



OHIO LEGISLATIVE SERVICE COMMISSION

Synopsis of Senate Committee Amendments*

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Sub. H.B. 286

132nd General Assembly
(S. Health, Human Services & Medicaid)

Palliative care by hospices for nonhospice patients

Modifies the House-passed provision authorizing a hospice care program with an inpatient facility or unit to provide palliative care to nonhospice patients, as follows:

- Specifies that palliative care can be provided to nonhospice patients only if the care is medically necessary and provided on a short-term basis;
- Specifies that the provision of palliative care to nonhospice patients is considered a component of the activities authorized by a hospice license, even though the hospice care law otherwise refers only to hospice patients;
- Requires the Director of Health to adopt rules governing the provision of palliative care by hospices to nonhospice patients;
- Specifies that nothing in the law governing hospices precludes the entity holding a hospice license from owning, being owned by, or otherwise being affiliated with an entity that provides palliative care to nonhospice patients.

Palliative care and pain management clinics

Adds provisions that exempt the following palliative care patients from consideration when determining whether a facility must be licensed under existing law as a pain management clinic:

- A nonhospice patient who receives palliative care in a hospice's inpatient facility or unit, but only if the patient has a life-threatening illness (as opposed to any serious illness);

* This synopsis does not address amendments that may have been adopted on the Senate Floor.

-- A patient in any palliative care inpatient facility or unit that does not admit hospice patients and is not already exempt from licensure as a pain management clinic, but only if the patient has a life-threatening illness (as opposed to any serious illness).

Related to the pain management clinic provisions, restores a provision of existing law, which the House-passed version would have eliminated, that specified "life-threatening illness" in addition to "serious illness" within the statutory definition of "palliative care."

Palliative Care and Quality of Life Interdisciplinary Council

Makes the following changes to the House-passed provisions creating the Palliative Care and Quality of Life Interdisciplinary Council:

-- Includes exercise physiologists;

-- Requires at least one member to be employed as an administrator of a hospital or hospital system or to be a specified health professional who treats patients as an employee or contractor of a hospital or hospital system;

-- Corrects and clarifies other provisions for internal consistency.

Medicaid and palliative care

Adds a provision specifying that the bill does not require Medicaid to cover palliative care or any other health care service that constitutes palliative care, regardless of how it is designated, in an amount, duration, or scope exceeding the coverage included on the bill's effective date.

Certificate of Need and the transfer of county home beds

Adds a provision authorizing the Director of Health to approve, through the Certificate of Need program, the relocation of certain county home beds or county nursing home beds to a long-term care facility in a contiguous county.