

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u>    </u>	(Y/N)
ADOPTED AS AMENDED	<u>    </u>	(Y/N)
ADOPTED W/O OBJECTION	<u>    </u>	(Y/N)
FAILED TO ADOPT	<u>    </u>	(Y/N)
WITHDRAWN	<u>    </u>	(Y/N)
OTHER	<u>    </u>	

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1 Committee/Subcommittee hearing bill: Health Innovation  
2 Subcommittee

3 Representative Harrell offered the following:

4  
5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Section 400.6005, Florida Statutes, is amended  
8 to read:

9 400.6005 Legislative findings and intent.—The Legislature  
10 finds that a terminally ill patient ~~individuals and their~~  
11 ~~families,~~ who is ~~are~~ no longer pursuing curative medical  
12 treatment and the patient's family, ~~should~~ have the opportunity  
13 to select a support system that allows ~~permits~~ the patient to  
14 exercise maximum independence and dignity during the final days  
15 of life. The Legislature also finds that a seriously ill patient  
16 and the patient's family should have the opportunity to select a

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17 support system that provides palliative care and supportive care  
18 and allows the person to exercise maximum independence while  
19 receiving such care. The Legislature finds that hospice care  
20 provides a cost-effective and less intrusive form of medical  
21 care while meeting the social, psychological, and spiritual  
22 needs of terminally ill and seriously ill patients and their  
23 families. The intent of this part is to provide for the  
24 development, establishment, and enforcement of basic standards  
25 to ensure the safe and adequate care of persons receiving  
26 hospice services.

27 Section 2. Section 400.601, Florida Statutes, is amended  
28 to read:

29 400.601 Definitions.—As used in this part, the term:

30 (1) "Agency" means the Agency for Health Care  
31 Administration.

32 (2) "Department" means the Department of Elderly Affairs.

33 (3) "Hospice" means a centrally administered corporation  
34 or a limited liability company that provides a continuum of  
35 palliative and supportive care for a the terminally or seriously  
36 ill patient and his or her family.

37 (4) "Hospice care team" means an interdisciplinary team of  
38 qualified professionals and volunteers who, in consultation with  
39 a the patient, the patient's family, and the patient's primary  
40 or attending physician, collectively assess, coordinate, and

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41 provide the appropriate palliative and supportive care to  
42 hospice patients and their families.

43 (5) "Hospice program" means a continuum of palliative and  
44 supportive care for a terminally ill patient and his or her  
45 family offered by a hospice.

46 (6)-(5) "Hospice residential unit" means a homelike living  
47 facility, other than a facility licensed under other parts of  
48 this chapter, under chapter 395, or under chapter 429, which  
49 that is operated by a hospice for the benefit of its patients  
50 and is considered by a patient who lives there to be his or her  
51 primary residence.

52 (7)-(6) "Hospice services" means items and services  
53 furnished to a terminally ill patient and family by a hospice,  
54 or by others under arrangements with such a program, in a place  
55 of temporary or permanent residence used as the patient's home  
56 for the purpose of maintaining the patient at home; or, if the  
57 patient needs short-term institutionalization, the services  
58 shall be furnished in cooperation with those contracted  
59 institutions or in the hospice inpatient facility.

60 (8)-(7) "Palliative care" means services or interventions  
61 furnished to a patient that which are not curative but are  
62 provided for the reduction or abatement of pain and human  
63 suffering.

64 (9)-(8) "Patient" means the terminally or seriously ill  
65 individual receiving hospice services.

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66           ~~(10)(9)~~ "Plan of care" means a written assessment by the  
67 hospice of each patient's and family's needs and preferences,  
68 and the services to be provided by the hospice to meet those  
69 needs.

70           (10) "Seriously ill" means that the patient has a life-  
71 threatening medical condition which may be irreversible and  
72 which may continue indefinitely, and such condition may be  
73 managed through palliative care.

74           ~~(11)(10)~~ "Terminally ill" means that the patient has a  
75 medical prognosis that his or her life expectancy is 1 year or  
76 less if the illness runs its normal course.

