**By** the Committees on Children, Families, and Elder Affairs; and Health Policy; and Senator Grimsley

	586-03958-17 2017474c2
1	A bill to be entitled
2	An act relating to hospice care; amending s.
3	400.60501, F.S.; requiring the Department of Elderly
4	Affairs, in conjunction with the Agency for Health
5	Care Administration, to adopt national hospice outcome
6	measures and survey data by a specified date and to
7	make such measures available to the public; creating
8	s. 400.6096, F.S.; authorizing certain hospice
9	personnel to assist in the disposal of certain
10	prescribed controlled substances; requiring a hospice
11	that chooses to assist in the disposal of certain
12	prescribed controlled substances to establish
13	policies, procedures, and systems for the disposal;
14	authorizing a hospice physician, nurse, or social
15	worker to assist in the disposals of certain
16	prescribed controlled substances; providing
17	requirements for such disposals; amending s. 400.611,
18	F.S.; requiring a hospice to maintain an up-to-date
19	interdisciplinary record of care; revising the patient
20	records retention period; providing for the
21	confidentiality of the interdisciplinary record of
22	patient care; specifying to whom and under what
23	conditions a hospice may release a patient's
24	interdisciplinary record of care; defining a term;
25	requiring a hospice to release patient statistical
26	data to certain agencies; specifying that information
27	from patient records is confidential and exempt from
28	certain provisions; providing an effective date.
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30	Be It Enacted by the Legislature of the State of Florida:
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32	Section 1. Section 400.60501, Florida Statutes, is amended
33	to read:
34	400.60501 Outcome measures; adoption of <u>federal quality</u>
35	measures; public reporting national initiatives; annual report
36	(1) No later than December 31, $2019$ $2007$ , the department <del>of</del>
37	Elderly Affairs, in conjunction with the agency for Health Care
38	Administration, shall adopt the national hospice develop outcome
39	measures and survey data in 42 C.F.R. part 418 to determine the
40	quality and effectiveness of hospice care for hospices licensed
41	in the state. At a minimum, these outcome measures shall include
42	a requirement that 50 percent of patients who report severe pain
43	on a 0-to-10 scale must report a reduction to 5 or less by the
44	end of the 4th day of care on the hospice program.
45	(2) For hospices licensed in the state, The department of
46	Elderly Affairs, in conjunction with the agency for Health Care
47	Administration, shall:
48	(a) <u>Make available to the public the national hospice</u>
49	outcome measures and survey data in a format that is
50	comprehensible by a layperson and that allows a consumer to
51	compare such measures of one or more hospices <del>Consider and adopt</del>
52	national initiatives, such as those developed by the national
53	hospice and Palliative Care Organization, to set benchmarks for
54	measuring the quality of hospice care provided in the state.
55	(b) Develop an annual report that analyzes and evaluates
56	the information collected under this act and any other data
57	collection or reporting provisions of law.
58	Section 2. Section 400.6096, Florida Statutes, is created
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59	to read:	
60	400.6096 Disposal of prescribed controlled substances	
61	following the death of a patient in the home	
62	(1) A hospice physician, nurse, or social worker is	
63	authorized to assist in the disposal of a controlled substance	
64	prescribed to a patient at the time of the patient's death	
65	pursuant to the disposal regulations in 21 C.F.R. s. 1317.	
66	(2) A hospice that assists in the disposal of a prescribed	
67	controlled substance found in the patient's home at the time of	
68	the patient's death must establish a written policy, procedure,	
69	or system for acceptable disposal methods.	
70	(3) A hospice physician, nurse, or social worker, upon the	
71	patient's death and with the permission of a family member or a	
72	caregiver of the patient, may assist in the disposal of an	
73	unused controlled substance prescribed to the patient, pursuant	
74	to the written policy, procedure, or system established under	
75	subsection (2).	
76	(4) The prescribed controlled substance disposal procedure	
77	must be carried out in the patient's home. Hospice staff and	
78	volunteers are not authorized to remove a prescribed controlled	
79	substance from the patient's home.	
80	Section 3. Section 400.611, Florida Statutes, is amended to	
81	read:	
82	400.611 Interdisciplinary records of care; confidentiality <u>;</u>	
83	release of records	
84	(1) <u>A hospice shall maintain</u> an up-to-date,	
85	interdisciplinary record of care being given and patient and	
86	family status <del>shall be kept</del> . Records shall contain pertinent	
87	past and current medical, nursing, social, and other therapeutic	
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88	information and such other information that is necessary for the
89	safe and adequate care of the patient. Notations regarding all
90	aspects of care for the patient and family shall be made in the
91	record. When services are terminated, the record shall show the
92	date and reason for termination.
93	(2) Patient records shall be retained for a period of <u>6</u> <del>5</del>
94	years after termination of hospice services, unless otherwise
95	provided by law. In the case of a patient who is a minor, the $\underline{6-}$
96	year <del>5-year</del> period shall begin on the date the patient reaches
97	or would have reached the age of majority.
98	(3) <u>The interdisciplinary record of</u> patient <del>records of</del> care
99	and billing records are confidential.
100	(4) A hospice may not release a patient's interdisciplinary
101	record or any portion thereof, unless the person requesting the
102	information provides to the hospice:
103	(a) A patient authorization executed by the patient; or
104	legal guardian has given express written informed consent;
105	(b) In the case of an incapacitated patient, a patient
106	authorization executed prior to the patient's death by the
107	patient's then acting legal guardian, health care surrogate as
108	defined in s. 765.101(21), health care proxy as defined in s.
109	765.101(19), or agent under power of attorney;
110	(c) A court order appointing the person as the
111	administrator, curator, executor, or personal representative of
112	the patient's estate with authority to obtain the patient's
113	medical records;
114	(d) If a judicial appointment has not been made pursuant to
115	paragraph (c), a last will that is self-proved under s. 732.503
116	and designates the person to act as the patient's personal

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117	representative; or
118	(e) An order by a court of competent jurisdiction to
119	release the interdisciplinary record to the person has so
120	<del>ordered; or</del>
121	(c) A state or federal agency, acting under its statutory
122	authority, requires submission of aggregate statistical data.
123	Any information obtained from patient records by a state agency
124	pursuant to its statutory authority is confidential and exempt
125	from the provisions of s. 119.07(1).
126	(5) For purposes of this section, the term "patient
127	authorization" means an unrevoked written statement by the
128	patient, or an oral statement made by the patient which has been
129	reduced to writing in the patient's interdisciplinary record of
130	care, or, in the case of an incapacitated patient, by the
131	patient's then acting legal guardian, health care surrogate,
132	agent under a power of attorney, or health care proxy giving the
133	patient's permission to release the interdisciplinary record to
134	a person requesting the record.
135	(6) A hospice must release requested aggregate patient
136	statistical data to a state or federal agency acting under its
137	statutory authority. Any information obtained from patient
138	records by a state agency pursuant to its statutory authority is
139	confidential and exempt from s. 119.07(1).
140	Section 4. This act shall take effect July 1, 2017.

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