



# Advancing Palliative Care for Adults with Serious Illness: A National Review of State Palliative Care Policies and Programs

## Appendix A: Scan of State Regulations for Adult Palliative Care Activity

September 2018

Palliative care is interdisciplinary, patient-centered care for individuals with serious illness, provided in a hospital, community, or home. Palliative care can be delivered alongside curative treatment at any time following an individual's diagnosis with a serious illness. As licensors, regulators, and payers of health care services, states can influence how palliative care is perceived, accessed, and delivered. In September 2018, NASHP completed a comprehensive review of states' efforts to promote and support delivery of palliative care for adults across hospital, community, and home settings.

States license and regulate how institutions and providers deliver care. This can include defining the types of services delivered, staff composition and training, and educational and other requirements to obtain and maintain provider licensure. Through these policy levers states can promote patient and provider awareness of palliative care, and encourage the delivery of high-quality services. NASHP compiled and analyzed state statutes, licensing requirements, and other regulations pertaining to how and whether facilities and providers are required to deliver palliative care. This table highlights states that have incorporated palliative care into state regulations.

State	State Palliative Care Definition and/or Standard	Health Care Facility or Provider Regulations to Promote or Deliver Palliative Care	Related Provider Education or Training Requirements
CA		<a href="#">Hospice providers</a> : As of Jan. 1, 2018, licensed hospice providers may deliver palliative care services to patients with serious illnesses, in conjunction with curative treatment delivered by other licensed providers. This regulatory change will sunset Jan. 1, 2022. <sup>1</sup>	<a href="#">Continuing Medical Education</a> (CME): Most physicians must complete a one-time requirement of 12 CME hours on pain management and care for the terminally ill by their second license renewal date or within four years. <sup>2</sup>
CO	Defined in <a href="#">health care facility</a> regulations <sup>3</sup>	<a href="#">Licensed health care entities</a> : Hospitals and facilities, including <a href="#">assisted living residences</a> , that choose to provide these services must have written policies and procedures in place to ensure that patients receive an assessment, care to manage their symptoms, advance care planning, services to address psychosocial and spiritual needs, access to family supports, and bereavement counseling. <sup>4</sup> Assisted living residences have additional requirements to provide training to staff and volunteers about a range of topics, including palliative care. <sup>5</sup>	
CT	Defined in <a href="#">hospice</a> regulations <sup>6</sup>		
FL	Defined in <a href="#">civil rights</a> statutes <sup>7</sup>	<a href="#">Health care entities</a> : Hospitals, nursing homes, and assisted living facilities are required to honor physicians' orders for pain management and/or palliative care. <sup>8</sup>  <a href="#">Providers</a> : Providers must share information about pain management and/or palliative care and honor patient requests for these services. <sup>9</sup>	