77           Section 3. Section 400.60501, Florida Statutes, is amended  
78 to read:

79           400.60501 Outcome measures; adoption of federal quality  
80 measures; public reporting national initiatives; annual report.-

81           (1) No later than December 31, 2019 ~~2007~~, the department  
82 ~~of Elderly Affairs~~, in conjunction with the agency ~~for Health~~  
83 ~~Care Administration~~, shall adopt ~~develop~~ outcome measures to  
84 determine the quality and effectiveness of hospice care for  
85 hospices licensed in the state. ~~At a minimum, these outcome~~  
86 ~~measures shall include a requirement that 50 percent of patients~~  
87 ~~who report severe pain on a 0-to-10 scale must report a~~  
88 ~~reduction to 5 or less by the end of the 4th day of care on the~~  
89 ~~hospice program.~~

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90 (2) For hospices licensed in the state, the department of  
91 ~~Elderly Affairs~~, in conjunction with the agency for ~~Health Care~~  
92 ~~Administration~~, shall:

93 (a) ~~Consider and Adopt national initiatives, such as those~~  
94 ~~developed by the national hospice outcome measures found in 42~~  
95 ~~C.F.R. part 418 and Palliative Care Organization, to set~~  
96 ~~benchmarks for measuring the quality of hospice care provided in~~  
97 ~~the state.~~

98 (b) Make available to the public the national hospice  
99 outcome measures in a format that is comprehensible by a  
100 layperson and allows a consumer to compare such measures of one  
101 or more hospices.

102 (c) ~~(b)~~ Develop an annual report that analyzes and  
103 evaluates the information collected under this act and any other  
104 data collection or reporting provisions of law.

105 Section 4. Subsection (1) of section 400.609, Florida  
106 Statutes, is amended to read:

107 400.609 Hospice services.—Each hospice shall provide a  
108 continuum of hospice services which afford the terminally ill  
109 patient and ~~the~~ his or her family ~~of the patient~~ a range of  
110 service delivery which can be tailored to specific needs and  
111 preferences of the terminally ill patient and his or her family  
112 at any point in time throughout the length of care ~~for the~~  
113 ~~terminally ill patient~~ and during the bereavement period. These

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114 services must be available 24 hours a day, 7 days a week, and  
115 must include:

116 (1) SERVICES.—

117 (a) The hospice care team shall directly provide the  
118 following core services: nursing services, social work services,  
119 pastoral or counseling services, dietary counseling, and  
120 bereavement counseling services. Physician services may be  
121 provided by the hospice directly or through contract. A hospice  
122 may also use contracted staff if necessary to supplement hospice  
123 employees in order to meet the needs of patients during periods  
124 of peak patient loads or under extraordinary circumstances.

125 (b) Each hospice must also provide or arrange for such  
126 additional services as are needed to meet the palliative and  
127 support needs of the patient and family. These services may  
128 include, but are not limited to, physical therapy, occupational  
129 therapy, speech therapy, massage therapy, home health aide  
130 services, infusion therapy, provision of medical supplies and  
131 durable medical equipment, day care, homemaker and chore  
132 services, and funeral services.

133 Section 5. Section 400.6093, Florida Statutes, is created  
134 to read:

135 400.6093 Community palliative care services.— A hospice  
136 may provide palliative care to a seriously ill patient and his  
137 or her family members. Such palliative care may be provided to  
138 manage the side effects of treatment for a progressive disease

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139 or medical or surgical condition. Such care may also be provided  
140 directly by the hospice or by other providers under contract  
141 with the hospice. This section does not preclude the provision  
142 of palliative care to seriously ill patients by any other health  
143 care provider or health care facility that is otherwise  
144 authorized to provide such care. This section does not mandate  
145 or prescribe additional Medicaid coverage.

146 Section 6. Subsections (1) and (2) of section 400.6095,  
147 Florida Statutes, are amended to read:

148 400.6095 Patient admission; assessment; plan of care;  
149 discharge; death.—

150 (1) Each hospice shall make its services available to all  
151 terminally ill patients~~persons~~ and their families without  
152 regard to age, gender, national origin, sexual orientation,  
153 disability, diagnosis, cost of therapy, ability to pay, or life  
154 circumstances. A hospice may ~~shall~~ not impose any value or  
155 belief system on its patients or their families and shall  
156 respect the values and belief systems of its patients and their  
157 families.

158 (2) Admission of a terminally ill patient to a hospice  
159 program shall be made upon a diagnosis and prognosis of terminal  
160 illness by a physician licensed pursuant to chapter 458 or  
161 chapter 459 and must ~~shall~~ be dependent on the expressed request  
162 and informed consent of the patient.

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163 Section 7. Section 400.6096, Florida Statutes, is created  
164 to read:

165 400.6096 Disposal of prescribed controlled substances  
166 following the death of a patient in the home.-

167 (1) A hospice physician, nurse, or social worker is  
168 authorized to assist in the disposal of a controlled substance  
169 prescribed to a patient at the time of the patient's death  
170 pursuant to 21 C.F.R. s. 1317.

