

General Laws of Rhode Island

TITLE 23. HEALTH AND SAFETY  
CHAPTER 89. THE RHODE ISLAND PALLIATIVE CARE AND QUALITY OF LIFE ACT

§ 23-89-3. Access to palliative care

(a) As used in this section, the following terms shall have the following meanings:

(1) "Appropriate" means consistent with applicable legal, health and professional standards, the patient's clinical and other circumstances, and the patient's reasonably known wishes and beliefs.

(2) "Medical care" means services provided, requested, or supervised by a physician or advanced practice nurse.

(3) "Palliative care" means patient and family centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness. Palliative care throughout the continuum of illness involves addressing physical, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. Palliative care includes, but is not limited to, discussions of the patient's goals for treatment; discussion of treatment options appropriate to the patient, including, where appropriate, hospice care; and comprehensive pain and symptom management.

(4) "Serious illness" means any medical illness or physical injury or condition that substantially impacts quality of life for more than a short period of time. Serious illness includes, but is not limited to, cancer; heart, renal or liver failure; lung disease; and Alzheimer's disease and related dementias.

(b) On or before January 1, 2015, all healthcare organizations which required a license to operate shall:

(1) Consult with the organization's physicians to educate them on how to provide information about appropriate palliative care services for those patients or residents with serious illnesses, who, in their professional medical opinion, would benefit from them.

(c) The department shall carry out this section with the consultation of the palliative care and quality of life interdisciplinary advisory council.

(d) In carrying out this section, the department shall take into account factors that may impact the development of such a system and its ability to facilitate access to palliative care, including the size of the healthcare organization; access and proximity to palliative care services, including the availability of hospice and palliative care board-certified practitioners and related workforce staff; and geographic factors.

**HISTORY:** P.L. 2013, ch. 332, § 1; P.L. 2013, ch. 421, § 1.