

State-by-State Overview of Palliative Care Initiatives: Snapshot as of August 22, 2023

NASHP published a [comprehensive table](#) in July 2023, detailing the budgetary and legislative actions taken in 2022 and 2023 that endorse and amplify state initiatives in palliative care. The information provided encapsulates palliative care actions taken in 13 of the 50 United States. Specifically, Maryland was spotlighted for the state's palliative care workgroup who has played a significant role in supporting the development of this report.

Budgetary And Legislative Actions in 2022 and 2023 that Support and Expand State Palliative Care Initiatives (NASHP, July 2023)

State	Budget/ Legislation	Summary
Colorado	HB23-1218	Requires a health-care facility to inform patients of services the facility refuses to provide to patients when the refusal is for nonmedical reasons, including end-of-life services.
Illinois	SB 3819	Requires health plans to provide coverage for community-based pediatric palliative and hospice care starting January 1, 2024.
Indiana	HB 1457	Expands the definition of "home health services" to include community based palliative care.
Kentucky	SB 173	Allows for completion of an electronic version of a MOST (Medical Orders for Scope of Treatment) form.
Maine	LD 479	Amends the laws governing the membership of the Palliative Care and Quality of Life Interdisciplinary Advisory Council.
Maryland	HB 378	Creates a palliative care workgroup that must submit recommendations to the governor and legislature by November 1, 2023.
Minnesota	HF 4065	Updates the definition of palliative care.
New Jersey	FY 2024 Budget	Designates funds for a palliative care pilot program and a grant to expand access to palliative care.

New York	S 8205	Establishes a statewide advance care planning public education campaign.
	A 8880	
	J 2491	Establishes November 2022 as Hospice and Palliative Care Awareness Month.
	J 1352	Establishes November 2023 as Hospice and Palliative Care Awareness Month.
	K 649	
Tennessee	HB 952 and SB 858	Amends the membership requirements of the State Palliative Care and Quality of Life Council.
Texas	SB 739	Establishes October 10 as Supportive Palliative Care Awareness Day.
Virginia	FY 2023-2024 Budget	Designates funds for the Medical College of Virginia Palliative Care Partnership and for a contract with Edmarc Hospice for Children to expand pediatric hospice and palliative care services.
Washington	FY 2023-2025 Budget	Requires a joint legislative executive committee on planning for aging and disability issues to identify strategies to promote palliative care planning, and advance care directives through the Bree Collaborative palliative care guidelines. Designates funds to increase pediatric palliative care rates to the equivalent hospice care rates for Medicare and to design a standardized payment methodology for a palliative care benefit for the state Medicaid program and the employee and retiree benefits programs.

Assessment and Comparative Analysis of Palliative Care Initiatives: A Multidimensional Overview of Policies, Programs, and Practices Across 12 U.S. States as of August 22, 2023

The palliative care workgroup undertook a comprehensive examination of how different states across the United States were providing, supporting, and evaluating palliative care services and programs. A detailed analysis was performed on data collection programs from 12 varied states, reflecting a snapshot as of August 22, 2023. This information was methodically organized into tables, encompassing critical domains such as legislation, education (targeting both the general public and healthcare providers), workforce development, and quality and data collection standards.

By synthesizing this essential information, the tables furnished a well-rounded view of the existing landscape of palliative care, illuminating unique state-level initiatives, challenges, and potential avenues for growth. Policymakers, healthcare practitioners, and researchers may have found this compilation to be an invaluable resource for deeper understanding of state-specific trends in palliative care. It served as a significant reference point for guiding informed decisions and encouraging further examination of palliative care practices, with special attention to developments in Maryland.

The selection of the specific states included in the tables was influenced by several key factors:

1. **Geographical Representation:** States were chosen to ensure diverse representation across different regions of the country, providing a more encompassing view of palliative care practices and initiatives.
2. **Varied Policy Landscapes:** The inclusion of states with different legislative frameworks and policies enabled a comparative analysis of varied approaches, facilitating the identification of successful initiatives that might have been replicated elsewhere.
3. **Focus on Key Areas:** The tables accentuated essential aspects like legislation, education (public and provider), workforce, and quality/data collection, showcasing differing strategies and accomplishments in these domains, helping to pinpoint strengths and areas needing enhancement.
4. **Insights from the National Academy for State Health Policy (NASHP):** The tables also integrated findings from NASHP, particularly a November 2022 blog post that spotlighted states demonstrating recent progress in palliative care and the NASHP Budgetary and Legislative Actions in 2022 and 2023 that Support and Expand State Palliative Care Initiatives described earlier in the report.

STATE	ARIZONA	CALIFORNIA	COLORADO
ISSUE			
LEGISLATION	Senate Bill 1447(2011) defined palliative care for the state. Arizona’s Long Term Care System — for older and physically disabled individuals — managed care contract requires case managers to inform members, individuals authorized to make treatment decisions for a patient, and designated representatives	SB1004, implemented in California on January 1, 2018, requires Medi-Cal managed care plans (MCPs) to ensure access to palliative care services for eligible patients. The bill was initially for adult patients and expanded to include pediatric patients in 2019. The objectives of the bill include understanding different clinical and staffing models used in delivering palliative care,	In 2019, Colorado implemented legislation (SB19-073) to establish an advance directive registry system, showcasing the state's growing emphasis on advance care planning and directives as vital elements of effective palliative care programs. This development indicates Colorado's commitment to ensuring that individuals' end-of-life preferences are documented and honored. Furthermore, in 2008, the Colorado Center for

