

CHAPTER 99-139

Senate Bill No. 1514

An act relating to hospices; amending s. 400.605, F.S.; prescribing additional subjects that must be addressed in rules of the Department of Elderly Affairs; amending s. 400.6085, F.S.; authorizing hospices to contract for physician services; amending s. 400.609, F.S.; authorizing physician services and home health aide services to be provided through contract; authorizing hospices to contract for services under certain circumstances; prescribing additional facilities in which hospice services may be provided; prescribing responsibility for care and services of persons admitted to hospice programs; providing an effective date.

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

Section 1. Subsection (1) of section 400.605, Florida Statutes, is amended to read:

400.605 Administration; forms; fees; rules; inspections; fines.—

(1) The department, in consultation with the agency, shall by rule establish minimum standards and licensure procedures for a hospice. The rules must include:

(a) License application procedures and requirements.

~~(b)(a)~~ The qualifications of professional and ancillary personnel to ensure the provision of appropriate and adequate hospice care.

~~(c)(b)~~ Standards and procedures for the administrative management of a hospice.

~~(d)(c)~~ Standards for hospice services that ensure the provision of quality patient care.

(e) Components of a patient plan of care.

(f) Procedures relating to the implementation of advanced directives and do-not-resuscitate orders.

~~(g)(d)~~ Procedures for maintaining and ensuring confidentiality of patient records.

~~(e) Provision for contractual arrangements for the inpatient component of hospice care and for other professional and ancillary hospice services.~~

(h)(f) Standards for hospice care provided in hospice residential units and freestanding inpatient facilities that are not otherwise licensed medical facilities and in residential care facilities such as nursing homes, assisted living facilities, adult family care homes, and hospice residential units and facilities.

- (i) Physical plant standards for hospice residential and inpatient facilities and units.
- (j) Component of a disaster preparedness plan.
- (k) Standards and procedures relating to the establishment and activities of a quality assurance and utilization review committee.
- (l) Components and procedures relating to the collection of patient demographic data and other information on the provision of hospice care in this state.

Section 2. Subsection (1) of section 400.6085, Florida Statutes, is amended to read:

400.6085 Contractual services.—A hospice may contract out for some elements of its services. However, the core services, as set forth in s. 400.609(1), with the exception of physician services, shall be provided directly by the hospice. Any contract entered into between a hospice and a health care facility or service provider must specify that the hospice retains the responsibility for planning, coordinating, and prescribing hospice care and services for the hospice patient and family. A hospice that contracts for any hospice service is prohibited from charging fees for services provided directly by the hospice care team that duplicate contractual services provided to the patient and family.

- (1) A contract for hospice services, including inpatient services, must:
 - (a) Identify the nature and scope of services to be provided.
 - (b) Require that direct patient care shall be maintained, supervised, and coordinated by the hospice care team.
 - (c) Limit the services to be provided to only those expressly authorized by the hospice in writing.
 - (d) Delineate the roles of hospice staff and contract staff in the admission process and patient assessment.
 - (e) Identify methods for ensuring continuity of hospice care.
 - (f) Plan for joint quality assurance.
 - (g) Specify the written documentation, including patient records, required of contract staff.
 - (h) Specify qualifications of persons providing the contract services.
 - (i) Specify the effective dates for the contract.

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

400.609 Hospice services.—Each hospice shall provide a continuum of hospice services which afford the patient and the family of the patient a

range of service delivery which can be tailored to specific needs and preferences of the patient and family at any point in time throughout the length of care for the terminally ill patient and during the bereavement period. These services must be available 24 hours a day, 7 days a week, and must include:

(1) CORE SERVICES.—

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

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

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

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

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

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

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

Section 4. This act shall take effect July 1, 1999.

Approved by the Governor April 22, 1999.

Filed in Office Secretary of State April 22, 1999.