

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WITHDRAWN	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>	

1 Committee/Subcommittee hearing bill: Health Innovation
 2 Subcommittee

3 Representative Stone 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 his or her family, ~~should~~ have the opportunity to
 13 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 his or her 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 patient 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) "Community palliative care" means consultative
34 palliative care for a seriously ill patient and his or her
35 family, to address physical, emotional, psychosocial, and
36 spiritual needs, that is delivered across care settings.

37 (4) ~~(3)~~ "Hospice" means a centrally administered corporation
38 or a limited liability company that provides a continuum of
39 palliative care and supportive care for a ~~the terminally ill~~
40 patient and his or her family.

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41 ~~(5)-(4)~~ "Hospice care team" means an interdisciplinary team
42 of qualified professionals and volunteers who, in consultation
43 with ~~a the~~ patient, the patient's family, and the patient's
44 primary or attending physician, collectively assess, coordinate,
45 and provide the appropriate palliative care and supportive care
46 to hospice patients and their families.

47 (6) "Hospice program" means a program offered by a hospice
48 which provides a continuum of palliative care and supportive
49 care for a patient and his or her family.

50 ~~(7)-(5)~~ "Hospice residential unit" means a homelike living
51 facility, other than a facility licensed under other parts of
52 this chapter, under chapter 395, or under chapter 429, which
53 ~~that~~ is operated by a hospice for the benefit of its patients
54 and is considered by a patient who lives there to be his or her
55 primary residence.

56 ~~(8)-(6)~~ "Hospice services" means items and services
57 furnished to a patient and family by a hospice, or by others
58 under arrangements with such a program, in a place of temporary
59 or permanent residence used as the patient's home for the
60 purpose of maintaining the patient at home; or, if the patient
61 needs short-term institutionalization, the services shall be
62 furnished in cooperation with those contracted institutions or
63 in the hospice inpatient facility.

64 ~~(9)-(7)~~ "Palliative care" means services or interventions
65 which are not curative but are provided for the reduction or

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66 abatement of pain and human suffering.

67 ~~(10)(8)~~ "Patient" means the terminally ill or seriously
68 ill individual receiving hospice services from a hospice.

69 ~~(11)(9)~~ "Plan of care" means a written assessment by the
70 hospice of each patient's and family's needs and preferences,
71 and the services to be provided by the hospice to meet those
72 needs.

73 ~~(12)~~ "Seriously ill" means that the patient has a life-
74 threatening medical condition that may continue indefinitely and
75 may be managed through palliative care.

76 ~~(13)(10)~~ "Terminally ill" means that the patient has a
77 medical prognosis that his or her life expectancy is 1 year or
78 less if the illness runs its normal course.

79 Section 3. Section 400.609, Florida Statutes, is amended
80 to read:

81 400.609 Hospice services.— Each hospice shall provide a
82 continuum of hospice services which affords ~~afford~~ the
83 terminally ill patient and his or her ~~the family of the patient~~
84 a range of service delivery which can be tailored to specific
85 needs and preferences of the patient and his or her family at
86 any point ~~in time~~ throughout the length of care ~~for the~~
87 ~~terminally ill patient~~ and during the bereavement period. These
88 services must be available 24 hours a day, 7 days a week, and
89 must include:

90 (1) SERVICES.—

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91 (a) The hospice care team shall directly provide the
92 following core services: nursing services, social work services,
93 pastoral or counseling services, dietary counseling, and
94 bereavement counseling services. Physician services may be
95 provided by the hospice directly or through contract. A hospice
96 may also use contracted staff if necessary to supplement hospice
97 employees in order to meet the needs of patients during periods
98 of peak patient loads or under extraordinary circumstances.

99 (b) Each hospice must also provide or arrange for such
100 additional services as are needed to meet the palliative and
101 support needs of the patient and his or her family. These
102 services may include, but are not limited to, physical therapy,
103 occupational therapy, speech therapy, massage therapy, home
104 health aide services, infusion therapy, provision of medical
105 supplies and durable medical equipment, day care, homemaker and
106 chore services, and identifying the intended or contracted
107 licensed funeral services provider.

108 (2) HOSPICE HOME CARE.—Hospice care and services provided
109 in a private home shall be the primary form of care. The goal of
110 hospice home care shall be to provide adequate training and
111 support to encourage self-sufficiency and allow patients and
112 families to maintain the patient comfortably at home for as long
113 as possible. The services of the hospice home care program shall
114 be of the highest quality and shall be provided by the hospice
115 care team.

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116 (3) HOSPICE RESIDENTIAL CARE.—Hospice care and services,
117 to the extent practicable and compatible with the needs and
118 preferences of the patient, may be provided by the hospice care
119 team to a patient living in an assisted living facility, adult
120 family-care home, nursing home, hospice residential unit or
121 facility, or other nondomestic place of permanent or temporary
122 residence. A resident or patient living in an assisted living
123 facility, adult family-care home, nursing home, or other
124 facility subject to state licensing who has been admitted to a
125 hospice program shall be considered a hospice patient, and the
126 hospice program shall be responsible for coordinating and
127 ensuring the delivery of hospice care and services to such
128 person pursuant to the standards and requirements of this part
129 and rules adopted under this part.