	<p>about person-centered planning services and end-of-life care; and aid members in accessing services.</p> <p>The Arizona Coalition to Transform Serious Illness Care (AZ Coalition) is a group of 40+ stakeholders in Arizona working to improve the quality of care and outcomes for people with serious illness.</p>	<p>considering service and contract features that impact the cost of palliative care delivery, and exploring strategies to align costs and payments.</p> <p>DHCS' SB 1004 Medi-Cal Palliative Care Policy specifies the minimum types of palliative care services that MCPs must authorize when medically necessary for members who meet the eligibility criteria. This includes the minimum services 1. Advanced Care Planning, 2. Palliative Care Assessment and Consultation, 3. Plan of Care, 4. Palliative Care Team, 5. Care Coordination, 6. Pain and Symptom Management, and 7. Mental Health and Medical Social Services.</p> <p>The California Department of Health Care Services (DHCS) requires Medi-Cal managed care plans to have palliative care programs for members. Medi-Cal plans currently follow palliative care criteria as outlined in APL 18-020. Starting January 2024, DHCS will also require Medicare Dual Eligible Special Needs Plans (D-SNPs) to have palliative care programs for their dually eligible members. Specific guidance is in the 2024 D-SNP Policy Guide.</p> <p>CA [RJ] AB 567 Establishes the Long-term Care Insurance Task Force in the Department of Insurance. It is composed of stakeholders and representatives of government agencies, including a representative of palliative and hospice care providers, to examine the components necessary to design and implement a statewide long-term care insurance program.</p> <p>AB 1407 Regarding establishing standards for continuing education, directs the board of nursing to consider adding a course on special care needs that is included but not limited to "pain and symptom management,</p>	<p>Hospice & Palliative Care commissioned a survey by Hospice Analytics to assess the prevalence of palliative care services in the state. The survey aimed to provide insights into the extent of palliative care provision and its impact on healthcare in Colorado.</p> <p>HB23-1128 Requires a healthcare facility to inform patients of services the facility refuses to provide to patients when the refusal is for non-medical reasons, including end-of-life services.</p>
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EDUCATION	<p>The Arizona Hospice and Palliative Care Organization (AHPCO) is the statewide nonprofit membership organization of hospice and palliative care programs and professionals in Arizona. The AHPCO also has palliative care information focused on finding providers and advanced care planning for patients and families.</p>	<p>In April 2020, the California Health Care Foundation (CHCF) and the Coalition of Compassionate Care of California organized a series of webinars on Driving Palliative Care Improvement in Medi-Cal (SB 1004). The webinars covered various aspects of SB 1004 implementation, including updates on who is being served and how, future developments, and examining the quality of palliative care services. These webinars provided valuable information on program characteristics, care models, contracting, payment issues, program sustainability, collaboration practices, and patient outcomes.</p> <p>From June 2017 to July 2018, CHCF also conducted webinars and workshops to assist health plans and providers in implementing SB 1004 palliative care. These sessions focused on estimating member volume and costs, assessing care delivery costs, launching services, measuring success, and addressing implementation challenges. These resources aimed to support health plans and providers in developing sustainable palliative care programs and improving patient outcomes.</p> <p>The California State University Institute for Palliative Care also provides online training in palliative care for health care professions, patients and families.</p>	<p>Colorado has implemented various initiatives to promote and support palliative care in the state. They have a dedicated page on the Colorado Department of Public Health and Environment website that provides information and resources on palliative care. This includes an interactive provider map that allows users to locate palliative care providers in Colorado. Additionally, the website offers patient resources, such as videos and guides on what to do after a diagnosis, how to communicate with doctors, and where to find more information about palliative care. These resources are available in both English and Spanish, ensuring accessibility for a diverse population. Colorado's efforts demonstrate a commitment to educating both healthcare providers and patients about palliative care and providing access to necessary resources.</p>
FUNDING	<p>Arizona's Long Term Care System — for older and physically disabled individuals — managed care contract requires case managers to inform members, individuals authorized to make treatment decisions for a patient, and designated representatives about</p>	<p>All Medi-Cal managed care plans (MCPs) are required to ensure access to palliative care services for eligible patients. The cost of delivering palliative care is influenced by numerous factors, some of which can be modified while others cannot. Factors like patient population characteristics and</p>	<p>In Colorado, there are reimbursement limitations for palliative care services, which impact the types of services that can be provided and to which patients. Currently, interdisciplinary teams consisting of nurses and doctors can be reimbursed, but other service providers are unable to bill directly. This limitation on</p>

