
QUALITY
RESOURCES
EDUCATION
PALLIATIVE CARE

Text Size



**Interested in starting a pet care program for your patients?**

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

### State Hospice/Palliative Care Organizations/Associations

- Alabama
  - Alabama Hospice & Palliative Care Organization<sup>®</sup>
- Arizona
  - Arizona Hospice & Palliative Care Organization<sup>®</sup>
- Arkansas
  - Hospice & Palliative Care Association of Arkansas<sup>®</sup>
- California
  - California Hospice and Palliative Care Association<sup>®</sup>
- Colorado
  - Colorado Co-Op for Hospice and Palliative Care<sup>®</sup>
- Connecticut
  - Connecticut Association for Healthcare at Home<sup>®</sup>
- Florida
  - Florida Hospice & Palliative Care Association<sup>®</sup>
- Georgia
  - Georgia Hospice & Palliative Care Organization<sup>®</sup>
- Hawaii
  - Kokua Mau Hawaii Hospice and Palliative Care Organization<sup>®</sup>
- Idaho
  - Idaho Quality of Life Coalition<sup>®</sup>
- Illinois
  - Illinois Hospice & Palliative Care Organization<sup>®</sup>
  - Illinois Homecare & Hospice Council<sup>®</sup>
- Indiana
  - Indiana Hospice & Palliative Care Organization<sup>®</sup>
  - Indiana Association for Home & Hospice Care<sup>®</sup>

#### RELATED CONTENT

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

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

# Mapping Community Palliative Care

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

Home Contact

Welcome to the Mapping Community Palliative Care project!

**Mapping**  
COMMUNITY  
PALLIATIVE CARE

**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**

**FILLING THE GAP**

**POINT OF CRISIS**  
HOSPITAL  
PALLIATIVE CARE

**COMMUNITY-BASED PALLIATIVE CARE**  
OFFICE / CLINIC  
HOME  
LONG-TERM CARE

**END OF LIFE**  
HOSPICE

**apc** Center to Advance Palliative Care

# Thank You!