

CHAPTER 227

AN ACT concerning palliative care and hospice care and supplementing Title 26 of the Revised Statutes.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

C.26:2H-5o Definitions relative to palliative, hospice care.

1. As used in this act:

“Appropriate” means consistent with applicable legal, health, and professional standards, the patient’s clinical and other circumstances, and the patient’s reasonably known wishes and beliefs.

“Hospice care” means a coordinated program of home, outpatient, and inpatient care and services that is operated by a public agency or private organization, or subdivision of either of these entities, and that provides care and services to hospice patients and to hospice patients' families, through a medically directed interdisciplinary team, under interdisciplinary plans of care in order to meet the physical, psychological, social, spiritual, and other special needs that are experienced during the final stages of illness, dying, and bereavement. A hospice care program includes: nursing care by or under the supervision of a registered professional nurse; physical, occupational, or speech or language therapy; medical social services by a certified or licensed social worker under the direction of a physician; services of a certified home health aide; medical supplies, including drugs and biologicals, and the use of medical appliances related to terminal diagnosis; physician's services; short-term inpatient care, including both palliative and respite care and procedures; spiritual and other counseling for hospice patients and hospice patients' families; services of volunteers under the direction of the provider of the hospice care program; and bereavement services for hospice patients' families.

“Medical care” means services provided, requested, or supervised by a physician, physician assistant, or advanced practice nurse.

“Palliative care” means patient-centered and family-centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness. Palliative care throughout the continuum of illness involves addressing physical, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. Palliative care includes, but is not limited to: comprehensive pain and symptom management and discussion of treatment options appropriate to the patient, including hospice care, when appropriate.

“Serious illness” means any medical illness or physical injury or condition that substantially impacts quality of life for more than a short period of time. Serious illness includes, but is not limited to: cancer; heart, renal, or liver failure; lung disease; and Alzheimer’s disease and related dementias.

C.26:2H-5p “Palliative Care and Hospice Care Consumer and Professional Information and Education Program.”

2. a. There is established the “Palliative Care and Hospice Care Consumer and Professional Information and Education Program” in the Department of Health.

b. The purpose of the program is to maximize the effectiveness of palliative care and hospice care initiatives in the State by ensuring that comprehensive and accurate information and education about palliative care and hospice care are available to the public, to health care providers, and to health care facilities.

c. The Palliative Care and Hospice Care Advisory Council, established pursuant to section 4 of P.L.2019, c.227 (C.26:2H-5r) shall, in collaboration with the Cancer Institute of New Jersey, develop and implement the program established under this section, including developing and implementing any initiatives regarding palliative care and hospice care services and education that the council determines would further the purposes of this section.

C.26:2H-5q Provision of information to certain patients, residents and family members.

3. a. Every hospital, nursing home, rehabilitation facility, and other facility which is identified by the Commissioner of Health to be appropriate and which is licensed in this State shall provide information about appropriate palliative care and hospice care services to patients and residents with a serious illness or, in the event the patient or resident lacks capacity to make health care decisions, to a family member or other person legally authorized to make health care decisions for the patient or resident.

b. If a hospital, nursing home, or facility fails to comply with the requirements of subsection a. of this section, the Commissioner of Health may require the hospital, nursing home, or facility to provide a plan of action to bring the hospital, nursing home, or facility into compliance.

c. In implementing the provisions of this section, the department shall:

(1) consult with the Palliative Care and Hospice Care Advisory Council established pursuant to section 4 of P.L.2019, c.227 (C.26:2H-5r); and

(2) take into account factors that may impact the ability of a hospital, nursing home, or facility to comply with the requirements of subsection a. of this section. These factors may include, but are not limited to: the size of the hospital, nursing home, or facility; access and proximity to palliative care and hospice care services, including the availability of palliative care and hospice care board-certified practitioners and related workforce staff; and geographic factors.

C.26:2H-5r Palliative Care and Hospice Care Advisory Council.

4. a. There is established in the Department of Health the Palliative Care and Hospice Care Advisory Council.

b. It shall be the duty of the council, in collaboration with the Cancer Institute of New Jersey, to implement the provisions of P.L.2019, c.227 (C.26:2H-5o et seq.), including establishing the Palliative Care and Hospice Care Consumer and Professional Information and Education Program pursuant to section 2 of P.L.2019, c.227 (C.26:2H-5p), developing and facilitating the provision of information about palliative care and hospice care for the purposes of section 3 of P.L.2019, c.227 (C.26:2H-5q), and developing resources and programs to facilitate access to palliative care and hospice care services for patients and residents.

c. (1) The council shall be comprised of eleven members, to be appointed as follows: one member of the Senate appointed by the Senate President; one member of the General Assembly appointed by the Speaker of the General Assembly; three public members appointed by the Senate President; three public members appointed by the Speaker of the General Assembly; and three public members appointed by the Governor.

(2) In selecting the public members, the Senate President, the Speaker of the General Assembly, and the Governor shall seek to include persons who have experience, training, or academic background in issues related to the provision of palliative care or hospice care, with an emphasis on addressing physical, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. Seven of the nine public members shall be comprised as follows: one physician, one advanced practice nurse or physician assistant, one

nurse, one social worker, one chaplain, one pediatric oncologist, and one hospice administrator. The public members shall be board certified or have a hospice and palliative care certification, as appropriate to their discipline. Selections of public members may be made in consultation with: the State Board of Medical Examiners, the New Jersey Board of Nursing, the Physician Assistant Advisory Committee, the Board of Pharmacy, the New Jersey Hospital Association, the Health Care Association of New Jersey, the Medical Society of New Jersey, the New Jersey Association of Osteopathic Physicians and Surgeons, the New Jersey State Nurses Association, the Home Care and Hospice Association of New Jersey, LeadingAge New Jersey, the New Jersey State Society of Physician Assistants, and the New Jersey Hospice and Palliative Care Organization.

d. All appointments shall be made within 30 days after the effective date of P.L.2019, c.227 (C.26:2H-5o et seq.).

e. The public members shall serve for a term of five years; but, of the members first appointed, three shall serve for a term of three years, three for a term of four years, and three for a term of five years. Members are eligible for reappointment upon the expiration of their terms. Vacancies in the membership shall be filled in the same manner as the original appointments.

f. The council shall organize as soon as is practicable upon the appointment of a majority of its members, and shall select a chairperson from among the members.

g. The members of the council shall serve without compensation but may be reimbursed, within the limits of funds made available to the council, for necessary travel expenses incurred in the performance of their duties.

h. The council shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes.

i. The Department of Health shall provide staff support to the council.

5. This act shall take effect on the first day of the fourth month next following enactment.

Approved August 9, 2019.