	<p>person-centered planning services and end-of-life care; and aid members in accessing services.</p>	<p>regional factors are fixed and need to be accounted for when estimating costs. However, there are modifiable factors related to payer and provider policies, preferences, and practices that can impact the cost. For instance, if care is being provided in a rural area, the physical distance between patients' homes can result in higher costs due to travel time for home-based palliative care services. To address this, providers may propose alternative delivery models such as video visits to reduce travel time and lower costs. While the rurality of the region is unchangeable, choices regarding allowable types of contacts in the contract can be modified.</p> <p>As part of California Advancing and Innovating Medi-Cal (CalAIM), a framework that encompasses delivery and payment reform across Medi-Cal, California's Medicaid program policy guide identifies the need for palliative care as part of the comprehensive health assessment.</p> <p>California's CY2024 D-SNP Policy Guide includes care coordination requirements for D-SNPs around the provision of palliative care, including guidance around eligibility, providers and settings, and services.</p>	<p>reimbursement has implications for the availability and accessibility of palliative care services in the state. To ensure comprehensive care, it is necessary to advance funding for non-medical team members as well, recognizing the importance of their contributions in delivering holistic palliative care.</p> <p>Colorado's 1915(c) HCBS waiver for children with life-limiting illness specifically for palliative care services includes:</p> <ul style="list-style-type: none"> • In-home respite care that can incorporate home health, nursing, personal care, and expressive therapy. <p>Palliative care services such as care coordination (telehealth allowed), pain and symptom management, and counseling supports</p>
<p>WORKFORCE DEVELOPMENT</p>	<p>The Bureau of Health Systems Development (HSD) supports a variety of programs and services meant to improve access to high quality primary health care, particularly for the uninsured and other vulnerable populations.</p> <p>HSD was established in 1995 and is the Primary Care Office for the state of Arizona. The Bureau of Health Systems Development houses the Arizona Health Disparities Center and the Cancer Prevention and Control Programs and focuses on improving</p>	<p>The California Hospice and Palliative Care Association (CHAPCA) is a non-profit organization dedicated to improving access to quality end-of-life care in California. They provide education and support to patients, families, the community, and healthcare professionals regarding hospice and palliative care. CHAPCA's mission is to ensure that patients and their caregivers receive high-quality care while advocating for the hospice and palliative care sector.</p>	<p>In Colorado, the Health Navigator Workforce Development Initiative is focused on defining competencies, standardizing training, and promoting sustainability for unlicensed Health Navigators. These individuals are trusted community members who possess a deep understanding of the communities they serve, often through shared lived experiences. Health Navigators work closely with patients, supporting and assisting them in navigating the complex healthcare system. The initiative includes the establishment of a voluntary credentialing</p>

	<p>access to primary health care through workforce recruitment and retention programs, health professional shortage area (HPSA) and medical underserved area/population (MUA/P) designations and community development programs.</p>	<p>CHAPCA serves as a resource for hospice and palliative care providers in California, offering education, tools, resources, and services. They aim to equip providers with the necessary knowledge and compliance standards to deliver exceptional care to patients and families. By becoming a CHAPCA member, providers demonstrate their commitment to serving their communities effectively.</p> <p>As part of their offerings, CHAPCA organizes an annual conference and provides various educational programs. They also provide a job search function for individuals interested in working in the hospice and palliative care field. Through these initiatives, CHAPCA strives to support workforce development and ensure that California's hospice and palliative care services meet the highest standards of quality.</p>	<p>program, a registry of competency-based training programs, and a registry of health navigators who have completed the training and passed the competency evaluation. The Health Navigators registry page provides further information on this initiative. https://cdphe-health-navigator-prod.appspot.com/</p>
<p>QUALITY/ DATA COLLECTION</p>	<p>The AZ Coalition engaged partner Discern Health to lead a Best Practices Study to determine which community-based services and supports the coalition should pursue to help people with serious illness manage health conditions and increase the number of days at home. The Best Practices Study identified many opportunities, and the coalition members prioritized the recommendation to develop a home-and community-based palliative care network for integrated patient support to help address patient and family barriers to managing conditions at home and reduce the risk of acute events.</p>	<p>SB1004 contains numerous provisions focused on quality and data collection for California.</p> <p>The California Health Care Foundation (CHCF) has developed resources to assess and improve the quality of palliative care in California. They provide an overview slide deck that discusses the information plans report to the California Department of Health Care Services (DHCS) regarding their SB 1004 programs, which focuses on palliative care. The slide deck also includes various strategies and metrics commonly used to assess palliative care quality. To assist stakeholders in selecting appropriate metrics and evaluating feasibility, the resources also provide worksheets such as the Preparing for SB 1004 Metrics Selection Worksheet and the Metrics Balance Check Worksheet. They also provide information on the Payer-Provider Partnership for Palliative Care.</p>	<p>In Colorado, a comprehensive survey was conducted to assess the provision of palliative care. The survey included all 95 hospitals and 76 hospices in the state. It was found that hospitals continue to provide the majority of palliative care consults, although the percentage has decreased from 72% in 2013 to 49% in 2020. Hospice-based palliative care has seen an increase, accounting for 36% of consults. Other providers, apart from hospitals and hospices, accounted for 15% of consults in 2020.</p> <p>The survey also revealed that 48% of palliative care providers are employed by hospitals, and on average, each provider offers 967 consults per year. While the number of patients receiving palliative care services has been increasing, the number of actual programs is not keeping up with the demand. Access to palliative care is disproportionately available on the Front Range, leaving rural areas with limited access. There are challenges related to geographic limitations and cultural perceptions of palliative care. Efforts are</p>

