

26 | exercise maximum independence and dignity during the final days
 27 | of life. The Legislature also finds that a seriously ill patient
 28 | and his or her family should have the opportunity to select a
 29 | support system that provides palliative care and supportive care
 30 | and allows the patient to exercise maximum independence while
 31 | receiving such care. The Legislature finds that hospice care
 32 | provides a cost-effective and less intrusive form of medical
 33 | care while meeting the social, psychological, and spiritual
 34 | needs of terminally ill and seriously ill patients and their
 35 | families. The intent of this part is to provide for the
 36 | development, establishment, and enforcement of basic standards
 37 | to ensure the safe and adequate care of persons receiving
 38 | hospice services.

39 | Section 2. Section 400.601, Florida Statutes, is amended
 40 | to read:

41 | 400.601 Definitions.—As used in this part, the term:

42 | (1) "Agency" means the Agency for Health Care
 43 | Administration.

44 | (2) "Department" means the Department of Elderly Affairs.

45 | (3) "Community palliative care" means consultative
 46 | palliative care delivered across care settings to a seriously
 47 | ill patient and his or her family which addresses physical,
 48 | emotional, psychosocial, and spiritual needs.

49 | (4) ~~(3)~~ "Hospice" means a centrally administered corporation
 50 | or a limited liability company that provides a continuum of

51 palliative care and supportive care for a ~~the terminally ill~~
52 patient and his or her family.

53 (5)-(4) "Hospice care team" means an interdisciplinary team
54 of qualified professionals and volunteers who, in consultation
55 with a ~~the~~ patient, the patient's family, and the patient's
56 primary or attending physician, collectively assess, coordinate,
57 and provide the appropriate palliative care and supportive care
58 to hospice patients and their families.

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

62 (7)-(5) "Hospice residential unit" means a homelike living
63 facility, other than a facility licensed under other parts of
64 this chapter, under chapter 395, or under chapter 429, which
65 ~~that~~ is operated by a hospice for the benefit of its patients
66 and is considered by a patient who lives there to be his or her
67 primary residence.

68 (8)-(6) "Hospice services" means items and services
69 furnished to a patient and family by a hospice, or by others
70 under arrangements with such a program, in a place of temporary
71 or permanent residence used as the patient's home for the
72 purpose of maintaining the patient at home; or, if the patient
73 needs short-term institutionalization, the services shall be
74 furnished in cooperation with those contracted institutions or
75 in the hospice inpatient facility.

76 (9)~~(7)~~ "Palliative care" means services or interventions
 77 which are not curative but are provided for the reduction or
 78 abatement of pain and human suffering.

79 (10)~~(8)~~ "Patient" means the terminally ill or seriously
 80 ill individual receiving hospice services from a hospice.

81 (11)~~(9)~~ "Plan of care" means a written assessment by the
 82 hospice of each patient's and family's needs and preferences,
 83 and the services to be provided by the hospice to meet those
 84 needs.

85 (12) "Seriously ill" means that the patient has a life-
 86 threatening medical condition that may continue indefinitely and
 87 may be managed through palliative care.

88 (13)~~(10)~~ "Terminally ill" means that the patient has a
 89 medical prognosis that his or her life expectancy is 1 year or
 90 less if the illness runs its normal course.

91 Section 3. Section 400.609, Florida Statutes, is amended
 92 to read:

93 400.609 Hospice services.—Each hospice shall provide a
 94 continuum of hospice services which affords ~~afford~~ the
 95 terminally ill patient and his or her ~~the~~ family ~~of the patient~~
 96 a range of service delivery which can be tailored to specific
 97 needs and preferences of the patient and his or her family at
 98 any point ~~in time~~ throughout the length of care ~~for the~~
 99 ~~terminally ill patient~~ and during the bereavement period. These

100 services must be available 24 hours a day, 7 days a week, and
101 must include:

102 (1) SERVICES.—

103 (a) The hospice care team shall directly provide the
104 following core services: nursing services, social work services,
105 pastoral or counseling services, dietary counseling, and
106 bereavement counseling services. Physician services may be
107 provided by the hospice directly or through contract. A hospice
108 may also use contracted staff if necessary to supplement hospice
109 employees in order to meet the needs of patients during periods
110 of peak patient loads or under extraordinary circumstances.

111 (b) Each hospice must also provide or arrange for such
112 additional services as are needed to meet the palliative and
113 support needs of the patient and his or her family. These
114 services may include, but are not limited to, physical therapy,
115 occupational therapy, speech therapy, massage therapy, home
116 health aide services, infusion therapy, provision of medical
117 supplies and durable medical equipment, day care, homemaker and
118 chore services, and identifying the intended or contracted
119 licensed funeral services provider.

120 (2) HOSPICE HOME CARE.—Hospice care and services provided
121 in a private home shall be the primary form of care. The goal of
122 hospice home care shall be to provide adequate training and
123 support to encourage self-sufficiency and allow patients and
124 families to maintain the patient comfortably at home for as long

125 | as possible. The services of the hospice home care program shall
126 | be of the highest quality and shall be provided by the hospice
127 | care team.

