1	A bill to be entitled
2	An act relating to hospices; amending s.
3	400.605, F.S.; revising authority of the
4	Department of Elderly Affairs to adopt rules
5	for hospice standards and procedures; amending
6	ss. 400.6085 and 400.609, F.S.; authorizing
7	contracts for physician services; providing an
8	effective date.
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10	Be It Enacted by the Legislature of the State of Florida:
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12	Section 1. Subsection (1) of section 400.605, Florida
13	Statutes, is amended to read:
14	400.605 Administration; forms; fees; rules;
15	inspections; fines
16	(1) The department, in consultation with the agency,
17	shall by rule establish minimum standards and licensure
18	procedures for a hospice. The rules must include:
19	(a) License application procedures and requirements.
20	$\frac{(b)}{(a)}$ The qualifications of professional and
21	ancillary personnel to ensure the provision of appropriate and
22	adequate hospice care.
23	$\overline{(c)}$ Standards for the administrative management of
24	a hospice.
25	$\frac{(d)}{(c)}$ Standards for hospice services that ensure the
26	provision of quality patient care.
27	(e) Components of a patient plan of care.
28	(f) Procedures relating to the implementation of
29	advance directives and do-not-resuscitate orders.
30	$\frac{(g)}{(d)}$ Procedures for maintaining and ensuring
31	confidentiality of patient records.

1 (e) Provision for contractual arrangements for the
2 inpatient component of hospice care and for other professional
3 and ancillary hospice services.

(h)(f) Standards for hospice care provided in hospice residential units and freestanding inpatient facilities that are not otherwise licensed medical facilities and in residential care facilities such as nursing homes, assisted living facilities, adult family care homes, and hospice residential units and facilities.

- (i) Physical plant standards for hospice residential units and inpatient facilities.
 - (j) Components of a disaster preparedness plan.
- (k) Standards and procedures relating to the establishment and activities of a quality assurance and utilization review committee.
- (1) Components and procedures relating to the collection of patient demographic data and other information on the provision of hospice care in this state.

Section 2. Subsection (1) of section 400.6085, Florida Statutes, is amended to read:

400.6085 Contractual services.—A hospice may contract out for some elements of its services. However, the core services, as set forth in s. 400.609(1), with the exception of physician services, shall be provided directly by the hospice. Any contract entered into between a hospice and a health care facility or service provider must specify that the hospice retains the responsibility for planning, coordinating, and prescribing hospice care and services for the hospice patient and family. A hospice that contracts for any hospice service is prohibited from charging fees for services provided

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directly by the hospice care team that duplicate contractual services provided to the patient and family.

- (1) A contract for hospice services, including inpatient services, must:
- (a) Identify the nature and scope of services to be provided.
- (b) Require that direct patient care shall be maintained, supervised, and coordinated by the hospice care team.
- (c) Limit the services to be provided to only those expressly authorized by the hospice in writing.
- (d) Delineate the roles of hospice staff and contract staff in the admission process and patient assessment.
- (e) Identify methods for ensuring continuity of hospice care.
 - (f) Plan for joint quality assurance.
- (g) Specify the written documentation, including patient records, required of contract staff.
- (h) Specify qualifications of persons providing the contract services.
 - (i) Specify the effective dates for the contract.
- Section 3. Subsections (1), (3), and (4) of section 400.609, Florida Statutes, are amended to read:
- 400.609 Hospice services. -- Each hospice shall provide a continuum of hospice services which afford the patient and the family of the patient a range of service delivery which can be tailored to specific needs and preferences of the patient and family at any point in time throughout the length of care for the terminally ill patient and during the bereavement period. These services must be available 24 hours 31 a day, 7 days a week, and must include:

(1) CORE SERVICES. --

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- (a) The hospice care team shall directly provide the following core services: physician services, nursing services, social work services, pastoral or counseling services, dietary counseling, home health aide services, and bereavement counseling services. Physician services shall be directly provided by the hospice or provided through contract.
- (b) Each hospice must also provide or arrange for such additional services as are needed to meet the palliative and support needs of the patient and family. These services may include, but are not limited to, physical therapy, occupational therapy, speech therapy, massage therapy, infusion therapy, provision of medical supplies and durable medical equipment, day care, homemaker and chore services, and funeral services.
- (3) HOSPICE RESIDENTIAL CARE. -- Hospice care and services, to the extent practicable and compatible with the needs and preferences of the patient, may be provided by the hospice care team to a patient living in an assisted living facility, adult family-care home, nursing home, hospice residential unit or facility, or other nondomestic place of permanent or temporary residence. A resident or patient living in an assisted living facility, adult family-care home, nursing home, or other facility subject to state licensing who has been admitted to a hospice program shall be considered a hospice patient, and the hospice program shall be responsible for coordinating and ensuring the delivery of hospice care and services to such patient pursuant to the standards and requirements of this part and adopted rules.
- (4) HOSPICE INPATIENT CARE. -- The inpatient component 31 of care is a short-term adjunct to hospice home care and

hospice residential care, and shall be used only for pain 1 2 control, symptom management, or respite care. The total number 3 of inpatient days for all hospice patients in any 12-month period may not exceed 20 percent of the total number of 4 5 hospice days for all the hospice patients of the licensed 6 hospice. Hospice inpatient care shall be under the direct 7 administration of the hospice, whether the inpatient facility 8 is a freestanding hospice facility or part of a facility 9 licensed pursuant to chapter 395 or part II of this chapter. The facility or rooms within a facility used for the hospice 10 11 inpatient component of care shall be arranged, administered, and managed in such a manner as to provide privacy, dignity, 12 13 comfort, warmth, and safety for the terminally ill patient and the family. Every possible accommodation must be made to 14 create as homelike an atmosphere as practicable. 15 16 facilitate overnight family visitation within the facility, rooms must be limited to no more than double occupancy; and, 17 whenever possible, both occupants must be hospice patients. 18 19 There must be a continuum of care and a continuity of 20 caregivers between the hospice home program and the inpatient 21 aspect of care to the extent practicable and compatible with the preferences of the patient and his or her family. Fees 22 charged for hospice inpatient care, whether provided directly 23 by the hospice or through contract, must be made available 24 upon request to the Agency for Health Care Administration. The 25 26 hours for daily operation and the location of the place where 27 the services are provided must be determined, to the extent 28 practicable, by the accessibility of such services to the 29 patients and families served by the hospice. Section 4. This act shall take effect July 1, 1999. 30

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HOUSE SUMMARY Revises authority of the Department of Elderly Affairs to adopt rules to establish minimum standards and procedures for the operation of hospices. Provides that physician services required to be provided by a hospice may be provided through contract. Present law requires such services to be directly provided by the hospice care