

**Second Regular Session  
Sixty-third General Assembly  
STATE OF COLORADO**

**INTRODUCED**

LLS NO. R02-0021.01 Debbie Haskins

HJR02-1002

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**HOUSE SPONSORSHIP**

**Larson**

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**(None)**

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**House Committees**  
State, Veterans, & Military Affairs

**Senate Committees**

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**HOUSE JOINT RESOLUTION 02-1002**

101     **CONCERNING THE CREATION OF AN INTERIM COMMITTEE TO STUDY**  
102     **PALLIATIVE CARE IN COLORADO.**

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1       WHEREAS, Palliative care is a comprehensive and holistic  
2       approach to health care for patients with chronic or life-threatening  
3       illnesses that is delivered by a specialized, interdisciplinary team and  
4       focuses on a patient's comfort and quality of life and his or her right to  
5       determine the best course of care; and

6       WHEREAS, Palliative care is based on a personalized plan created  
7       by the patient and his or her family and health care providers, which plan  
8       addresses pain and symptom management, as well as responds to other  
9       physical, psychological, social, and spiritual needs; and

10      WHEREAS, Palliative care is an economically sound approach to  
11     health care that minimizes the cost of dying and long-term care by  
12     redirecting patient care activities from curative efforts to comfort and  
13     quality of life; and

14      WHEREAS, Palliative care seeks neither to hasten death nor  
15     artificially prolong life; and

**Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.**  
*Capital letters indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

1           WHEREAS, Each year more than fourteen thousand Coloradans  
2 die of terminal illnesses with little or no support for themselves or their  
3 families in preparing for the death process; and

4           WHEREAS, Many more Coloradans suffer ongoing pain and other  
5 symptoms associated with chronic illnesses that reduce their productivity  
6 and their quality of life even though such symptoms are treatable with  
7 medical, psychological, and social methods; and

8           WHEREAS, Although hospice care is a proven model of palliative  
9 care for the terminally ill, only one-third of eligible Coloradans receive  
10 hospice care. Furthermore, half of those who do receive hospice care  
11 only benefit from nineteen or fewer days of this holistic care and  
12 symptom management, which is generally an inadequate amount of care;  
13 and

14          WHEREAS, Extensive palliative care methodology has been  
15 developed that allows patients and their health care providers to design  
16 programs that significantly affect their quality of life and productivity;  
17 and

18          WHEREAS, It would be beneficial to this state and its citizens to  
19 identify and address barriers and disincentives to palliative care in order  
20 to provide comprehensive palliative care to patients with chronic or  
21 life-threatening illnesses; now, therefore,

22          *Be It Resolved by the House of Representatives of the Sixty-third  
23 General Assembly of the State of Colorado, the Senate concurring  
24 herein:*

25          (1) That there shall be a committee to meet in the interim after the  
26 conclusion of the 2002 Regular Session of the Sixty-third General  
27 Assembly to study palliative care, including the barriers and disincentives  
28 that prohibit or prevent patients from receiving palliative care throughout  
29 chronic and life-threatening illnesses. Such interim committee shall  
30 consist of six members of the General Assembly. Three members of the  
31 committee shall be from the senate, two appointed by the president of the  
32 senate and one appointed by the minority party leader of the senate and  
33 no more than two of the three members shall be from the same political  
34 party. Three members of the committee shall be from the house of  
35 representatives, appointed by the speaker of the house of representatives  
36 after consultation with the minority leader of the house of representatives,  
37 and no more than two of the three members shall be from the same  
38 political party.

39          (2) That the interim committee may study, but shall not be limited  
40 to, the following:

41           (a) Public awareness of the availability of palliative care and the  
42 options and consumer choices in palliative care;

43           (b) The economics and potential savings of palliative care;

(c) The differences in access to palliative care in urban and rural areas in Colorado;

(d) Insurance and medicaid reimbursement for palliative care;

(e) A review of the implementation and results of the 1996 and 1997 legislation concerning intractable pain and its effect on palliative care in this state;

(f) Palliative and end-of-life training for health care providers in state-funded schools and palliative and end-of-life continuing education for practicing health care providers;

(g) The six-month limitation on hospice care and how that affects the receipt of palliative care;

(h) Models of palliative care delivery in all care settings, including homes, in other states.

(3) That the interim committee shall meet six times during the 2002 interim, including at least three meetings that are held in rural areas of the state.

(4) That the Legislative Council shall report its findings and recommendations, including any recommended legislation, to the members of the First Regular Session of the Sixty-fourth General Assembly.

(5) That expenditures incurred in the conduct of the study enumerated in this joint resolution shall be approved by the chairperson of the Legislative Council and paid by vouchers and warrants drawn as provided by law from funds allocated to the Legislative Council from appropriations made by the General Assembly.