171 (2) A hospice that assists in the disposal of a prescribed  
172 controlled substance found in the patient's home at the time of  
173 the patient's death must establish a written policy, procedure,  
174 or system for acceptable disposal methods.

175 (3) A hospice physician, nurse, or social worker, upon the  
176 patient's death and with the permission of a family member or a  
177 caregiver of the patient, is authorized to assist in the  
178 disposal of an unused controlled substance prescribed to the  
179 patient pursuant to the written policy, procedure, or system  
180 established under subsection (2).

181 (4) The prescribed controlled substance disposal procedure  
182 must be carried out in the patient's home. Hospice staff and  
183 volunteers are not authorized to remove a prescribed controlled  
184 substance from the patient's home.

185 Section 8. Section 400.611, Florida Statutes, is amended  
186 to read:



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187 400.611 Interdisciplinary records of care;  
188 confidentiality; release of records.—

189 (1) A hospice shall maintain an ~~An~~-up-to-date,  
190 interdisciplinary record of care being given and patient and  
191 family status shall be kept. Records shall contain pertinent  
192 past and current medical, nursing, social, and other therapeutic  
193 information and such other information that is necessary for the  
194 safe and adequate care of the patient. Notations regarding all  
195 aspects of care for the patient and family shall be made in the  
196 record. When services are terminated, the record shall show the  
197 date and reason for termination.

198 (2) Patient records shall be retained for a period of 56  
199 years after termination of hospice services, unless otherwise  
200 provided by law. In the case of a patient who is a minor, the  
201 56-year period shall begin on the date the patient reaches or  
202 would have reached the age of majority.

203 ~~(3) Patient records of care are confidential. A hospice~~  
204 ~~may not release a record or any portion thereof, unless:~~

205 ~~(a) A patient or legal guardian has given express written~~  
206 ~~informed consent;~~

207 ~~(b) A court of competent jurisdiction has so ordered; or~~

208 ~~(c) A state or federal agency, acting under its statutory~~  
209 ~~authority, requires submission of aggregate statistical data.~~

210 ~~Any information obtained from patient records by a state agency~~

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211 ~~pursuant to its statutory authority is confidential and exempt~~  
212 ~~from the provisions of s. 119.07(1).~~

213 (3) The interdisciplinary record of patient care and  
214 billing records are confidential.

215 (4) A hospice shall not release a patient's  
216 interdisciplinary record, or any portion thereof, unless the  
217 person requesting the information provides to the hospice:

218 (a) A patient authorization executed by the patient prior  
219 to death; or

220 (b) In the case of an incapacitated patient, a patient  
221 authorization executed prior to the patient's death by the  
222 patient's then acting legal guardian, health care surrogate as  
223 defined in s. 765.101(21), health care proxy as defined in s.  
224 765.101(19), or agent under power of attorney; or

225 (c) A court order appointing the person as the  
226 administrator, curator, executor or personal representative of  
227 the patient's estate with authority to obtain the patient's  
228 medical records; or

229 (d) If a judicial appointment has not been made pursuant  
230 to paragraph (c), a last will that is self-proved under s.  
231 732.503 and designates the person to act as the patient's  
232 personal representative; or

233 (e) An order by a court of competent jurisdiction to  
234 release the interdisciplinary record to the person.



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260 certain outcome measures by a specified date; requiring the  
261 department, in conjunction with the agency, to adopt national  
262 hospice outcome measures and make the measures available to the  
263 public; amending s. 400.609, F.S.; permitting a hospice to  
264 provide community palliative care; creating s. 400.6093, F.S.;  
265 authorizing hospices, or providers operating under contract with  
266 a hospice, to provide palliative care to seriously ill patients  
267 and their family members; providing construction; amending s.  
268 400.6095, F.S.; making technical changes; creating s. 400.6096,  
269 F.S.; authorizing a hospice to assist in the disposal of certain  
270 prescribed controlled substances; requiring a hospice that  
271 chooses to assist in the disposal of certain prescribed  
272 controlled substances to establish a policy, procedure, or  
273 system for disposal; authorizing a hospice physician, nurse, or  
274 social worker to assist in the disposal of certain prescribed  
275 controlled substances in a patient's home; amending s. 400.611,  
276 F.S.; providing for the confidentiality of the interdisciplinary  
277 record of patient care; specifying to whom a hospice may release  
278 a patient's interdisciplinary record of care; providing an  
279 effective date.