



## 94TH GENERAL ASSEMBLY

### State of Illinois

2005 and 2006

HB0861

Introduced 2/2/2005, by Rep. Suzanne Bassi - Mark H. Beaubien, Jr. - Elizabeth Coulson - Sandra M. Pihos - Julie Hamos

#### SYNOPSIS AS INTRODUCED:

210 ILCS 60/3	from Ch. 111 1/2, par. 6103
210 ILCS 60/4	from Ch. 111 1/2, par. 6104
210 ILCS 60/5	from Ch. 111 1/2, par. 6105
210 ILCS 60/8	from Ch. 111 1/2, par. 6108
210 ILCS 60/8.5 new	
210 ILCS 60/9	from Ch. 111 1/2, par. 6109

Amends the Hospice Licensing Act. Adds a definition of "hospice" and deletes the definition of "full hospice"; also changes the definition of "palliative care". Deletes specific requirements with which full hospices must comply, and instead provides that hospices must comply with the requirements of the Act, including the standards adopted by the Department of Public Health. Deletes certain items that must be included in the Department's standards. Provides that the separate standards currently applicable to volunteer hospices are inoperative after June 30, 2006 and that the new standards to be adopted for all hospice programs do not apply to volunteer hospices until July 1, 2006. Provides that the hospice program must meet the minimum standards for certification under Medicare. Effective July 1, 2005.

LRB094 08701 DRJ 38913 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 WHEREAS, The General Assembly intends to provide one  
3 standard definition of "hospice" by establishing minimum  
4 standards for all providers of hospice care in Illinois; and

5 WHEREAS, The General Assembly does not intend to force any  
6 volunteer hospice program out of business but instead intends  
7 to bring such programs into compliance with certain minimum  
8 standards applicable to all providers of hospice care in  
9 Illinois; therefore

10 **Be it enacted by the People of the State of Illinois,**  
11 **represented in the General Assembly:**

12 Section 5. The Hospice Program Licensing Act is amended by  
13 changing Sections 3, 4, 5, 8, and 9 and by adding Section 8.5  
14 as follows:

15 (210 ILCS 60/3) (from Ch. 111 1/2, par. 6103)

16 Sec. 3. Definitions. As used in this Act, unless the  
17 context otherwise requires:

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

21 (b) "Department" means the Illinois Department of Public  
22 Health.

23 (c) "Director" means the Director of the Illinois  
24 Department of Public Health.

25 (d) "Hospice ~~Full hospice~~" means a coordinated program of  
26 palliative care that provides for the physical, emotional, and  
27 spiritual care needs of a terminally ill patient and his or her  
28 family. The goal of such care is to achieve the highest quality  
29 of life as defined by the patient and his or her family through  
30 the relief of suffering and control of symptoms. ~~home and~~  
31 ~~inpatient care providing directly, or through agreement,~~

1 ~~palliative and supportive medical, health and other services to~~  
2 ~~terminally ill patients and their families. A full hospice~~  
3 ~~utilizes a medically directed interdisciplinary hospice care~~  
4 ~~team of professionals and volunteers. The program provides care~~  
5 ~~to meet the physical, psychological, social, spiritual and~~  
6 ~~other special needs which are experienced during the final~~  
7 ~~stages of illness and during dying and bereavement. Home care~~  
8 ~~is to be provided on a part time, intermittent, regularly~~  
9 ~~scheduled basis, and on an on call around the clock basis~~  
10 ~~according to patient and family need. To the maximum extent~~  
11 ~~possible, care shall be furnished in the patient's home. Should~~  
12 ~~in-patient care be required, services are to be provided with~~  
13 ~~the intent of minimizing the length of such care and shall only~~  
14 ~~be provided in a hospital licensed under the Hospital Licensing~~  
15 ~~Act, or a skilled nursing facility licensed under the Nursing~~  
16 ~~Home Care Act.~~

17 (e) "Hospice care team" means an interdisciplinary working  
18 unit composed of but not limited to a physician licensed to  
19 practice medicine in all of its branches, a nurse licensed  
20 pursuant to the Nursing and Advanced Practice Nursing Act, a  
21 social worker, a pastoral or other counselor, and trained  
22 volunteers. The patient and the patient's family are considered  
23 members of the hospice care team when development or revision  
24 of the patient's plan of care takes place.

