

State Policy 101 for Palliative Care Champions

Revised June 2022

This presentation describes the structure of the state policy environment as it pertains to palliative care, highlighting key audiences and their areas of jurisdiction.





Introduction to State Policy

State policy governs key laws and programs than can impact palliative care access/quality; for example:

Workforce

- Training programs, grants, loan forgiveness, occupational licensing requirements

Payment

- Programs like Medicaid (in partnership with Federal Government); State exchanges; health insurance regulation

Quality and Standards

- Program/facility licensing and inspection, quality measures in Medicaid programs

Introduction to State Policy (cont'd)

State policy governs key laws and programs than can impact palliative care access and quality; for example:

Clinical Skill Building

- Continuing education requirements for professional licensure

Public Awareness

- Education and awareness campaigns to disseminate critical public health messages

Health Equity

- Programs to support and protect diverse populations

Civics Refresh: Branches of Government

All state governments are modeled after the federal government and consist of three branches: executive, legislative, and judicial.



Legislative

- Comprised of*:
 - Upper House (Senate)
 - Lower House (House of Representatives)
- Responsibilities:
 - Enact laws
 - Represent the needs of their constituents
 - Share budget-making responsibilities with Governor

*All states have two-house legislature except for Nebraska, which has a single house

Executive

- Comprised of*:
 - Governor
 - Other elected positions (e.g., LT Governor, Sec. of State, Attorney General, Auditor, Treasurer)
- Responsibilities:
 - Make appointments to state agencies and offices
 - Draw up the budget
 - Right to veto bills passed by the legislature

Judicial

- Comprised of:
 - State Supreme Court
 - Courts of Appeals
 - State Trial Courts (also known as Circuit or District Courts)
- Responsibilities
 - Hear all the cases not specifically selected for federal courts
 - Interpret, apply, and enforce the criminal and civil laws of the state