		<p>These resources and tools are designed to support the assessment and improvement of palliative care quality in California, ensuring that care providers have access to relevant metrics and information to deliver high-quality care to seriously ill patients and their families.</p>	<p>being made to address these challenges through state-supported conferences, statewide media campaigns, engagement in membership organizations, mentorship programs, and community-based innovations.</p> <p>Colorado provides state-supported resources for palliative care, which can be accessed through the published State PC Care document. However, there is a need for further development of palliative care programs, particularly in underserved areas and a focus on education and awareness to address misconceptions about when palliative care is appropriate.</p>
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STATE	HAWAII	MARYLAND	MASSCHUSSETTS
<p>ISSUE</p> <p>LEGISLATION</p>	<p>SCR 142 was a concurrent resolution passed in 2018 that "requests the Department of Health to convene a working group to examine palliative care services and develop recommendations to expand palliative care services in Hawaii." The working group published a report in 2019 with recommendations including developing a definition of palliative care, supporting palliative care awareness through education, supporting efforts to include palliative care in healthcare insurance and managed care plans and developing a palliative care pilot program. 2019 Report to the Thirtieth Legislature, State of Hawaii</p> <p>In 2019, Hawaii enacted House Bill No. 722, which introduced several measures to promote and expand palliative care services in the state. This legislation established a bidding process for culturally competent palliative care pilot programs and mandated the Department of Health to provide education on palliative care.</p>	<p>The Maryland regulations on palliative care emphasize the importance of specialized medical care for individuals with serious illnesses or conditions.</p> <p>House Bill 581 (2013) directed MHCC to study hospital based palliative care pilot programs. Maryland, informed by findings from a legislatively mandated pilot study on hospital palliative care, updated its regulations to require that hospitals with fifty or more beds establish an active, hospital-wide palliative care program that provides consultation services to patients living with a serious illness. The regulations outline various aspects of palliative care programs, including staffing requirements, palliative care education and training for hospital staff, interdisciplinary plans of care, coordination of services, and continuity of care. The programs are expected to provide counseling on health options, pain management, prognosis, and the availability</p>	<p>The Massachusetts Coalition for Serious Illness Care gathers plans, providers, patient advocates, professional associations, and others to strategize on the implementation of statewide campaigns that improve advance care planning, clinician skills, and more.</p> <p>Palliative Care and Quality of Life Interdisciplinary Advisory Council consults with and advises the Department of Public Health on matters related to the establishment, maintenance, operation, and evaluation of palliative care initiatives in Massachusetts.</p> <p>The definition of palliative care in the State of Massachusetts is outlined in Mass Reg, Part I, Title XVI, Chapter 111, Section 227. This section emphasizes the distribution of information regarding the availability of palliative care and end-of-life options. It serves to define and establish the framework for palliative care within the state.</p>

	<p>It also emphasized the importance of promoting palliative care utilization, encouraging early referrals to palliative care during treatment, and collecting local health care utilization data to measure the impact of palliative care in Hawaii more accurately.</p> <p>HI (R)SB804 Establishes a culturally competent palliative care pilot program that provides palliative care public education and conducts bidding for two home- or community-based pilot programs.</p> <p>In addition to legislative efforts, Hawaii has a statewide movement called Kōkua Mau, which serves as the central hub for individuals and organizations involved in hospice care, palliative care, end-of-life care, and advance care planning. Kōkua Mau leverages the innovative work of its partners, including major medical centers, hospices, insurers, health profession schools, and government agencies, to bring about community change in the field of end-of-life care. The organization has received national recognition for its leadership and innovation in this area.</p> <p>Collectively, these initiatives and collaborations aim to enhance the availability and quality of palliative care services in Hawaii, ensuring that individuals receive culturally competent care and support throughout their illness journey.</p>	<p>of psychological, spiritual, and bereavement services. Proper pain and symptom management, along with education and support for caregivers, are also highlighted.</p> <p>COMAR 10.07.01.31 “Palliative care” defined as specialized medical care for individuals with serious illnesses or conditions that:</p> <ul style="list-style-type: none"> (a) Is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness or condition, whatever the diagnosis; (b) Has the goal of improving quality of life for the patient, the patient’s family, and other caregivers; (c) Is provided at any age and at any stage in a serious illness or condition; and (d) May be provided along with curative treatment. <p>(27) “Palliative care program” means an interdisciplinary team that provides palliative care service.</p> <p>Additionally, the regulations address referrals to hospice services when appropriate, compliance with advance directives and authorized decision makers, access to ethics committees, and participation in quality improvement activities. The Department overseeing these programs has the authority to access data to ensure compliance with state and federal regulations.</p> <p>House Bill 378 (2022) directed MHCC to convene a workgroup to study palliative care services and make recommendations to improve palliative care services.</p> <p>The MD Code, Health-General Article §§13-1601 through 13-1604 in 2002 created the State Advisory Council on Quality Care at the End of Life. Effective October 1,</p>	<p>105 Mass. Reg. 140.1201 is focused on provision of information on palliative care and end-of-life options.</p> <p>The Massachusetts Expert Panel on End-of-Life Care, established in 2009, was tasked with studying the healthcare delivery for patients with serious chronic conditions in the state. Their objective was to identify best practices and recommend any necessary legislative, regulatory, or policy changes. In their October 2010 report, the Expert Panel made two key recommendations. Firstly, they proposed that all healthcare organizations should offer access to palliative care and hospice services, taking inspiration from the New York State Palliative Care Information Act. Secondly, they recommended that all health plans, specifically including the three MassHealth plans (MassHealth Basic, Limited, and Essential), should provide coverage for hospice services, addressing the current exclusion of hospice coverage in those plans.</p>
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<p>EDUCATION</p>	<p>In Hawaii, Kōkua Mau is a prominent organization that provides information and resources on accessing palliative care. The state has 9 centers offering palliative care, along with 2 outpatient care facilities and 1 community-based palliative care service. Kōkua Mau's website serves as a comprehensive platform with links to publications, resources, POLST information, webinars, and palliative care curriculum for providers.</p> <p>Hospitals and centers providing palliative care in Hawaii have PDF overviews detailing the services they offer and care plans. However, referrals for outpatient palliative care mainly come from medical oncologists, radiation oncologists, and surgeons, indicating a need for increased education on palliative care among primary care providers. Efforts such as locally based End-of-Life Nursing Education Consortium (ELNEC) courses for physicians and nurses can be encouraged to address this gap.</p> <p>One recurring recommendation is to raise awareness and education about palliative care among both the community and healthcare providers. Sharing success stories and promoting the positive impacts of palliative care can help increase awareness. It is also suggested to improve education and resources to help everyone understand the scope and benefits of palliative care programs. Additionally, marketing efforts targeted at community</p>	<p>Maryland Cancer Collaborative provides information for the public on palliative care resources. A Maryland Comprehensive Cancer Control Plan that has chapter on palliative care. The Hospice & Palliative Care Network of Maryland has an education and outreach program to health care professionals with information on palliative care and information for the public about palliative care.</p>	<p>Hospice & Palliative Care Federation of Massachusetts (HPCFM). HPCFM's mission is to advance and promote excellence in end of life care by advocating for its members, patients, families, and the end-of-life care giving community; providing education and enhancing awareness. They develop education tools and documents for palliative care. Massachusetts Medical Society provides a web site on health care proxy, advance directives, discussion guides, and links to other resources. ALM GL ch.111,234 Palliative care consumer and professional information and education program - Requires Department of Public Health's website to include information about continuing education opportunities for providers; palliative care delivery in the home and other environments; and consumer educational materials and referral information for palliative care, including hospice.</p>

