Florida Senate - 1999

By Senator Clary

7-1038-99 A bill to be entitled 1 2 An act relating to hospices; amending s. 400.605, F.S.; prescribing additional subjects 3 4 that must be addressed in rules of the 5 Department of Elderly Affairs; amending s. 6 400.609, F.S.; authorizing physician services 7 to be provided through contract; prescribing additional facilities in which hospice services 8 9 may be provided; prescribing responsibility for care and services of persons admitted to 10 hospice programs; providing an effective date. 11 12 13 Be It Enacted by the Legislature of the State of Florida: 14 Section 1. Subsection (1) of section 400.605, Florida 15 16 Statutes, is amended to read: 400.605 Administration; forms; fees; rules; 17 inspections; fines.--18 19 (1) The department, in consultation with the agency, 20 shall by rule establish minimum standards and licensure 21 procedures for a hospice. The rules must include: 22 (a) License application procedures and requirements. 23 (b)(a) The qualifications of professional and ancillary personnel to ensure the provision of appropriate and 24 25 adequate hospice care. (c)(b) Standards and procedures for the administrative 26 27 management of a hospice. 28 (d)(c) Standards for hospice services that ensure the 29 provision of quality patient care. 30 (e) Components of a patient plan of care. 31

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1 (f) Procedures relating to the implementation of advanced directives and do-not-resuscitate orders. 2 3 (g)(d) Procedures for maintaining and ensuring 4 confidentiality of patient records. 5 (e) Provision for contractual arrangements for the б inpatient component of hospice care and for other professional 7 and ancillary hospice services. 8 (h)(f) Standards for hospice care provided in hospice 9 residential units and freestanding inpatient facilities that 10 are not otherwise licensed medical facilities and in 11 residential care facilities such as nursing homes, assisted living facilities, adult family care homes, and hospice 12 residential units and facilities. 13 (i) Physical plant standards for hospice residential 14 15 and inpatient facilities and units. (j) Component of a disaster preparedness plan. 16 17 (k) Standards and procedures relating to the establishment and activities of a quality assurance and 18 19 utilization review committee. 20 (1) Components and procedures relating to the 21 collection of patient demographic data and other information 22 on the provision of hospice care in this state. Section 2. Section 400.609, Florida Statutes, is 23 24 amended to read: 400.609 Hospice services.--Each hospice shall provide 25 a continuum of hospice services which afford the patient and 26 27 the family of the patient a range of service delivery which 28 can be tailored to specific needs and preferences of the 29 patient and family at any point in time throughout the length of care for the terminally ill patient and during the 30 31

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1 bereavement period. These services must be available 24 hours a day, 7 days a week, and must include: 2 3 (1) CORE SERVICES.--4 (a) The hospice care team shall directly provide the 5 following core services: physician services, nursing 6 services, social work services, pastoral or counseling services, dietary counseling, home health aide services, and 7 8 bereavement counseling services. Physician services may be 9 provided by the hospice directly or through contract. 10 (b) Each hospice must also provide or arrange for such 11 additional services as are needed to meet the palliative and support needs of the patient and family. These services may 12 13 include, but are not limited to, physical therapy, 14 occupational therapy, speech therapy, massage therapy, infusion therapy, provision of medical supplies and durable 15 medical equipment, day care, homemaker and chore services, and 16 17 funeral services. (2) HOSPICE HOME CARE.--Hospice care and services 18 19 provided in a private home shall be the primary form of care. 20 The goal of hospice home care shall be to provide adequate 21 training and support to encourage self-sufficiency and allow patients and families to maintain the patient comfortably at 22 home for as long as possible. The services of the hospice 23 24 home care program shall be of the highest quality and shall be 25 provided by the hospice care team. (3) HOSPICE RESIDENTIAL CARE. -- Hospice care and 26 27 services, to the extent practicable and compatible with the 28 needs and preferences of the patient, may be provided by the 29 hospice care team to a patient living in an assisted living facility, adult family care home, nursing home, hospice 30 31 residential unit or facility, or other nondomestic place of 3

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permanent or temporary residence. A resident or patient living 1 in an assisted living facility, adult family care home, 2 3 nursing home, or other facility subject to state licensing who has been admitted to a hospice program shall be considered a 4 5 hospice patient, and the hospice program shall be responsible б for coordinating and ensuring the delivery of hospice care and 7 services to such person pursuant to the standards and 8 requirements of this part and rules adopted under this part. 9 (4) HOSPICE INPATIENT CARE. -- The inpatient component 10 of care is a short-term adjunct to hospice home care and 11 hospice residential care and shall be used only for pain control, symptom management, or respite care. The total number 12 13 of inpatient days for all hospice patients in any 12-month period may not exceed 20 percent of the total number of 14 hospice days for all the hospice patients of the licensed 15 hospice. Hospice inpatient care shall be under the direct 16 17 administration of the hospice, whether the inpatient facility is a freestanding hospice facility or part of a facility 18 19 licensed pursuant to chapter 395 or part II of this chapter. 20 The facility or rooms within a facility used for the hospice inpatient component of care shall be arranged, administered, 21 and managed in such a manner as to provide privacy, dignity, 22 comfort, warmth, and safety for the terminally ill patient and 23 24 the family. Every possible accommodation must be made to 25 create as homelike an atmosphere as practicable. То facilitate overnight family visitation within the facility, 26 27 rooms must be limited to no more than double occupancy; and, 28 whenever possible, both occupants must be hospice patients. 29 There must be a continuum of care and a continuity of 30 caregivers between the hospice home program and the inpatient 31 aspect of care to the extent practicable and compatible with

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1	the preferences of the patient and his or her family. Fees
2	charged for hospice inpatient care, whether provided directly
3	by the hospice or through contract, must be made available
4	upon request to the Agency for Health Care Administration. The
5	hours for daily operation and the location of the place where
6	the services are provided must be determined, to the extent
7	practicable, by the accessibility of such services to the
8	patients and families served by the hospice.
9	(5) BEREAVEMENT COUNSELINGThe hospice bereavement
10	program must be a comprehensive program, under professional
11	supervision, that provides a continuum of formal and informal
12	supportive services to the family for a minimum of 1 year
13	after the patient's death. This subsection does not
14	constitute an additional exemption from chapter 490 or chapter
15	491.
16	Section 3. This act shall take effect July 1, 1999.
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19	SENATE SUMMARY
20	Provides additional standards and procedures for hospices
21	relating to license application, patient care plans, implementation of advanced directives and do-not-resuscitate orders, physical plant, disaster
22	preparedness, quality assurance and utilization, and data collection which must be addressed in rules of the
23	Department of Elderly Affairs. Authorizes hospices to
24	provide physician services through contract as well as directly. Provides that a person residing in another type of facility who has been admitted to a hospice program is
25	considered a hospice patient.
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