

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 by rule certain outcome
6 measures by a specified date; requiring the
7 department, in conjunction with the agency, to adopt
8 national hospice outcome measures and make such
9 measures available to the public; creating s.
10 400.6096, F.S.; authorizing a hospice to assist in the
11 disposal of certain prescribed controlled substances;
12 requiring a hospice that assists in the disposal of
13 certain prescribed controlled substances to have an
14 established policy, procedure, or system for such
15 disposal; authorizing a hospice physician, nurse, or
16 social worker to assist in the disposal of certain
17 prescribed controlled substances in a patient's home
18 under certain conditions; providing requirements for
19 such disposal; amending s. 400.611, F.S.; expanding
20 access to confidential interdisciplinary patient care
21 and billing records; increasing the period of time
22 such records must be retained by a hospice; specifying
23 to whom a hospice may release a patient's
24 interdisciplinary record of care; providing an
25 effective date.

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Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 400.60501, Florida Statutes, is amended to read:

400.60501 Outcome measures; adoption of federal quality measures; public reporting national initiatives; annual report.—

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

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

(a) ~~Consider and Adopt national initiatives, such as those developed by~~ the national hospice outcome measures developed pursuant to 42 C.F.R. s. 418.54 and Palliative Care Organization, ~~to set benchmarks for measuring the quality of hospice care provided in the state.~~

(b) Make available to the public the national hospice

51 outcome measures in a format that is comprehensible by a
52 layperson and allows a consumer to compare such measures for one
53 or more hospices.

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

57 Section 2. Section 400.6096, Florida Statutes, is created
58 to read:

59 400.6096 Disposal of prescribed controlled substances
60 following the death of a patient in the home.—

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

65 (2) A hospice that assists in the disposal of a prescribed
66 controlled substance in the patient's home at the time of the
67 patient's death must have an established written policy,
68 procedure, or system for prescribed controlled substance
69 disposal.

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, is authorized to assist in the
73 disposal of an unused controlled substance prescribed to the
74 patient pursuant to the written policy, procedure, or system
75 established under 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
81 to read:

82 400.611 Interdisciplinary records of care;
83 confidentiality; release of records.—

84 (1) A hospice shall maintain an up-to-date,
85 interdisciplinary record of care being given and patient and
86 family status shall be kept. Records shall contain pertinent
87 past and current medical, nursing, social, and other therapeutic
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 6 ~~5~~
94 years after termination of hospice services, unless otherwise
95 provided by law. In the case of a patient who is a minor, the 6-
96 year ~~5-year~~ period shall begin on the date the patient reaches
97 or would have reached the age of majority.

98 (3) The interdisciplinary record of patient care and
99 billing records are confidential.

100 (4) A hospice may not release a patient's
101 interdisciplinary record, or any portion thereof, unless the
102 person requesting the information provides to the hospice:

103 (a) A patient authorization executed by the patient prior
104 to death;

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
115 to paragraph (c), a last will that is self-proved under s.
116 732.503 and designates the person to act as the patient's
117 personal representative; or

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

120 (5) For purposes of this section, the term "patient
121 authorization" means an unrevoked written statement by the
122 patient, an oral statement made by the patient that has been
123 reduced to writing in the patient's interdisciplinary record of
124 care, or, in the case of an incapacitated patient, an unrevoked

125 written statement or an unrevoked oral statement reduced to
126 writing in the patient's interdisciplinary record of care made
127 by the patient's then acting legal guardian, health care
128 surrogate, agent under a power of attorney, or health care
129 proxy.

130 (6) A hospice shall release requested aggregate patient
131 statistical data to a state or federal agency acting under its
132 statutory authority. Any information obtained from patient
133 records by a state agency pursuant to its statutory authority is
134 confidential and exempt from the provisions of s. 119.07(1).

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

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

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

140 ~~(c) A state or federal agency, acting under its statutory~~
141 ~~authority, requires submission of aggregate statistical data.~~
142 ~~Any information obtained from patient records by a state agency~~
143 ~~pursuant to its statutory authority is confidential and exempt~~
144 ~~from the provisions of s. 119.07(1).~~

145 Section 4. This act shall take effect July 1, 2017.