	physicians to inform them about supportive care options are recommended.		
FUNDING	<p>In Hawaii, there have been notable efforts to secure funding for palliative care initiatives. The state is actively pursuing a Medicaid benefit for community-based palliative care through an 1115 CMS waiver. This grassroots effort, supported by organizations like Kokua Mau and Hui Pohala, in collaboration with the Hawaii Department of Health Services Med-QUEST Division and the Stupski Foundation, aims to expand community-based palliative care services to individuals with serious illnesses enrolled in Medicaid across all islands and in urban and rural areas.</p> <p>Legislation such as HB 722 has established a bidding process for culturally competent palliative care pilot programs. It also requires the Department of Health to provide palliative care education, promote palliative care, facilitate referrals, and collect healthcare utilization data. Hawaii is also working on implementing improved benefits for individuals with serious illnesses, including the development of a community-based palliative care benefit through the state's QUEST Integration Medicaid 1115 waiver. Stakeholder listening sessions and the creation of an actuarial model with a consultant have been supported by philanthropic funding. Suggestions for outpatient palliative care include expanding coverage for Supportive and Concurrent Care and strengthening payer-provider relationships. Similarly, community-based palliative care organizations have proposed increasing Supportive Care services and widening the range of end-stage diagnosis codes covered. Removing time limits on Supportive Care benefits and advocating for expanded access through other health plans available throughout Hawaii are also among the recommendations put forth by respondents.</p>	<p>Government-funded insurance programs like Medicaid and Medicare, as well as private insurance, provide coverage for palliative care services to a limited degree. Although Medicare and Medicaid do not specifically use the term "palliative" care to describe the services they cover, the Center to Advance Palliative Care confirms that the services covered are essentially the same. Medicare and Medicare Advantage plans cover certain services under specific conditions, such as a terminal illness diagnosis or for advanced care planning. Medicare covers palliative care both with and without end-of-life hospice care.</p> <p>In Maryland, Medicaid has implemented a person-centered planning approach to administer Long-Term Services and Supports (LTSS). This approach aims to improve health outcomes, enhance independence, and promote a better quality of life for participants. Consequently, Medicaid is gradually shifting its focus from institutional-based care towards home and community-based services, aligning with the goal of enabling individuals to receive care in their preferred setting.</p>	<p>Palliative care is provided on an ad-hoc basis for Medicaid beneficiaries who were either ineligible for, did not have access to, or did not elect hospice. MassHealth Medicaid program currently does not offer a palliative care benefit for their members with a terminal illness who are not eligible for hospice. MA and all the study states, except FL, have implemented Section 2302 of the federal Affordable Care Act, Concurrent Care for Children, which allows coverage of curative treatment for Medicaid members younger than 21 years of age who elect the hospice benefit. (PL 111-148 Patient Protection and Affordable Care Act, Title II, Sub. D, §2302, "Concurrent Care for Children" (124 STAT. 293) 3/23/10).</p> <p>A new value-based sub-capitation model for primary care providers participating in the MassHealth Accountable Care Organization (ACO) program launched in April 2023. MassHealth, in its commitment to enhancing primary care, will allocate over \$115 million to support this program. Providers participating in the program are required to meet access and team-based, integrated care standards. The initiative also offers increased flexibility in care delivery to ensure that patients' diverse needs are met effectively.</p>
WORKFORCE DEVELOPMENT	In Hawaii, there are several workforce development needs identified in the field of	Maryland maintains the Maryland Loan Assistance Repayment Program (MLARP).	Massachusetts Loan Repayment Program for Health Professionals . Massachusetts is