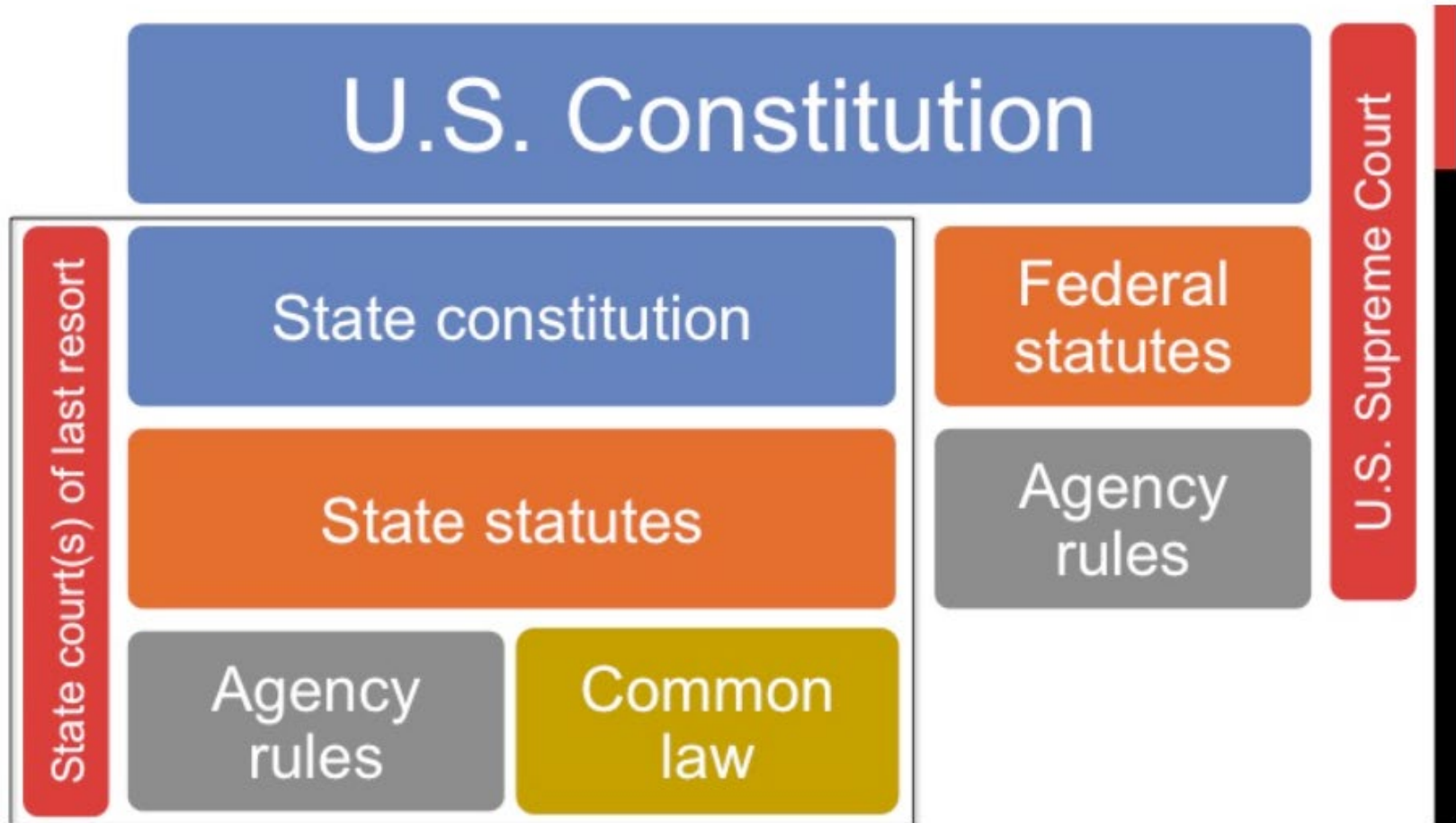
Laws and Regulations

- State laws typically address domestic affairs and most areas of law not explicitly given to Congress (e.g., professional, program and facility licensing)
- Every state has its own set of rules for considering and enacting bills. Generally, bills are passed by both legislative chambers and signed into law by the Governor. Laws establish requirements or prohibitions.
- Regulations are then published by executive branch agencies to clarify their interpretation of a law and how a law will be implemented. Regulations also state requirements or prohibitions.

Laws and Regulations (cont'd)

- While both have the goal of **specifying** and **organizing** behavior, there are key differences
 - Laws (statute) – can create or end programs across all gov't agencies, make changes to requirements, appropriate funds; can be sweeping
 - Regulation – changes made within statutory requirements, only apply to agency at hand; tend to be more weedy
- “All laws must be consistent with the authorities provided under the Constitution, and all regulations, guidance, and policies must be consistent with laws.”

Laws and Regulations (cont'd)

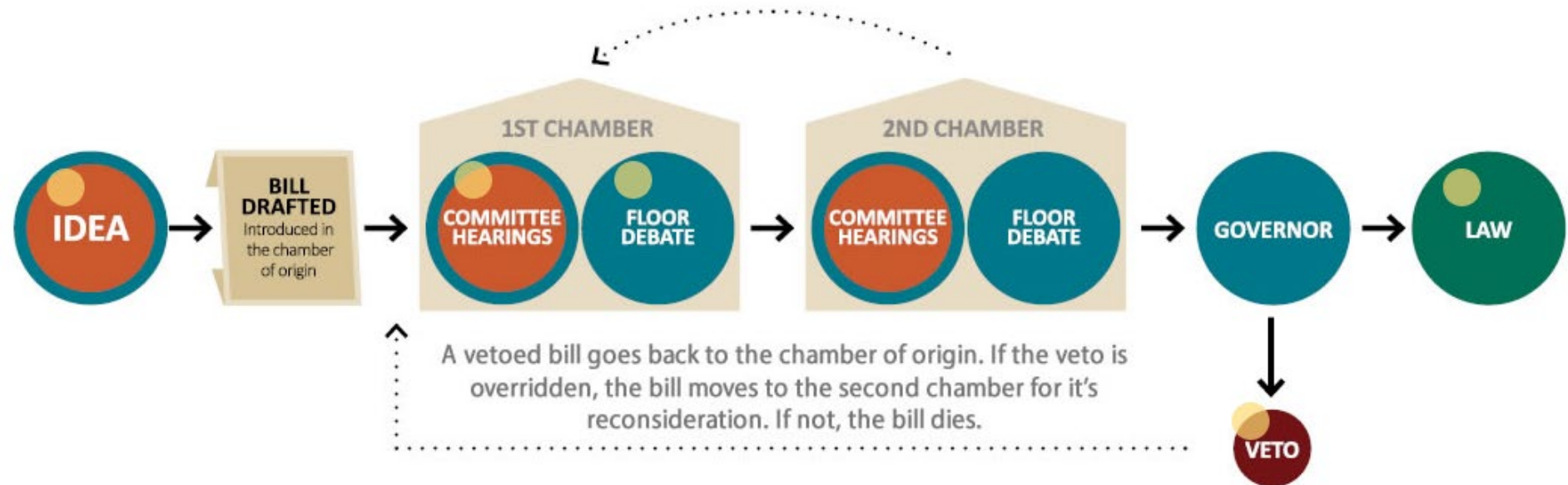


Source: <https://rhetoricked.com/knowledge-base/hierarchy-authorities/>

How a Bill Becomes Law

State Legislative process

If changed, the bill is sent back to the chamber of origin for approval or further consideration



A vetoed bill goes back to the chamber of origin. If the veto is overridden, the bill moves to the second chamber for its reconsideration. If not, the bill dies.

