

The Care Planning Act of 2015

Section by Section

Section 1 – Title & Table of Contents

Section 2 – Findings

Section 3 – Improvement of advanced illness planning and coordination.

Creates a Medicare benefit, Planning Services: Eligible individuals with serious or life-threatening illness may elect to engage in a team-based planning process designed to align the care a patient receives with his or her goals of care, values, and preferences. Members of the interdisciplinary team would work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of the patient and caregivers by providing important information, including:

- Assisting the patient in defining and articulating goals of care, values, and preferences;
- Providing information about disease trajectory;
- Discussing and evaluating how a range of treatment options align with patient goals;
- Preparing and sharing recognized documentation stating the patient's goals of care, preferences, and values, preferred decision-making strategies, and plan of care;
- Referrals to medical or social service providers for care consistent with the plan; and
- Providing training to the patient and caregivers to enable them to implement the plan.

Planning services will be reimbursed by Medicare Part B under the physician fee schedule. Eligible individuals may receive the benefit no more than once a year, with exceptions to this frequency limitation established by the Secretary.

Requires CMMI to conduct an Advanced Illness Coordination Services (AICS) Project: CMMI will conduct a five-year demonstration program offering AICS to individuals needing assistance in two or more progressive disease-related activities of daily living (ADLs).

Section 4 – Quality Measurement Development

Directs the Secretary to develop quality measures: Appropriates \$5 million for HHS to identify gaps and develop quality measures to evaluate the efficacy of Planning Services, focusing on evaluating quality by linking patient goals to the plan, treatment received, and treatment outcomes.

Section 5 – Inclusion of Advanced Care Planning Materials in the Medicare & You Handbook

Directs the Secretary to include information in the Medicare & You Handbook about advance directives, planning services, planning tools, and portable treatment orders.

Section 6 – Improvement of Policies Related to the Use and Portability of Advance Directives and Portable Orders

Requires Medicare providers of services and entities to follow individuals' preferences:

- Hospitals, home health agencies, hospices, and skilled nursing facilities must honor patient preferences in making treatment decisions. These facilities must have in place policies and procedures to:
 - Provide individuals with information about their rights concerning medical decision-making;
 - Include in the medical record the contents of, and whether individuals report having, an advance directive or portable treatment order;
 - Offer individuals the opportunity to discuss advance directives with appropriately trained personnel;
 - Provide care that is consistent with an individual's preferences, or evidence of preferences; and
 - Address circumstances under which providers would not comply with a documented preference

Section 7 – Additional Requirements for Facilities

Requires Medicare providers and entities to document plans made during the stay: Healthcare facilities must assure that care plans made while an individual receives care are appropriately documented prior to discharge and sent to appropriate providers and facilities upon discharge.

Section 8 – Grants for Increasing Public Awareness of Advance Care Planning and Advanced Illness Care

Appropriates \$15 million and authorizes the Secretary to award grants to public or private entities, to:

- Develop materials and resources addressing advance care planning for healthy individuals, the elements of care planning for individuals with advanced illness, the role and effective use of advance directives and portable treatment orders, or the range of services designed for individuals facing advanced illness;
- Establish and maintain web- and phone-based resources to disseminate resources and materials;
- Conduct a national public educational campaign

Section 9 – Rule of Construction

Establishes that this Act shall not be construed to limit restrictions of the Assisted Suicide Funding Restriction Act of 1997.