	<p>palliative care. Inpatient palliative care programs emphasize the importance of establishing more outpatient palliative care clinics to enhance continuity of care and shift focus on early intervention. They also advocate for increased support and staffing to enable early involvement in the care of patients with severe illnesses.</p> <p>Outpatient palliative care programs highlight the need for greater diversity in interdisciplinary care and additional team members to meet the growing demands. There is a proposition for enhanced interdisciplinary training in primary palliative care skills to ensure healthcare professionals are equipped to provide comprehensive palliative care. Moreover, there is a recognized need for the expansion of pediatric hospice and community-based palliative care services, both on the island of Oahu and neighboring islands. This reflects the growing recognition of the importance of providing specialized care for children with serious illnesses and their families.</p> <p>Overall, these workforce development needs in Hawaii's palliative care sector aim to improve access, quality, and interdisciplinary support for patients with serious illnesses, with a focus on expanding outpatient care, enhancing primary palliative care skills, and addressing the unique needs of pediatric patients.</p>	<p>The MLARP provides educational loan repayment funds to physicians, physician assistants, and medical residents who must serve a 2 year obligation in a HPSA or MUA or state designed health professional shortage area.</p>	<p>experiencing high labor shortages in health care and is conducting a new annual MA Health Care Workforce Survey to collect information on the capacity and diversity of the workforce across key healthcare sectors.</p>
<p>QUALITY/ DATA COLLECTION</p>	<p>In Hawaii, efforts have been made to assess the quality and data collection in palliative care. The Palliative Pupus event, hosted by Kōkua Mau, provides a platform for clinicians to network and discuss cases, challenges, and opportunities, promoting improved interdisciplinary care for palliative care patients.</p> <p>To evaluate the sufficiency of palliative care programs in Hawaii, a comparison was made between the number of patients served and the estimated need for palliative care based on the</p>	<p>The State Advisory Council on Quality Care at the End of Life published policy recommendations to increase electronic advance directive registrants in December 2020. Recommendations include mandating carrier participation, embedding advance care planning into health system workflows, making completion and access to advance directives easier, and public awareness and engagement campaigns.</p>	<p>Hospice & Palliative Care Federation of Massachusetts (HPCFM) oversee a hospice quality reporting scorecard. Massachusetts Pediatric Palliative Care Program is funded by the state Department of Public Health program, separate from MassHealth.</p>

	<p>number of deaths in 2017. The survey results indicated that approximately 21.9% of those who needed palliative care received it in the inpatient setting, while roughly 4.7% received it in the outpatient setting, and 6.1% received it in the community-based setting.</p> <p>There is a recognized gap in community-based palliative care, with programs expressing the need for increased capacity to serve more patients. Barriers to providing more palliative care include lack of insurance coverage, fragmented payment or reimbursement systems, and a knowledge deficit among community and healthcare providers regarding palliative care versus hospice.</p> <p>These findings highlight the importance of addressing gaps in palliative care services and increasing awareness and education about palliative care in Hawaii. By improving access, funding, and interdisciplinary collaboration, efforts can be made to enhance the sufficiency and quality of palliative care in the state.</p>		
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STATE	NEBRASKA	NEVADA	OREGON
<p>ISSUE</p> <p>LEGISLATION</p>	<p>LB 323 established the Palliative Care Council in 2017. The council "shall consult with and advise the Department of Health and Human Services on matters relating to palliative care initiatives." Palliative care is currently defined under the Hospice Licensure Act and Nebraska is working to update it.</p>	<p>Nevada's Palliative Care and Quality of Life Information and Education Program, established by legislation in 2017, mandates the creation of a website by the Department of Health and Human Services. The updated website, in compliance with the law and revised in 2022, provides valuable resources such as information on palliative care, best practices, educational materials, and referrals. Additionally, it includes details about the Advisory Council on Palliative Care and Quality of Life (est. 2017) and a Frequently Asked Questions section, further enhancing access to comprehensive</p>	<p>HB2981 Requires the Oregon Health Authority to establish and administer a program that will provide in-home palliative care, through coordinated care organizations by an interdisciplinary team. SB 608 established the Palliative Care and Quality of Life Interdisciplinary Council in the Oregon Health Authority in 2015 to consult with the director on "matters related to the establishment, maintenance, operation and evaluation of palliative care initiatives in this state." Senate Bill 177: Permits licensed hospice program to provide palliative care without obtaining in-home care agency license.</p>