25 (f) "Hospice patient" means a terminally ill person  
26 receiving hospice services.

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

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

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

35 (2) at which hospice services are provided to facility  
36 residents.

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

3 (h) "Hospice services" means palliative and supportive  
4 care provided to a hospice patient and his or her family to  
5 meet the special need arising out of the physical, emotional,  
6 spiritual and social stresses which are experienced during the  
7 final stages of illness and during dying and bereavement.  
8 Services provided to the terminally ill patient shall be  
9 furnished, to the maximum extent possible, in the patient's  
10 home. Should inpatient care be required, services are to be  
11 provided with the intent of minimizing the length of such care.

12 (i) "Palliative care" means the management of pain and  
13 other distressing symptoms that incorporates medical, nursing,  
14 psychosocial, and spiritual care according to the needs,  
15 values, beliefs, and culture or cultures of the patient and his  
16 or her family. The evaluation and treatment is  
17 patient-centered, with a focus on the central role of the  
18 family unit in decision-making. ~~treatment to provide for the~~  
19 ~~reduction or abatement of pain and other troubling symptoms,~~  
20 ~~rather than treatment aimed at investigation and intervention~~  
21 ~~for the purpose of cure or inappropriate prolongation of life.~~

22 (j) "Hospice service plan" means a plan detailing the  
23 specific hospice services offered by a ~~full or volunteer~~  
24 hospice, and the administrative and direct care personnel  
25 responsible for those services. The plan shall include but not  
26 be limited to:

27 (1) Identification of the person or persons  
28 administratively responsible for the program.

29 (2) The estimated average monthly patient census.

30 (3) The proposed geographic area the hospice will  
31 serve.

32 (4) A listing of those hospice services provided  
33 directly by the hospice, and those hospice services  
34 provided indirectly through a contractual agreement.

35 (5) The name and qualifications of those persons or  
36 entities under contract to provide indirect hospice

1 services.

2 (6) The name and qualifications of those persons  
3 providing direct hospice services, with the exception of  
4 volunteers.

5 (7) A description of how the hospice plans to utilize  
6 volunteers in the provision of hospice services.

7 (8) A description of the program's record keeping  
8 system.

9 (k) "Terminally ill" means a medical prognosis by a  
10 physician licensed to practice medicine in all of its branches  
11 that a patient has an anticipated life expectancy of one year  
12 or less.

13 (l) "Volunteer" means a person who offers his or her  
14 services to a hospice without compensation. Reimbursement for a  
15 volunteer's expenses in providing hospice service shall not be  
16 considered compensation.

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

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

23 (210 ILCS 60/4) (from Ch. 111 1/2, par. 6104)

24 Sec. 4. License.

25 (a) No person shall establish, conduct or maintain a ~~full~~  
26 ~~or volunteer~~ hospice without first obtaining a license from the  
27 Department. A hospice residence may be operated only at the  
28 locations listed on the license. A ~~full~~ hospice owning or  
29 operating a hospice residence is not subject to the provisions  
30 of the Nursing Home Care Act in owning or operating a hospice  
31 residence.

32 (b) No public or private agency shall advertise or present  
33 itself to the public as a ~~full or volunteer~~ hospice which  
34 provides hospice services without meeting the provisions of  
35 subsection (a).

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

5 (d) The license shall be renewed annually.

6 (e) The license shall be displayed in a conspicuous place  
7 inside the hospice program office.