State	State Palliative Care Definition and/or Standard	Health Care Facility or Provider Regulations to Promote or Deliver Palliative Care	Related Provider Education or Training Requirements
GA			<a href="#">CME</a> : Physicians working in pain management clinics in Georgia must have 20 hours of pain management or palliative care-related CME every two years or be Board-certified in pain management or palliative medicine. <sup>10</sup>
MD	Defined in <a href="#">health facility regulations</a> <sup>11</sup>	<a href="#">Hospitals</a> : Acute general hospitals and special hospitals with a minimum of 50 beds or more must operate a facility-wide palliative care program to provide related services to patients with serious illnesses. Maryland Code requires hospitals to inform patients and families about these programs, and specifies staffing standards, the types of required services, and care delivery standards. <sup>12</sup>	
MA	Defined in <a href="#">public health law</a> <sup>13</sup>	<a href="#">Licensed health care entities</a> : Massachusetts hospitals, skilled nursing and assisted living facilities, and health centers must provide information about palliative and end-of-life care to appropriate patients. <sup>14</sup>  <a href="#">Accountable Care Organizations (ACO)</a> : ACO <a href="#">certification requirements</a> stipulate ACOs must have formal referral partnerships with qualified providers to deliver palliative and hospice care. <sup>15</sup>  <a href="#">Providers</a> : Providers must offer information and counseling about palliative and end-of-life care to terminally ill patients. <sup>16</sup>	<a href="#">CME</a> : Massachusetts implemented a <a href="#">two-year CME pilot</a> on Jan. 1, 2018. Under the pilot, physicians are required to take two CME credits in end-of-life care as a one-time requirement. Additionally, physicians who prescribe controlled substances must have three CME credits during the pilot period. Prior to the pilot, the state's Code of Regulations also had CME requirements for end-of-life care and pain management. <sup>17</sup>
MI		<a href="#">Physicians</a> : Physicians must inform patients with diminished life expectancy due to advanced illness about palliative care treatment, including but not limited to hospice care or pain management. <sup>18</sup>	
MN	Defined in <a href="#">hospice regulations</a> <sup>19</sup>		
NV	Defined in <a href="#">hospice regulations</a> <sup>20</sup>		
NJ			<a href="#">CME</a> : New Jersey physicians must have two CME credits in end-of-life care within each renewal period. <sup>21</sup>
NY	Defined in <a href="#">public health law</a> <sup>22</sup>	<a href="#">Licensed health care entities</a> : Hospitals, nursing homes, home care, and assisted living facilities must provide advanced illness and terminally ill patients with education, counseling, and referrals to palliative care. <sup>23</sup>  <a href="#">Physicians</a> : Physicians and nurse practitioners must provide terminally ill patients with educational materials and counseling about palliative and end-of-life care. <sup>24</sup>	

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NC	Defined in <a href="#">hospice</a> regulations <sup>25</sup>		
ND	Defined in <a href="#">hospice</a> regulations <sup>26</sup>		
OH	Defined in <a href="#">hospice</a> regulations <sup>27</sup>		
OK	Defined in <a href="#">hospice</a> regulations <sup>28</sup>		
OR		<a href="#">Licensed health care entities</a> : Hospitals and long-term care and residential care facilities must develop mechanisms to identify patients for whom palliative care would be appropriate, educate patients and families, and coordinate with other providers to ensure access. <sup>29</sup>	<a href="#">CME</a> : Medical providers must complete a one-hour pain management course specific to Oregon and at least six additional CME hours on pain management and/or caring for terminally ill patients within the first year of licensure. <sup>30</sup>
RI	Defined in <a href="#">hospice</a> regulations <sup>31</sup>	<a href="#">Licensed health care entities</a> : Licensed health care entities must educate their physicians about palliative care, including talking to patients about these services and identifying patients who may be appropriate for these services. <sup>32</sup>	<a href="#">CME</a> : Every two years, physicians are required to complete a minimum of four hours of CME on priority topics identified by the Rhode Island Department of Health Director. At the time of this report, those priority topics include opioid and chronic pain management and end-of-life and palliative care. <sup>33</sup>
TN	Defined in <a href="#">living will</a> regulations <sup>34</sup>		
TX	Defined in <a href="#">home and community based services agency</a> regulations <sup>35</sup>		
UT	Defined in <a href="#">hospice</a> regulations <sup>36</sup>		
VT			<a href="#">CME</a> : Physicians must complete at least one hour of CME in each renewal period on hospice, palliative care, or pain management. <sup>37</sup>
VA	Defined in <a href="#">hospice</a> regulations <sup>38</sup>		
WI	Defined in <a href="#">hospice</a> regulations <sup>39</sup>		

<sup>1</sup> California Health and Safety Code, Div. 2, Chap. 8.5, Art. 2, Sec. 1747.3.

<sup>2</sup> Medical Board of California, "Continuing Education," accessed December 6, 2018. [http://www.mbc.ca.gov/Licensees/Continuing\\_Education/](http://www.mbc.ca.gov/Licensees/Continuing_Education/).