130 (4) HOSPICE INPATIENT CARE.—The inpatient component of
131 care is a short-term adjunct to hospice home care and hospice
132 residential care and shall be used only for pain control,
133 symptom management, or respite care. The total number of
134 inpatient days for all hospice patients in any 12-month period
135 may not exceed 20 percent of the total number of hospice days
136 for all the hospice patients of the licensed hospice. Hospice
137 inpatient care shall be under the direct administration of the
138 hospice, whether the inpatient facility is a freestanding
139 hospice facility or part of a facility licensed pursuant to
140 chapter 395 or part II of this chapter. The facility or rooms

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141 within a facility used for the hospice inpatient component of
142 care shall be arranged, administered, and managed in such a
143 manner as to provide privacy, dignity, comfort, warmth, and
144 safety for the ~~terminally ill~~ patient and his or her ~~the~~ family.
145 Every possible accommodation must be made to create as homelike
146 an atmosphere as practicable. To facilitate overnight family
147 visitation within the facility, rooms must be limited to no more
148 than double occupancy; and, whenever possible, both occupants
149 must be hospice patients. There must be a continuum of care and
150 a continuity of caregivers between the hospice home program and
151 the inpatient aspect of care to the extent practicable and
152 compatible with the preferences of the patient and his or her
153 family. Fees charged for hospice inpatient care, whether
154 provided directly by the hospice or through contract, must be
155 made available upon request to the Agency for Health Care
156 Administration. The hours for daily operation and the location
157 of the place where the services are provided must be determined,
158 to the extent practicable, by the accessibility of such services
159 to the patients and families served by the hospice.

160 (5) BEREAVEMENT COUNSELING.—The hospice bereavement
161 program must be a comprehensive program, under professional
162 supervision, that provides a continuum of formal and informal
163 supportive services to the family for a minimum of 1 year after
164 the patient's death. This subsection does not constitute an
165 additional exemption from chapter 490 or chapter 491.

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166 Section 4. Section 400.6093, Florida Statutes, is created
167 to read:

168 400.6093 Community palliative care services for seriously
169 ill patients.—A hospice may provide community palliative care to
170 a seriously ill patient and his or her family, including but not
171 limited to consultation by a licensed, board certified hospice
172 and palliative care physician, a licensed, board certified
173 hospice and palliative care osteopathic physician, or advanced
174 registered nurse practitioner for care planning, pain or symptom
175 management, and care goals; assistance with advance care
176 planning, grief support for the patient and caregiver, and
177 adjustment to the illness and other psychosocial and emotional
178 needs by a licensed clinical social worker; assistance with
179 spiritual needs by a clergy, chaplain or spiritual counselor;
180 and the use of volunteers. Community palliative care, excluding
181 personal care as defined in s. 400.462(24), may be provided to
182 manage the side effects of treatment for a progressive disease
183 or a medical or surgical condition. Community palliative care
184 may also be provided directly by the hospice or by other
185 providers under contract with the hospice. This section does not
186 preclude the provision of palliative care to seriously ill
187 patients by any other health care provider or health care
188 facility that is otherwise authorized to provide such care. This
189 section does not mandate or prescribe additional Medicaid
190 coverage.

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191 Section 5. Subsections (1) and (2) of section 400.6095,
192 Florida Statutes, are amended to read:

193 400.6095 Patient admission; assessment; plan of care;
194 discharge; death.—

195 (1) Each hospice shall make its services available to all
196 terminally ill patients ~~persons~~ and their families without
197 regard to age, gender, national origin, sexual orientation,
198 disability, diagnosis, cost of therapy, ability to pay, or life
199 circumstances. A hospice may ~~shall~~ not impose any value or
200 belief system on its patients or their families and shall
201 respect the values and belief systems of its patients and their
202 families.

203 (2) Admission of a patient to a hospice program shall be
204 made upon a diagnosis and prognosis of terminal illness by a
205 physician licensed pursuant to chapter 458 or chapter 459 and
206 must ~~shall~~ be dependent on the expressed request and informed
207 consent of the patient.

208 Section 6. This act shall take effect July 1, 2018.

209
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211 **T I T L E A M E N D M E N T**

212 Remove lines 5-12 and insert:

213 "hospice"; defining the terms "community palliative care",
214 "hospice program" and "seriously ill"; amending s. 400.609,
215 F.S.; authorizing hospices to identify licensed funeral service

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 497 (2018)

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216 providers for patients; conforming terminology; creating s.
217 400.6093, F.S.; authorizing hospices, or providers operating
218 under contract with a hospice, to provide community palliative
219 care to seriously ill patients and their family members;
220 providing construction; amending s. 400.6095, F.S.; conforming
221 terminology; providing an effective date.

222