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

9 (210 ILCS 60/5) (from Ch. 111 1/2, par. 6105)

10 Sec. 5. Application for License. An application for license  
11 or renewal thereof to operate as a ~~full or volunteer~~ hospice  
12 shall be made to the Department upon forms provided by it, and  
13 shall contain information reasonably required by the  
14 Department, ~~taking into consideration the different categories~~  
15 ~~of hospice programs~~. The application shall be accompanied by:

16 (1) The hospice service plan;

17 (2) A financial statement containing information deemed  
18 appropriate by the Department for the category of the  
19 applicant; and

20 (3) A uniform license fee determined by the Department  
21 ~~based on the hospice program's category~~.

22 (Source: P.A. 84-427.)

23 (210 ILCS 60/8) (from Ch. 111 1/2, par. 6108)

24 Sec. 8. General Requirements for ~~Full~~ Hospices. Hospices  
25 ~~Full hospices~~ shall comply with the ~~following~~ requirements of  
26 this Act, including the standards adopted by the Department  
27 under Section 9.

28 ~~(a) The hospice program's services shall include physician~~  
29 ~~services, nursing services, medical social services,~~  
30 ~~counseling, and volunteer services. These services shall be~~  
31 ~~coordinated with those of the hospice patient's primary or~~  
32 ~~attending physician.~~

33 ~~(b) The hospice program shall coordinate its services with~~  
34 ~~professional and nonprofessional services already in the~~

1 ~~community. The program may contract out for elements of its~~  
2 ~~services; however, direct patient contact and overall~~  
3 ~~coordination of hospice services shall be maintained by the~~  
4 ~~hospice care team. Any contract entered into between a hospice~~  
5 ~~and a health care facility or service provider shall specify~~  
6 ~~that the hospice retain the responsibility for planning and~~  
7 ~~coordinating hospice services and care on behalf of a hospice~~  
8 ~~patient and his family. All contracts shall be in compliance~~  
9 ~~with this Act. No hospice which contracts for any hospice~~  
10 ~~service shall charge fees for services provided directly by the~~  
11 ~~hospice care team which duplicate contractual services~~  
12 ~~provided to the individual patient or his family.~~

13 ~~(c) The hospice care team shall be responsible for the~~  
14 ~~coordination of home and inpatient care.~~

15 ~~(d) The hospice program shall have a medical director who~~  
16 ~~shall be a physician licensed to practice medicine in all of~~  
17 ~~its branches. The medical director shall have overall~~  
18 ~~responsibility for medical direction of the care and treatment~~  
19 ~~of patients and their families rendered by the hospice care~~  
20 ~~team, and shall consult and cooperate with the patient's~~  
21 ~~attending physician.~~

22 ~~(e) The hospice program shall have a bereavement program~~  
23 ~~which shall provide a continuum of supportive services for the~~  
24 ~~family.~~

25 ~~(f) The hospice program shall foster independence of the~~  
26 ~~patient and his family by providing training, encouragement and~~  
27 ~~support so that the patient and family can care for themselves~~  
28 ~~as much as possible.~~

29 ~~(g) The hospice program shall not impose the dictates of~~  
30 ~~any value or belief system on its patients and their families.~~

31 ~~(h) The hospice program shall clearly define its admission~~  
32 ~~criteria. Decisions on admissions shall be made by a hospice~~  
33 ~~care team and shall be dependent upon the expressed request and~~  
34 ~~informed consent of the patient or the patient's legal~~  
35 ~~guardian.~~

36 ~~(i) The hospice program shall keep accurate, current and~~

1 ~~confidential records on all hospice patients and their~~  
2 ~~families.~~

3 ~~(j) The hospice program shall utilize the services of~~  
4 ~~trained volunteers.~~

5 ~~(k) The hospice program shall consist of both home care and~~  
6 ~~inpatient care which incorporates the following~~  
7 ~~characteristics:~~

8 ~~(1) The home care component shall be the primary form of~~  
9 ~~care, and shall be available on a part time, intermittent,~~  
10 ~~regularly scheduled basis and on an on call around the clock~~  
11 ~~basis, according to patient and family need.~~

12 ~~(2) The inpatient component shall primarily be used only~~  
13 ~~for short term stays.~~

14 ~~If possible, inpatient care should closely approximate a~~  
15 ~~home like environment, and provide overnight family visitation~~  
16 ~~within the facility.~~

17 (Source: P.A. 83-457.)

