$| \underbrace{\textbf{I}}_{\textbf{L}}, \textbf{R}, \textbf{B}, 0, 9, 3, 2, 0, 1, 5, 1, \textbf{D}, \textbf{R}, \textbf{J}, 4, 9, 3, 2, 3, a} | \underbrace{\textbf{I}}_{\textbf{R}}, \underbrace{\textbf{I}}_{\textbf{R}},$ 

Rep. Suzanne Bassi

## Filed: 3/30/2004

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1	AMENDMENT TO HOUSE BILL 6750
2	AMENDMENT NO Amend House Bill 6750 by replacing
3	the title with the following:
4	"AN ACT concerning hospice programs.
5	WHEREAS, The General Assembly intends to provide one
6	standard definition of "hospice" by establishing minimum
7	standards for all providers of hospice care in Illinois; and
8	WHEREAS, The General Assembly does not intend to force any
9	volunteer hospice program out of business but instead intends
10	to bring such programs into compliance with certain minimum
11	standards applicable to all providers of hospice care in
12	Illinois; therefore"; and
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14	by replacing everything after the enacting clause with the
15	following:
16	"Section 5. The Hospice Program Licensing Act is amended by
17	changing Sections 3, 4, 5, 8, and 9 and by adding Section 8.5
18	as follows:
19	(210 ILCS 60/3) (from Ch. 111 1/2, par. 6103)
20	Sec. 3. Definitions. As used in this Act, unless the
21	context otherwise requires:

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(a) "Bereavement" means the period of time during which the
 hospice patient's family experiences and adjusts to the death
 of the hospice patient.

4 (b) "Department" means the Illinois Department of Public5 Health.

6 (c) "Director" means the Director of the Illinois 7 Department of Public Health.

8 (d) "Hospice Full hospice" means a coordinated program of palliative care that provides for the physical, emotional, and 9 10 spiritual care needs of a terminally ill patient and his or her 11 family. The goal of such care is to achieve the highest quality of life as defined by the patient and his or her family through 12 the relief of suffering and control of symptoms. home and 13 inpatient care providing directly, or through agreement, 14 15 palliative and supportive medical, health and other services to 16 terminally ill patients and their families. A full hospice utilizes a medically directed interdisciplinary hospice 17 care team of professionals and volunteers. The program provides care 18 19 meet the physical, psychological, social, spiritual and 20 other special needs which are experienced during the final 21 stages of illness and during dying and bereavement. Home care -provided on a part-time, intermittent, 22 be -regularly to scheduled basis, and on an on-call around-the-clock basis 23 according to patient and family need. To the maximum extent 24 25 possible, care shall be furnished in the patient's home. Should 26 in patient care be required, services are to be provided with the intent of minimizing the length of such care and shall only 27 28 be provided in a hospital licensed under the Hospital Licensing 29 Act, or a skilled nursing facility licensed under the Nursing 30 Home Care Act.

31 (e) "Hospice care team" means an interdisciplinary working 32 unit composed of but not limited to a physician licensed to 33 practice medicine in all of its branches, a nurse licensed 34 pursuant to the Nursing and Advanced Practice Nursing Act, a 09300HB6750ham001 -3- LRB093 20151 DRJ 49323 a

1 social worker, a pastoral or other counselor, and trained 2 volunteers. The patient and the patient's family are considered 3 members of the hospice care team when development or revision 4 of the patient's plan of care takes place.

5 (f) "Hospice patient" means a terminally ill person
6 receiving hospice services.

7 (g) "Hospice patient's family" means a hospice patient's 8 immediate family consisting of a spouse, sibling, child, parent 9 and those individuals designated as such by the patient for the 10 purposes of this Act.

11 (g-1) "Hospice residence" means a home, apartment 12 building, or similar building providing living quarters:

(1) that is owned or operated by a person licensed to
operate as a full hospice; and

15 (2) at which hospice services are provided to facility16 residents.

A building that is licensed under the Hospital LicensingAct or the Nursing Home Care Act is not a hospice residence.

19 (h) "Hospice services" means palliative and supportive 20 care provided to a hospice patient and his or her family to 21 meet the special need arising out of the physical, emotional, spiritual and social stresses which are experienced during the 22 23 final stages of illness and during dying and bereavement. 24 Services provided to the terminally ill patient shall be 25 furnished, to the maximum extent possible, in the patient's 26 home. Should inpatient care be required, services are to be 27 provided with the intent of minimizing the length of such care.