128 | (3) HOSPICE RESIDENTIAL CARE.—Hospice care and services,
129 | to the extent practicable and compatible with the needs and
130 | preferences of the patient, may be provided by the hospice care
131 | team to a patient living in an assisted living facility, adult
132 | family-care home, nursing home, hospice residential unit or
133 | facility, or other nondomestic place of permanent or temporary
134 | residence. A resident or patient living in an assisted living
135 | facility, adult family-care home, nursing home, or other
136 | facility subject to state licensing who has been admitted to a
137 | hospice program shall be considered a hospice patient, and the
138 | hospice program shall be responsible for coordinating and
139 | ensuring the delivery of hospice care and services to such
140 | person pursuant to the standards and requirements of this part
141 | and rules adopted under this part.

142 | (4) HOSPICE INPATIENT CARE.—The inpatient component of
143 | care is a short-term adjunct to hospice home care and hospice
144 | residential care and shall be used only for pain control,
145 | symptom management, or respite care. The total number of
146 | inpatient days for all hospice patients in any 12-month period
147 | may not exceed 20 percent of the total number of hospice days
148 | for all the hospice patients of the licensed hospice. Hospice
149 | inpatient care shall be under the direct administration of the

150 hospice, whether the inpatient facility is a freestanding
151 hospice facility or part of a facility licensed pursuant to
152 chapter 395 or part II of this chapter. The facility or rooms
153 within a facility used for the hospice inpatient component of
154 care shall be arranged, administered, and managed in such a
155 manner as to provide privacy, dignity, comfort, warmth, and
156 safety for the ~~terminally ill~~ patient and his or her ~~the~~ family.
157 Every possible accommodation must be made to create as homelike
158 an atmosphere as practicable. To facilitate overnight family
159 visitation within the facility, rooms must be limited to no more
160 than double occupancy; and, whenever possible, both occupants
161 must be hospice patients. There must be a continuum of care and
162 a continuity of caregivers between the hospice home program and
163 the inpatient aspect of care to the extent practicable and
164 compatible with the preferences of the patient and his or her
165 family. Fees charged for hospice inpatient care, whether
166 provided directly by the hospice or through contract, must be
167 made available upon request to the Agency for Health Care
168 Administration. The hours for daily operation and the location
169 of the place where the services are provided must be determined,
170 to the extent practicable, by the accessibility of such services
171 to the patients and families served by the hospice.

172 (5) BEREAVEMENT COUNSELING.—The hospice bereavement
173 program must be a comprehensive program, under professional
174 supervision, that provides a continuum of formal and informal

175 supportive services to the family for a minimum of 1 year after
176 the patient's death. This subsection does not constitute an
177 additional exemption from chapter 490 or chapter 491.

178 Section 4. Section 400.6093, Florida Statutes, is created
179 to read:

180 400.6093 Community palliative care services for seriously
181 ill patients.—A hospice may provide community palliative care to
182 a seriously ill patient and his or her family, including, but
183 not limited to, consultation by a licensed, board-certified
184 hospice and palliative care physician, a licensed, board-
185 certified hospice and palliative care osteopathic physician, or
186 an advanced registered nurse practitioner for care planning,
187 pain or symptom management, and care goals; assistance with
188 advance care planning, grief support for the patient and
189 caregiver, and adjustment to the illness and other psychosocial
190 and emotional needs by a licensed clinical social worker;
191 assistance with spiritual needs by a member of the clergy, a
192 chaplain, or a spiritual counselor; and the use of volunteers.
193 Community palliative care, excluding personal care as defined in
194 s. 400.462, may be provided to manage the side effects of
195 treatment for a progressive disease or a medical or surgical
196 condition. Community palliative care may also be provided
197 directly by the hospice or by other providers under contract
198 with the hospice. This section does not preclude the provision
199 of palliative care to seriously ill patients by any other health

200 care provider or health care facility that is otherwise
 201 authorized to provide such care. This section does not mandate
 202 or prescribe additional Medicaid coverage.

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

205 400.6095 Patient admission; assessment; plan of care;
 206 discharge; death.—

207 (1) Each hospice shall make its services available to all
 208 terminally ill patients ~~persons~~ and their families without
 209 regard to age, gender, national origin, sexual orientation,
 210 disability, diagnosis, cost of therapy, ability to pay, or life
 211 circumstances. A hospice may ~~shall~~ not impose any value or
 212 belief system on its patients or their families and shall
 213 respect the values and belief systems of its patients and their
 214 families.

215 (2) Admission of a patient to a hospice program shall be
 216 made upon a diagnosis and prognosis of terminal illness by a
 217 physician licensed pursuant to chapter 458 or chapter 459 and
 218 must ~~shall~~ be dependent on the expressed request and informed
 219 consent of the patient.

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