		<p>palliative care information for consumers and professionals.</p> <p>Senate Bill 136, which created the council, required DHHS to encourage hospitals, assisted living facilities, and facilities for skilled nursing with 100 beds or more to educate their physicians, nurses, and clinical staff members regarding palliative care; identify barriers to access to palliative care in Nevada; and to provide information and resources to patients or residents regarding palliative care.</p>	
EDUCATION-PUBLIC	<p>Nebraska Revised Statute 71-4501 et seq. The palliative care consumer and professional information and education program requires the Department of Health and Human Services' website to include information about continuing education opportunities for providers; palliative care delivery in the home and other environments; and consumer educational materials and referral information for palliative care, including hospice. State website includes information about palliative care providers and services in the state and resources for patients/families, resources on pediatric care, and resources for providers. Statute § 71-4501 through 71-4504, established the Palliative Care Consumer and Professional Information and Education Program. To continue expanding palliative care awareness, the Council began working on a strategy to introduce palliative care to the relevant health care licensing boards in Nebraska.</p>	<p>Palliative care resources are available through the Advisory Council on Palliative Care and Quality of Life, which includes information for patients, families, and health professionals. This is a state run website. Nevada Palliative Care works with foundations, institutions, companies, and the community to advance the awareness and education of palliative care. The palliative care and quality of life consumer and professional information and education program requires the Department of Health and Human Services (DHHS) to create a website with information about:</p> <ul style="list-style-type: none"> -Delivery of palliative care in the home and other environments; Best practices for delivery of palliative care; and educational materials and referral information for palliative and hospice care. 	<p>Oregon Hospice & Palliative Care Association provides education and resources for patients, families, and providers. Palliative Care and Quality of Life Interdisciplinary Council also provides public education and supporting resources.</p>
FUNDING	<p>Nebraska Medicaid only reimburses for Advanced Care Planning and Home/Community Interdisciplinary Care Team consult. Reimbursement is limited to Fee-for service billing, there is no Medicaid benefit that supports team-based care for serious illness.</p>	<p>Nevada Palliative Care bills Medicare, Medicaid, and other payors only for consultation services performed by a licensed clinician and ordered by the patient's attending physician.</p>	<p>S.2565: Payers include participating providers: providers eligible to participate under the model may include palliative care teams working as</p> <ul style="list-style-type: none"> • an independent practice or • associated with a hospice program, • home health agencies, • hospitals,

			<ul style="list-style-type: none"> • integrated health systems, • and other facilities determined appropriate by the Secretary. • Other Payers: as determined by written agreements.
WORKFORCE DEVELOPMENT	Access to specialty palliative care programs in Nebraska is limited and there are disparities based on geographic region.	The Nevada Health Workforce Research Center aims to improve the collection and analysis of data on health care workforce supply and demand to enhance health workforce planning and development in Nevada. They publish an annual report.	Shortages of health care professionals are predicted due to the health care demands of aging populations and increases in chronic diseases. As Oregon’s population grows, the supply of direct patient care FTE must also grow to ensure continued access to health care professionals
QUALITY/ DATA COLLECTION	In 2022, the council released a report detailing the council's progress and proposing recommendations, including updating definitions of palliative care, creating new Medicaid codes for palliative care, expanding palliative options in existing Medicaid plans, convening a palliative care summit, and holding periodic legislative hearings on serious illness.	Advisory Council on Palliative Care and Quality of Life Nevada had the second largest population increase (47.9 percent) of persons aged 65 and older between 1999 and 2009. The website includes information about the Advisory Council on Palliative Care and Quality of Life and an FAQ section that includes information about palliative care, including where it can be provided, how to choose the best options, and the differences between palliative care and hospice.	Palliative Care and Quality of Life Interdisciplinary Council was established within the Oregon Health Authority (OHA) by Senate Bill 608 in the 2015 legislative session. The legislation seeks to improve the lives of children, youths, adults, and the elderly who would benefit from palliative care and to facilitate access through better coordination of care. The OHA Quality Improvement Program aims to work with key partners across the state, coordinated care organizations, quality improvement staff within health systems and community-based organizations to use data to develop targeted interventions for improving health outcomes.

STATE	SOUTH CAROLINA	WASHINGTON	WEST VIRGINIA
ISSUE			
LEGISLATION	The South Carolina Palliative Care and Quality of Life Study Committee was created by joint resolution H. 4935 in 2018. In South Carolina, the existing legislation regarding Do Not Resuscitate (DNR) and Physician Orders for	Washington State contains multiple laws supporting Advanced Care Planning with a focus on Power of Attorney and WA Advance Directive Documents.	WV [R] SB 748 requires the State Advisory Coalition on Palliative Care to work with the Bureau of Public Health to develop educational materials to raise awareness about palliative care services. WV §16-5C-20 Hospice palliative care

	<p>Scope of Treatment (POST) does not apply to minors. Presently, legal guardians have the authority to make end-of-life decisions for their children within a hospital setting.</p>	<p>Washington is active in National POLST activities.</p> <p>FY 2022-23 Budget Notes that, amongst other requirements, a joint legislative executive committee on planning for aging and disability issues must identify strategies to promote palliative care planning, and advance care directives through the Bree Collaborative palliative care guidelines.</p> <p>FY 2019-20 Legislates that Washington's Office of Insurance Commissioner and the Health Care Authority convene a work group to determine next steps for insurance coverage of specialty palliative care.</p> <p>SB 5187-FY 2023-2025 Budget. Requires a joint legislative executive committee on planning for aging and disability issues to identify strategies to promote palliative care planning, and advance care directives through the Bree Collaborative palliative care guidelines. Designates funds to increase pediatric palliative care rates to the equivalent hospice care rates for Medicare and to design a standardized payment methodology for a palliative care benefit for the state Medicaid program and the employee and retiree benefits programs.</p>	<p>required to be offered. CMS Approval of WV 1915(c) Home and Community-Based Services Waivers Emergency Preparedness and Response. WV [R] SCR 53 encourages specified facilities to provide access to palliative care.</p>
<p>EDUCATION</p>	<p>To enhance the quality of palliative care initiatives in the state, a permanent South Carolina State Advisory Council on Palliative Care and Quality of Life was established. This council serves as a resource providing consultation and guidance to the Governor and General Assembly. It also works to ensure that accurate information and education about palliative care is easily accessible to the public. The South Carolina Department of Health and Environmental Control (DHEC) maintains and funds a statewide Palliative Care website and conducts awareness campaigns. Additionally, an online resource guide on</p>	<p>The Palliative Care Institute has collaborated with various agencies and community organizations to assess the necessary measures required to create a thriving and inclusive community that promotes successful aging for all individuals. The Washington State Hospital Association published The Palliative Care Roadmap to help patients and providers. Northwest Pediatric Palliative Care Coalition (NWPPCC)- NWPPCC's mission is to empower our interprofessional workforce to advocate for every child and family to have access to the support</p>	<p>State Advisory Coalition on Quality of Life produces educational materials and provides resources for patients, families, and providers. Education and Training: The Performance Center has utilized the Public Health Foundation to offer Quality Improvement Symposia for the Bureau for Public Health and Local Health Departments. The West Virginia Hospital Association is committed to helping our member hospitals improve quality, reduce medical errors and adverse events, and maximize patient safety through the implementation of education programs and quality initiatives.</p>