(i) "Palliative care" means <u>the management of pain and</u>
<u>other distressing symptoms that incorporates medical, nursing,</u>
<u>psychosocial, and spiritual care according to the needs,</u>
<u>values, beliefs, and culture or cultures of the patient and his</u>
<u>or her family. The evaluation and treatment is</u>
<u>patient-centered, with a focus on the central role of the</u>
<u>family unit in decision-making.</u> treatment to provide for the

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5	specific hospice services offered by a <del>full or volunteer</del>
6	hospice, and the administrative and direct care personnel
7	responsible for those services. The plan shall include but not
8	be limited to:
9	(1) Identification of the person or persons
10	administratively responsible for the program.
11	(2) The estimated average monthly patient census.
12	(3) The proposed geographic area the hospice will
13	serve.
14	(4) A listing of those hospice services provided
15	directly by the hospice, and those hospice services
16	provided indirectly through a contractual agreement.
17	(5) The name and qualifications of those persons or
18	entities under contract to provide indirect hospice
19	services.
20	(6) The name and qualifications of those persons
21	providing direct hospice services, with the exception of
22	volunteers.
23	(7) A description of how the hospice plans to utilize
24	volunteers in the provision of hospice services.
25	(8) A description of the program's record keeping
26	system.
27	(k) "Terminally ill" means a medical prognosis by a
28	physician licensed to practice medicine in all of its branches
29	that a patient has an anticipated life expectancy of one year
30	or less.
31	(1) "Volunteer" means a person who offers his or her
32	services to a hospice without compensation. Reimbursement for a
33	volunteer's expenses in providing hospice service shall not be
34	considered compensation.

reduction or abatement of pain and other troubling symptoms,

rather than treatment aimed at investigation and intervention

for the purpose of cure or inappropriate prolongation of life.

(j) "Hospice service plan" means a plan detailing the

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1 (m) "Volunteer hospice" means a program which provides 2 hospice services to patients regardless of their ability to 3 pay, with emphasis on the utilization of volunteers to provide 4 services, under the administration of a not-for-profit agency. 5 This definition does not prohibit the employment of staff.

6 (Source: P.A. 93-319, eff. 7-23-03.)

7 (210 ILCS 60/4) (from Ch. 111 1/2, par. 6104)

Sec. 4. License.

9 (a) No person shall establish, conduct or maintain a full 10 or volunteer hospice without first obtaining a license from the 11 Department. A hospice residence may be operated only at the 12 locations listed on the license. A full hospice owning or 13 operating a hospice residence is not subject to the provisions 14 of the Nursing Home Care Act in owning or operating a hospice 15 residence.

(b) No public or private agency shall advertise or present itself to the public as a <del>full or volunteer</del> hospice which provides hospice services without meeting the provisions of subsection (a).

20 (c) The license shall be valid only in the possession of 21 the hospice to which it was originally issued and shall not be 22 transferred or assigned to any other person, agency, or 23 corporation.

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(d) The license shall be renewed annually.

(e) The license shall be displayed in a conspicuous placeinside the hospice program office.

27 (Source: P.A. 93-319, eff. 7-23-03.)

(210 ILCS 60/5) (from Ch. 111 1/2, par. 6105)
Sec. 5. Application for License. An application for license
or renewal thereof to operate as a full or volunteer hospice
shall be made to the Department upon forms provided by it, and
shall contain information reasonably required by the

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Department, taking into consideration the different categories 1 of hospice programs. The application shall be accompanied by: 2 3 (1) The hospice service plan; (2) A financial statement containing information deemed 4 5 appropriate by the Department for the category of the applicant; and 6 7 (3) A uniform license fee determined by the Department 8 based on the hospice program's category. (Source: P.A. 84-427.) 9 (210 ILCS 60/8) (from Ch. 111 1/2, par. 6108) 10 Sec. 8. General Requirements for Full Hospices. Hospices 11 Full hospices shall comply with the following requirements of 12 13 this Act, including the standards adopted by the Department 14 <u>under Section 9</u>. 15 (a) The hospice program's services shall include physician services, nursing services, medical social services, 16 17 counseling, and volunteer services. These services shall be 18 coordinated with those of the hospice patient's primary or 19 attending physician. (b) The hospice program shall coordinate its services with 20 professional and nonprofessional services already in 21 the community. The program may contract out for elements of its 22 services; however, direct patient contact and overall 23 24 coordination of hospice services shall be maintained by the 25 hospice care team. Any contract entered into between a hospice and a health care facility or service provider shall specify 26 27 that the hospice retain the responsibility for planning and 28 coordinating hospice services and care on behalf of a hospice patient and his family. All contracts shall be in compliance 29 with this Act. No hospice which contracts for any hospice 30 service shall charge fees for services provided directly by the 31 hospice care team which duplicate contractual 32 provided to the individual patient or his family. 33