Source: <https://www.ncsl.org/legislators-staff/legislative-staff/legislative-staff-coordinating-committee/civics-education-at-ncsl.aspx>



Regulatory Process

- Rules are a state agency's opportunity to provide more detail to the public about how it will implement law
- When rules are being written or updated, the public and stakeholders are given informal and formal opportunities to contribute to the process
- Find ways to offer input earlier rather than later in this process (e.g., having meetings with state representatives or going to committee meetings)

Legislative vs. Regulatory Approaches

- Palliative care champions must understand the change they are trying to make and which branch has jurisdiction
 - E.g., In Maine, the bill “An Act To Advance Palliative Care Utilization in the State” directs the Department of Health and Human Services to provide reimbursement for palliative care and to adopt rules that support and standardize its delivery, which will require consulting with stakeholders – legislation is the best approach
 - E.g., Licensure changes, many tweaks to programs can be made through the state regulatory process (for instance, Nebraska’s Department of Health and Human Services regularly updates its [regulations](#))

Legislative vs. Regulatory Approaches (cont'd)

- Some advocacy efforts will include both legislative and regulatory strategies
- Advocates can influence policy by meeting with their representatives and state officials, testifying, writing letters and emails, responding to requests for comments
- In general, it is more effective to pursue policy changes as part of a coalition/state association than individually

Selected Coalitions Supporting Palliative Care Policy



https://www.azhha.org/az_coalition



<https://www.thectac.org/>



<https://www.maseriouscare.org/>



<https://coalitionccc.org/>



<https://www.mylifemychoices.org/>

How Individuals Can Affect Policy

- Be informed on issues, politics, players
- Join professional associations, respond to calls for action
- Write representatives regularly, offer to be a resource; set up meetings with them
- Participate in state capitol visits

Palliative Care Messaging for Policymakers

- Quality of life for people living with serious illness
- Achieves quadruple aim: improves quality, health, clinician experience, reduces cost
 - Cost reduction is a by-product – only mention *after* discussing other benefits
- For more messaging guidance, visit <https://www.capc.org/toolkits/marketing-and-messaging-palliative-care/>

To Learn More About Palliative Care and State Policy

- Review the State-by-State Palliative Care Report Card at <https://reportcard.capc.org/>
- Visit <https://www.capc.org/toolkits/state-policy-resources/>
- Contact paymentandpolicy@capc.org

APPENDIX: Agencies with Jurisdiction over Health Care, By State

State	Agency Website
Alabama	<u>Alabama Public Health</u>
Alaska	<u>Alaska Department of Health & Social Services</u>
Arizona	<u>Arizona Department of Health Services</u>
Arkansas	<u>Arkansas Department of Health</u>
California	<u>California Department of Public Health</u>
Colorado	<u>Colorado Department of Public Health & Environment</u>
Connecticut	<u>Connecticut Health and Human Services</u>
Delaware	<u>Delaware Health and Social Services</u>
District of Columbia	<u>DC Health</u>
Florida	<u>Florida Health</u>
Georgia	<u>Georgia Department of Public Health</u>
Hawaii	<u>Hawaii State Department of Health</u>
Idaho	<u>Idaho Department of Health & Welfare</u>

Agencies with Jurisdiction over Healthcare, By State

State	Agency Website
Illinois	<u>Illinois Department of Public Health</u>
Indiana	<u>Indiana Department of Health</u>
Iowa	<u>Iowa Department of Public Health</u>
Kansas	<u>Kansas Department of Health and Environment</u>
Kentucky	<u>Kentucky Cabinet for Health and Family Services</u>
Louisiana	<u>Louisiana Department of Health</u>
Maine	<u>Maine Department of Health and Human Services</u>
Maryland	<u>Maryland Department of Health</u>
Massachusetts	<u>Massachusetts Department of Public Health</u>
Michigan	<u>Michigan Department of Health & Human Services</u>
Minnesota	<u>Minnesota Department of Health</u>
Mississippi	<u>Mississippi State Department of Health</u>
Missouri	<u>Missouri Department of Health & Senior Services</u>

Agencies with Jurisdiction over Health Care, By State

State	Agency Website
Montana	<u>Montana Dept of Public Health and Human Services</u>
Nebraska	<u>Nebraska Dept of Health and Human Services</u>
Nevada	<u>Nevada Department of Health and Human Services</u>
New Hampshire	<u>New Hampshire Dept of Health & Human Services</u>
New Jersey	<u>New Jersey Department of Health</u>
New Mexico	<u>New Mexico Department of Health</u>
New York	<u>New York Department of Health</u>
North Carolina	<u>North Carolina Dept of Health and Human Services</u>
North Dakota	<u>North Dakota Department of Health</u>
Ohio	<u>Ohio Department of Health</u>
Oklahoma	<u>Oklahoma State Department of Health</u>
Oregon	<u>Oregon Health Authority</u>
Pennsylvania	<u>Pennsylvania Department of Health</u>

Agencies with Jurisdiction over Health Care, By State

State	Agency Website
Rhode Island	<u>Rhode Island Department of Health</u>
South Carolina	<u>South Carolina Dept of Health & Environmental Control</u>
South Dakota	<u>South Dakota Department of Health</u>
Tennessee	<u>Tennessee Department of Health</u>
Texas	<u>Texas Department of State Health Services</u>
Utah	<u>Utah Department of Health</u>
Vermont	<u>Vermont Department of Health</u>
Virginia	<u>Virginia Department of Health</u>
Washington	<u>Washington State Department of Health</u>
West Virginia	<u>West Virginia Dept of Health & Human Resources</u>
Wisconsin	<u>Wisconsin Department of Health Services</u>
Wyoming	<u>Wyoming Department of Health</u>