	<p>Palliative Care education has been developed to support the educational needs of the state.</p> <p>The Hospice & Palliative Care Foundation (HPCF) is a registered 501 (C) (3) not-for-profit foundation working with health care professionals across South Carolina to enhance the quality of life for both hospice and palliative care patients. Requires the Division on Aging website to publish information about palliative care, including: Continuing education opportunities for providers; Information about palliative care delivery in the home and other environments; Best practices for palliative care delivery; and Consumer educational materials and referral information for palliative care, including hospice.</p>	<p>necessary to live as well as possible with serious illness.</p>	
<p>FUNDING</p>	<p>South Carolina's Healthy Connections Prime Financial Alignment Initiative (FAI) model demonstration incorporates palliative care by including a palliative care benefit in its contract, which covers comfort care and pain management. Eligibility includes those with a serious, chronic, or life-limiting illness who may not qualify for hospice services.</p>	<p>FY 2023-2025 Budget: Requires a joint legislative executive committee on planning for aging and disability issues to identify strategies to promote palliative care planning, and advance care directives through the Bree Collaborative palliative care guidelines. Designates funds to increase pediatric palliative care rates to the equivalent hospice care rates for Medicare and to design a standardized payment methodology for a palliative care benefit for the state Medicaid program and the employee and retiree benefits programs.</p> <p>The Apple Health program, which is the state's Medicaid program, has implemented an integrated Medicaid managed care for health care and behavioral health services to help provide whole-person care under one health plan. Washington has defined rules for palliative care for individuals 20 and younger in Medicaid and lists palliative care for adults as a covered service within its Apple Health contract. Home health services, including palliative care, through state-licensed agencies are also listed as a</p>	<p>FY 2022-23 Budget: Provides a \$1.5M grant in aid to Samaritan hospital for expanded access to palliative care and renews \$4M in funding for the palliative care pilot program at Holy Name Hospital. Palliative care is grouped under Hospice services in the WV DHHS resources.</p>

		<p>covered service in the Apple Health contract.</p> <p>As part of the Washington Rural Palliative Care Initiative, Washington State developed the Palliative Care Road Map funded through the state legislature. The roadmap includes information for patients and caregivers on palliative care services and support, including culturally sensitive content. Through Washington State legislation, the Washington State Health Care Authority’s medical director is authorized to certify patient decision aids for assisting patients in shared decision-making.</p>	
WORKFORCE DEVELOPMENT	<p>The demand for palliative care in South Carolina is increasing, but there is a significant shortage of trained professionals across the state to meet this growing need. In their 2019 Committee report, South Carolina acknowledged the rising demand for palliative care and the shortage of trained professionals to address this need. As a recommendation, they proposed that state health professional licensure and continuing education requirements should include a minimum number of hours dedicated to palliative care instruction, specifically focusing on communication skills and symptom management skills.</p>	<p>The Health Workforce Council brings attention to current and projected workforce shortages in healthcare occupations and proposes strategies to address these issues. In July 2022, the Workforce Board began implementation of a three-year project to strengthen Washington’s long-term care workforce.</p> <p>The Bree Collaborative was established by the Washington Legislature in 2011 to bring public health care purchasers for Washington state, private health care purchasers (employers and union trusts), health plans, physicians and other health care providers, hospitals, and quality improvement organizations together to identify specific ways to improve health care quality, outcomes, and affordability in Washington State. The Bree takes on different topics and develops clinical recommendations.</p>	<p>West Virginia has serious healthcare workforce shortages. The Performance Center is working closely with the Bureau for Public Health’s Human Resources area on Workforce Development Initiatives. The Bureau for Public Health has recently launched the West Virginia Public Health Workforce Assessment</p>
QUALITY/DATA COLLECTION	<p>SC Palliative Care and Quality of Life Study Committee Report (2019) details many quality related recommendations including improving education, requiring participating in the annual Palliative Care Registry Surveys and Community Mapping Project through the CAPC, and</p>	<p>Washington State Hospice & Palliative Care Organization Palliative Care Institute at Western Washington University. The Bree Collaborative outlines specific quality metrics for palliative care.</p>	<p>HB 4035.State Advisory Coalition on Quality of Life. The purpose of the coalition created under this article is to improve quality and delivery of patient centered and family focused care in West Virginia. WV QI Model: The Performance Center is currently working with</p>

	identifying Centers of Excellence of palliative care practice to support workforce development.		all Offices within the Bureau for Public Health to identify QI projects that may help to improve processes and efficiencies.
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