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1	A bill to be entitled
2	An act relating to palliative care; creating s.
3	765.1104, F.S.; providing definitions; creating the
4	Palliative Care and Quality of Life Interdisciplinary
5	Advisory Council within the Department of Health;
6	providing for membership, powers and duties, and
7	expenses of the council; requiring council meetings;
8	creating the Palliative Care Consumer and Professional
9	Information and Education Program within the
10	Department of Health; providing the purpose of the
11	program; requiring the program to publish specified
12	information; authorizing other initiatives; requiring
13	consultation with the council; requiring specified
14	practitioners to provide seriously ill patients, upon
15	request, with information about palliative care;
16	requiring specified facilities to comply with
17	palliative care measures ordered by health care
18	practitioners; providing an effective date.
19	
20	Be It Enacted by the Legislature of the State of Florida:
21	
22	Section 1. Section 765.1104, Florida Statutes, is created
23	to read:
24	765.1104 Palliative Care and Quality of Life
25	Interdisciplinary Advisory Council; Palliative Care Consumer and
26	Professional Information and Education Program; patient
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27	information; access to care
28	(1) DEFINITIONSAs used in this section, the term:
29	(a) "Appropriate" means consistent with applicable legal,
30	health, and professional standards; the patient's clinical
31	history and other circumstances; and the patient's reasonably
32	known wishes and beliefs.
33	(b) "Department" means the Department of Health.
34	(c) "Medical care" means services provided, requested, or
35	supervised by a physician or advanced registered nurse
36	practitioner.
37	(d) "Palliative care" means patient-centered and family-
38	centered medical care that optimizes quality of life by
39	anticipating, preventing, and treating the suffering caused by
40	serious illness. Palliative care throughout the continuum of
41	illness involves addressing physical, emotional, social, and
42	spiritual needs, and facilitating patient autonomy, access to
43	information, and choice. The term includes, but is not limited
44	to, discussion of the patient's goals for treatment; treatment
45	options appropriate to the patient, including, but not limited
46	to, hospice care; and comprehensive pain and symptom management.
47	(e) "Serious illness" means any medical illness or
48	physical injury or condition that substantially impacts a
49	person's quality of life for more than a short period of time.
50	The term includes, but is not limited to, cancer; heart, renal,
51	or liver failure; lung disease; and Alzheimer's disease and
52	related dementias.
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53	(2) PALLIATIVE CARE AND QUALITY OF LIFE INTERDISCIPLINARY
54	ADVISORY COUNCIL.
55	(a) There is established within the department the
56	Palliative Care and Quality of Life Interdisciplinary Advisory
57	Council. The council shall consist of nine members appointed by
58	the State Surgeon General and shall include professionals who
59	have expertise in various aspects of palliative care, including,
60	but not limited to, interdisciplinary palliative care
61	professionals with medical, nursing, social work, pharmacy, and
62	spiritual expertise; patient and family caregivers or their
63	advocates; and such other members as the State Surgeon General
64	deems appropriate. The State Surgeon General shall ensure that
65	representation on the council reflects a broad perspective of
66	palliative care, and includes persons with experience in
67	palliative care in a variety of inpatient, outpatient, and
68	community settings, such as acute care, long-term care, and
69	hospice care, and with a variety of populations, including
70	pediatric, youth, and adult. One council member shall be a
71	designee of the American Cancer Society. At least two council
72	members shall be board-certified hospice and palliative medicine
73	physicians or nurses. Members shall serve for terms of 3 years
74	each. However, a vacancy on the council shall be filled by
75	appointment for the remainder of the term.
76	(b) The primary purpose of the council is to consult with
77	and advise the department on matters related to the
78	establishment, maintenance, operation, and outcomes evaluation
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79	of palliative care initiatives in the state.
80	(c) The council shall adopt internal organizational
81	procedures, as necessary for its efficient organization, which
82	shall, at a minimum, require the council to elect a chair and
83	vice chair and establish the duties of the chair and vice chair.
84	(d) The department shall provide such staff, information,
85	and other assistance as is reasonably necessary to assist the
86	council in carrying out its responsibilities.
87	(e) Members of the council shall serve without
88	compensation but may receive reimbursement as provided in s.
89	112.061 for per diem and travel expenses incurred in the
90	performance of their official duties.
91	(f) The department shall fix a time and place for regular
92	meetings of the council. The council must meet at least twice
93	per year.
94	(3) PALLIATIVE CARE CONSUMER AND PROFESSIONAL INFORMATION
95	AND EDUCATION PROGRAM
96	(a) There is established within the department the
97	Palliative Care Consumer and Professional Information and
98	Education Program. The purpose of the program is to maximize the
99	effectiveness of palliative care initiatives in the state by
100	making comprehensive and accurate information and education
101	about palliative care available to the public, health care
102	practitioners, and health care facilities.
103	(b) The department shall publish on its website
104	information and resources, including links to external
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105	resources, about palliative care, which shall include, but not
106	be limited to, continuing education opportunities for health
107	care practitioners; information about palliative care delivery
108	in the home and primary, secondary, and tertiary care settings;
109	best practices for palliative care delivery; and consumer
110	educational materials and referral information for palliative
111	care, including hospice care.
112	(c) The department may develop and implement any other
113	initiatives regarding palliative care services and education
114	that it determines would further the purposes of this section.
115	(d) The department shall consult with the Palliative Care
116	and Quality of Life Interdisciplinary Advisory Council in
117	implementing this subsection.
118	(4) PATIENT INFORMATION; ACCESS TO CAREHealth care
119	practitioners regulated under chapter 458, chapter 459, or
120	chapter 464 shall, as appropriate, provide patients with serious
121	illness under their care with information about palliative care
122	and, when requested, shall facilitate access to palliative care.
123	Facilities regulated under chapter 395, chapter 400, or chapter
124	429 shall comply with the palliative care measures ordered by
125	the patient's health care practitioner.
126	Section 2. This act shall take effect upon becoming a law.

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