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Hospice and Palliative Care Advisory Board Meeting

November 14, 2024 10:30 a.m. – 12:30 p.m.

525 W. Jefferson, 4th Floor, Springfield

122 S. Michigan Ave, 7th Floor, Room 711, Chicago

Meeting link: <https://illinois.webex.com/illinois/j.php?MTID=mf9dee5a666d9e877b273ac4f2999ab69>

Meeting number: 2630 498 1707

Password: Hsp1114

Join by video system dial 26304981707@illinois.webex.com

You can also dial 173.243.2.68 and enter your meeting number.

Members Present: Kristin James, Ellen Byrne, Doug Irvin, Jeffrey Workman, Hakeem Bello, Susan Fristad, Molly Chapman, Shelly Taylor, Paul Hutchison

Members Absent: Shawna O'Dell, Becky Dragoo

Department Staff: Karen Senger, Siji Varghese, Jackie Richmond, Rebecca Gold, Sheila Baker

Guests: Mary Kay Sheehan, *Lightways*, Greg Willis, *Governmental Affairs*

Introduction of Committee Members and Guests

Karen Senger, Division Chief of Division of Health Care Facilities & Programs called the meeting to order at 10:36 a.m. and announced that this is the Hospice and Palliative Care Advisory Committee Meeting with today's date being November 14, 2024.

Karen Senger reminded Members and Guests that this meeting is being conducted via WebEx and gave a brief explanation of the protocols for conducting this meeting. This is a public meeting, and it is subject to the Open Meetings Act (OMA) and a recording of this meeting is permitted. Today's meeting is being conducted via WebEx, which allows audio and other information said during the session to be recorded. By joining this session, you are automatically consenting to such recordings and if you do not consent to be recorded, then you should not join this session. This introduction statement is being read so everyone is aware that this meeting is being recorded.

Since we are conducting this meeting from the Springfield conference room via WebEx, you will need to please mute your phone or computer when you are not speaking so we do not get the echo feedback from members and guests of the public that wish to speak. Members of the Public and others wishing to speak will be recognized by the chair during public comment period, which we will open the floor at the end of the meeting for open discussion/comments.

An introduction of Board members was conducted to establish a quorum. After a roll call was conducted, a quorum was established at this time and the meeting was called to order.

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Approval of Draft Minutes for May 20, 2024, Meeting {Vote} {Exhibit 1}

The draft meeting minutes from May 20, 2024, were reviewed and discussed by the Board. Karen Senger asked if there any questions or amendments to the meeting minutes. Not hearing any concerns, we will need an individual to identify by name a motion to approve the minutes, and then we'll need a 2nd, and then we can go through a roll call to approve them. A motion was made to approve the minutes by Board member Shelly Taylor and 2nd by Hakeem Bello. With none opposed, the minutes were affirmed and unanimously carried to approve the minutes as presented.

OLD BUSINESS

Subcommittee Serious Illness update

We had a broad representation on the subcommittee including five members of this committee. There were several others who deliver palliative care in the community but are not with hospices so that additional voice was important to have. We also engaged the Medical Director for one of the Medicaid MCOS that provides care to dual eligible individuals. We are proposing a small change to what the law currently defines as palliative care to replace the statute under hospice. The recommendations are about adult care, keeping the pediatric palliative care services separate.

New definitions proposed:

"Palliative care" means medical treatment, interdisciplinary care, and consultation that focuses on collaborative care coordination, management of a person's symptoms and suffering and assessment and support of caregiver needs, provided with or without treatments of life-prolonging intent. Palliative care anticipates, prevents, and manages the Physical, psychological, social, and spiritual impact of a serious illness to improve quality of life. It is a person- and family-centered approach, appropriate at any age and stage in a serious illness, which facilitates autonomy by providing access to information and choice about medical treatment.

"Serious illness" means a health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life or excessively strains their caregiver.

Ellen asks that we talk to our legal group and legislative liaison to see if these definitions are problematic in any way. We do want to stress that the expected prognosis for palliative is twelve months to two years – rather than six months or less for hospice.

NEW BUSINESS

Information reminder of 410 ILCS 642, "Home Health and Hospice Drug Dispensation and Administration Act {Exhibit 3}

Lumping Home Health and Hospice may not be appropriate to meeting the needs of the patients and we would like to reconsider and separate them. Doug states that the patient populations are very different and as written creates a burdensome limitation for hospice. Karen agrees that we should all look over this and strike through and make suggestion to bring back at the next meeting.

Information proposed draft federal Hospice CARE act Legislation {Exhibit 4}

There are some theories that Ellen wanted to point out in the federal hospice draft about a potential moratorium that we wanted everyone to be aware of. It's unlikely that this piece of legislation will be considered in this session, as the person who introduced it has retired, so this is just informational. If you have any issues, please contact your senator. It has some different requirements for surveying spaces.

Board Membership Updates

We do have a full board, minus the 1 representative for Health Care and Family Services. We are still trying to get someone from this agency to make a recommendation.

Public Comments

None

Next Board Meeting Date: February 13, 2025, ● 10:30 a.m.

Meeting Adjourned at 11:55 a.m.