<sup>3</sup> 6 Code of Colorado Regulations (CCR) 1011-1 Chap 02.

<sup>4</sup> 6 Code of Colorado Regulations (CCR) 1011-1 Chap 02.

<sup>5</sup> 6 Code of Colorado Regulations (CCR) 1011-1 Chap 07.

<sup>6</sup> Connecticut Public Health Code, Section 19a-495-6a.

<sup>7</sup> Florida Stat., Title XLIV, Chapter 765, Part 1 (2018).

<sup>8</sup> Ibid.

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- <sup>9</sup> Ibid.
- <sup>10</sup> Georgia Rule 360-8-.06.
- <sup>11</sup> Code of Maryland Regulations (COMAR) 10.07.01.01.
- <sup>12</sup> Code of Maryland Regulations (COMAR) 10.07.01.31.
- <sup>13</sup> General Laws of Massachusetts, Title 16, Chap. 111, Sect. 227.
- <sup>14</sup> Ibid.
- <sup>15</sup> Commonwealth of Massachusetts 2012 Acts, Section 224, *An Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation*. <https://malegislature.gov/Laws/SessionLaws/Acts/2012/Chapter224>; and Commonwealth of Massachusetts Health Policy Commission, *Final Accountable Care Organization (ACO) Certification Standards For Certification Year 1*, April 2016. <https://www.mass.gov/files/documents/2016/07/qz/aco-certification-final-criteria-and-requirements.pdf>.
- <sup>16</sup> General Laws of Massachusetts, Title 16, Chap. 111, Sect. 227.
- <sup>17</sup> 243 Code of Massachusetts Regulations 2.06.
- <sup>18</sup> Michigan Public Health Code, Art. 5, Part 56A, Sec. 5655.
- <sup>19</sup> Minnesota Statutes, 144A.75 (2018).
- <sup>20</sup> Nevada Revised Statutes 449.0156.
- <sup>21</sup> New Jersey Administrative Code (N.J.A.C). 13:35-6.15
- <sup>22</sup> New York State Public Health Law, Sect. 2997-c.
- <sup>23</sup> New York State Public Health Law, Sect. 2997-d.
- <sup>24</sup> New York State Public Health Law, Sect. 2997-c.
- <sup>25</sup> North Carolina G.S. 131E-201(8).
- <sup>26</sup> North Dakota Century Code 23-17.4-01.
- <sup>27</sup> Ohio Rev. Code, Title 37, Chap. 3712-01.
- <sup>28</sup> Oklahoma Administrative Code 310:661-1-2.
- <sup>29</sup> 2017 Oregon Revised Statutes 413.273.
- <sup>30</sup> Oregon Administrative Rules 847-008-0075.
- <sup>31</sup> 216-Rhode Island Code of Regulations-40-10-11
- <sup>32</sup> State of Rhode Island General Laws, Chap. 23-89-3.
- <sup>33</sup> 216-RICR-40-05-1.5.5; and State of Rhode Island Department of Health, “Physician Licensing,” accessed December 6, 2018. <http://health.ri.gov/licenses/detail.php?id=200/>.
- <sup>34</sup> Tennessee Code Ann. Title 32-11-103.
- <sup>35</sup> 40 Texas Administrative Code Chap. 97.2.
- <sup>36</sup> Utah Administrative Code, R432-750-4.
- <sup>37</sup> 26 V.S.A. § 1400; and Vermont Department of Health, *Rules of Board of Medical Practice*, effective October 15, 2017. [http://www.healthvermont.gov/sites/default/files/documents/pdf/BMP\\_Board%20Rules%20Effective%202017.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/BMP_Board%20Rules%20Effective%202017.pdf).
- <sup>38</sup> Code of Virginia 32.1-162.1.
- <sup>39</sup> Wisconsin Statute Chap. 50.90.