

**State Advisory Council on Quality Care at the End of Life
Minutes from June 12, 2009 Meeting**

Meeting time and place: June 12, 2009, 10:00 a.m., in the Department of Aging's Conference Room, 301 West Preston Street, Room 1007.

Council members present: Timothy Keay, Acting Chair; Gail Mansell: Lynn McPherson; Ted Meyerson; Gail Amalia Katz: Karen Kaufman, Mike LaChance (Secretary of Aging's designee); Paul Ballard (Attorney General's designee); Cari Watrous (Secretary of Disabilities' designee via speakerphone).

Others present: Ethan Moore; Jim DeBoy; Brenna Higgins

Timothy Keay convened the meeting at 10:00 AM and welcomed Council members and guests.

Timothy Keay brought to the Council's attention that FDA is seeking comments on the development of Risk Evaluation and Mitigation Strategies (REMS) plan for opioids. According to the FDA, the purpose of an REMS plan is to ensure that the benefits of a drug outweigh the risks.

Mr. Ballard talked about the workgroup that arose out of House Bill 30 and Senate Bill 546 that will look at hospice and palliative care options, their utilization, and possible recommendations for increasing awareness and utilization of these options. House Bill 30 had passed the House and the Senate Finance Committee requested that Mr. Ballard convene the workgroup. The workgroup will study these issues by beginning to gather statistics and research to identify the situation with regard to access to and utilization of hospice and palliative care options. He asked people to provide him with access to information, research, and statistics. He will keep the Council informed regarding the workgroup's progress.

Council members noted that: (1) statistics for palliative care may be harder to obtain than for hospice use; (2) a study has shown that terminally ill patients live longer if they receive hospice care; and (3) palliative care should be made part of acute care's supportive services so that patients and health care providers do not assume that the use of palliative necessarily means that they must forego curative treatment. It was noted that palliative care services are also provided to chronic care patients in addition to terminally ill patients.

Mr. Ballard told the Council that Senate Bill 221 was passed by the Senate but was not passed by the House. Senate Bill 221 required hospitals and nursing homes to ask patients for a copy of any advance directive they have prepared and to inform those who have not prepared advance directives of their right to prepare an advance directive. The bill also would have required a health care facility to inform patients of the facility's policies and procedures with regard to the implementation of their advance directives and the use of CPR and DNR orders. It was also amended to give all patients information

about hospice care. After discussing the possible merits of the legislation the Council decided to review the issue further at the October meeting.

Mr. Ballard notified the Council regarding the passage of House Bill 250. As originally introduced House Bill 250 would have expanded nurse practitioners' scope of practice to permit nurse practitioners to certify incapacity, terminal conditions and end-stage conditions. Although it allowed nurse practitioners to sign death certificates, the provisions for expanding practice to allow certifications of capacity and condition were struck from the bill that passed. The Council decided to put the issue on the agenda for the October meeting.

Mr. Ballard informed the Council that Senate Bill 1054 passed. This bill required that the Council include a member representing the nursing home industry.

Mr. Ballard asked the Council for feedback regarding a proposal by the Attorney General's Office to provide a wallet card to consumers that notify health care personnel about the existence of an advance directive. The Council recommended that the Attorney General put a wallet card on its website.

The workgroups are meeting but no substantive reports were provided to the Council.

Based on Lynn McPherson's recommendation, the Council asked that Mr. Ballard draft a letter to the Food and Drug Administration expressing the Council's concerns regarding severe shortages of certain opioids used to relieve pain for patients. These drug shortages make it difficult for health care providers to relieve the pain of terminally ill patients.

Mr. Ballard gave an update on Council membership. Several new members had been appointed since the March meeting, including Lynn McPherson, Gail Mansell, and Gail Amalia Katz. Several other Council members had been reappointed during the same time period.

No further items of business having been presented, Dr. Keay adjourned the meeting at noon.