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(c) The hospice care team shall be responsible for the 1 coordination of home and inpatient care. 2 3 (d) The hospice program shall have a medical director who 4 shall be a physician licensed to practice medicine in all of its branches. The medical director shall have overall 5 responsibility for medical direction of the care and treatment 6 of patients and their families rendered by the hospice care 7 team, and shall consult and cooperate with the patient's 8 attending physician. 9 (e) The hospice program shall have a bereavement program 10 which shall provide a continuum of supportive services for 11 tho family. 12 (f) The hospice program shall foster independence of the 13 14 patient and his family by providing training, encouragement and 15 support so that the patient and family can care for themselves as much as possible. 16 (g) The hospice program shall not impose the dictates of 17 any value or belief system on its patients and their families. 18 19 (h) The hospice program shall clearly define its admission criteria. Decisions on admissions shall be made by a hospice 20 care team and shall be dependent upon the expressed request and 21 informed consent of the patient or the patient's legal 22 <del>guardian.</del> 23 (i) The hospice program shall keep accurate, current and 24 25 confidential records on all hospice patients and their 26 families. (i) The hospice program shall utilize the services of 27 28 trained volunteers. 29 (k) The hospice program shall consist of both home care and inpatient care which incorporates the following 30 31 characteristics: (1) The home care component shall be the primary form of 32 care, and shall be available on a part-time, intermittent, 33 regularly scheduled basis and on an on-call around-the-clock 34

1	basis, according to patient and family need.
2	(2) The inpatient component shall primarily be used only
3	for short-term stays.
4	If possible, inpatient care should closely approximate a
5	home like environment, and provide overnight family visitation
6	within the facility.
7	(Source: P.A. 83-457.)
8	(210 ILCS 60/8.5 new)
9	Sec. 8.5. Volunteer hospice. The changes made by this
10	amendatory Act of the 93rd General Assembly do not apply to a
11	volunteer hospice until July 1, 2005.
12	(210 ILCS 60/9) (from Ch. 111 1/2, par. 6109)
13	Sec. 9. Standards. The Department shall prescribe, by
14	regulation, minimum standards for licensed hospice programs.
15	(a) <u>(Blank).</u> The standards for full hospices shall include
16	but not be limited to:
17	(1) Compliance with the requirements in Section 8.
18	(2) The number and qualifications of persons providing
19	direct hospice services.
20	(3) The qualifications of those persons contracted
21	with to provide indirect hospice services.
22	(4) The palliative and supportive care and bereavement
23	counseling provided to a hospice patient and his family.
24	(5) Hospice services provided on an inpatient basis.
25	(6) Utilization review of patient care.
26	(7) The quality of care provided to patients.
27	(8) Procedures for the accurate and centralized
28	maintenance of records on hospice services provided to
29	patients and their families.
30	(9) The use of volunteers in the hospice program, and
31	the training of those volunteers.
32	(10) The rights of the patient and the patient's

1	family.
2	(b) The standards for volunteer hospice programs shall
3	include but not be limited to:
4	(1) The direct and indirect services provided by the
5	hospice, including the qualifications of personnel
6	providing medical care.
7	(2) Quality review of the services provided by the
8	hospice program.
9	(3) Procedures for the accurate and centralized
10	maintenance of records on hospice services provided to
11	patients and their families.
12	(4) The rights of the patient and the patient's family.
13	(5) The use of volunteers in the hospice program.
14	(6) The disclosure to the patients of the range of
15	hospice services provided and not provided by the hospice
16	program.
17	This subsection (b) is inoperative after June 30, 2005.
18	(c) The standards for hospices owning or operating hospice
19	residences shall address the following:
20	(1) The safety, cleanliness, and general adequacy of
21	the premises, including provision for maintenance of fire
22	and health standards that conform to State laws and
23	municipal codes, to provide for the physical comfort,
24	well-being, care, and protection of the residents.
25	(2) Provisions and criteria for admission, discharge,
26	and transfer of residents.
27	(3) Fee and other contractual agreements with
28	residents.
29	(4) Medical and supportive services for residents.
30	(5) Maintenance of records and residents' right of
31	access of those records.
32	(6) Procedures for reporting abuse or neglect of
33	residents.
34	(7) The number of persons who may be served in a

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residence, which shall not exceed 16 persons per location.

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(8) The ownership, operation, and maintenance of buildings containing a hospice residence.

(9) The number of licensed hospice residences shall not 4 5 exceed 6 before December 31, 1996 and shall not exceed 12 before December 31, 1997. The Department shall conduct a 6 7 study of the benefits of hospice residences and make a recommendation to the General Assembly as to the need to 8 limit the number of hospice residences after June 30, 1997. 9 (d) A hospice program must meet the minimum standards for 10 certification under the Medicare program and set forth in the 11 Conditions of Participation under 42 CFR Part 418. 12 <del>In</del> developing the standards for hospices, the Department shall 13 14 take into consideration the category of the hospice programs. (Source: P.A. 89-278, eff. 8-10-95.) 15

Section 99. Effective date. This Act takes effect July 1, 2004.".