



OHIO LEGISLATIVE SERVICE COMMISSION

Sub. Bill Comparative Synopsis

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Sub. H.B. 286

132nd General Assembly
(H. Aging and Long Term Care)

This table summarizes how L_132_0212-2 differs from the As Introduced version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Topic	Previous Version (As Introduced)	Sub. Version (L_132_0212-2)
Palliative Care and Quality of Life Interdisciplinary Council (R.C. 3701.36(E))	Establishes the Council to consult with and advise the Director of the Department of Health on matters relating to palliative care initiatives in the state.	Same, but also requires the Council to (1) identify national organizations that have established standards of practice and best practice models for palliative care and initiatives aimed at integrating palliative care services into the health care system and enhancing the use and development of those services, (2) establish guidelines for health care facilities to use in identifying patients who could benefit from palliative care and in determining appropriate types of services for those patients, and (3) prepare and submit an annual report.
Council membership (R.C. 3701.36(B) and (C))	Includes as members individuals with expertise in palliative care representing various professions and constituencies, including physicians, physician assistants, advanced practice registered nurses, registered nurses, licensed practical nurses, professional	Same, but also includes as members individuals representing psychologists, marriage and family therapists, child life specialists, and health insurers. In the case of the physician members, specifies that board-certified pediatricians and psychiatrists also be included.

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	<p>counselors, social workers, pharmacists, clergy, patients, and family caregivers.</p> <p>Requires that at least two members be physicians and nurses who are board-certified in hospice or palliative care.</p> <p>No provision.</p> <p>No provision.</p>	<p>Instead requires that at least two members be physicians who are board-certified in hospice or palliative care.</p> <p>Specifies that no more than 20 individuals may serve as members at any one time and no more than two members may be employed by or practice with the same health care facility or emergency medical service organization.</p> <p>Requires that the Director of Health seek to include as members those who represent underserved areas of Ohio and ensure that all geographic areas of the state are represented.</p>
<p>Department of Health duties (R.C. 3701.36(F))</p>	<p>Requires the Department to provide the Council with administrative support as necessary for the Council to execute its duties.</p>	<p>Same, but also requires the Department to examine potential sources of funding to assist the Council and Department with any duties the bill establishes.</p>
<p>Palliative care definition (R.C. 3712.01(E))</p>	<p>No provision (maintains the current law definition of "palliative care" – treatment for a patient with a serious or life-threatening illness directed at controlling pain, relieving other symptoms, and enhancing the quality of life of the patient and the patient's family rather than treatment for the purpose of cure).</p>	<p>Instead defines "palliative care" as care for a patient of any age diagnosed with a serious illness that is provided at any stage of the illness by an interdisciplinary team working in consultation with other health care professionals, including those who may be seeking to cure the illness, and that aims to do all of the following:</p> <p>(1) Relieve the symptoms, stress, and suffering resulting from the illness;</p> <p>(2) Improve the quality of life of the patient and the patient's family;</p>



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		<p>(3) Address the patient's physical, emotional, social, and spiritual needs;</p> <p>(4) Facilitate patient autonomy, access to information, and decision-making.</p>
Hospice care	<p>No provision (maintains existing law that limits the provision of services by licensed hospice care programs to hospice patients, individuals who have been diagnosed as terminally ill, have an anticipated life expectancy of six months or less, and have voluntarily requested and are receiving care from a licensed hospice care program) (R.C. 3701.12(A)).</p>	<p>Similar, but also authorizes a licensed hospice care program operating an inpatient hospice care facility or unit to provide palliative care to a patient other than a hospice patient (R.C. 3712.063).</p>

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