18 (210 ILCS 60/8.5 new)

19 Sec. 8.5. Volunteer hospice. The changes made by this  
20 amendatory Act of the 94th General Assembly do not apply to a  
21 volunteer hospice until July 1, 2006.

22 (210 ILCS 60/9) (from Ch. 111 1/2, par. 6109)

23 Sec. 9. Standards. The Department shall prescribe, by  
24 regulation, minimum standards for licensed hospice programs.

25 (a) (Blank). ~~The standards for full hospices shall include~~  
26 ~~but not be limited to:~~

27 ~~(1) Compliance with the requirements in Section 8.~~

28 ~~(2) The number and qualifications of persons providing~~  
29 ~~direct hospice services.~~

30 ~~(3) The qualifications of those persons contracted~~  
31 ~~with to provide indirect hospice services.~~

32 ~~(4) The palliative and supportive care and bereavement~~  
33 ~~counseling provided to a hospice patient and his family.~~

34 ~~(5) Hospice services provided on an inpatient basis.~~



1 ~~(6) Utilization review of patient care.~~

2 ~~(7) The quality of care provided to patients.~~

3 ~~(8) Procedures for the accurate and centralized~~  
4 ~~maintenance of records on hospice services provided to~~  
5 ~~patients and their families.~~

6 ~~(9) The use of volunteers in the hospice program, and~~  
7 ~~the training of those volunteers.~~

8 ~~(10) The rights of the patient and the patient's~~  
9 ~~family.~~

10 (b) The standards for volunteer hospice programs shall  
11 include but not be limited to:

12 (1) The direct and indirect services provided by the  
13 hospice, including the qualifications of personnel  
14 providing medical care.

15 (2) Quality review of the services provided by the  
16 hospice program.

17 (3) Procedures for the accurate and centralized  
18 maintenance of records on hospice services provided to  
19 patients and their families.

20 (4) The rights of the patient and the patient's family.

21 (5) The use of volunteers in the hospice program.

22 (6) The disclosure to the patients of the range of  
23 hospice services provided and not provided by the hospice  
24 program.

25 This subsection (b) is inoperative after June 30, 2006.

26 (c) The standards for hospices owning or operating hospice  
27 residences shall address the following:

28 (1) The safety, cleanliness, and general adequacy of  
29 the premises, including provision for maintenance of fire  
30 and health standards that conform to State laws and  
31 municipal codes, to provide for the physical comfort,  
32 well-being, care, and protection of the residents.

33 (2) Provisions and criteria for admission, discharge,  
34 and transfer of residents.

35 (3) Fee and other contractual agreements with  
36 residents.

1 (4) Medical and supportive services for residents.

2 (5) Maintenance of records and residents' right of  
3 access of those records.

4 (6) Procedures for reporting abuse or neglect of  
5 residents.

6 (7) The number of persons who may be served in a  
7 residence, which shall not exceed 16 persons per location.

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

10 (9) The number of licensed hospice residences shall not  
11 exceed 6 before December 31, 1996 and shall not exceed 12  
12 before December 31, 1997. The Department shall conduct a  
13 study of the benefits of hospice residences and make a  
14 recommendation to the General Assembly as to the need to  
15 limit the number of hospice residences after June 30, 1997.

16 (d) A hospice program must meet the minimum standards for  
17 certification under the Medicare program and set forth in the  
18 Conditions of Participation under 42 CFR Part 418. In  
19 ~~developing the standards for hospices, the Department shall~~  
20 ~~take into consideration the category of the hospice programs.~~

21 (Source: P.A. 89-278, eff. 8-10-95.)

22 Section 99. Effective date. This Act takes effect July 1,  
23 2005.