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1999 Regular Session 9lr0141

By: Chairman, Environmental Matters Committee (Departmental - Health and Mental Hygiene)							
Introduced and read first time: January 20, 1999							
Assigned to: Environmental Matters							
Committee Report: Favorable with amendments							
House action: Adopted							
Read second time: February 24, 1999							
CHAPTER							
CIMI IEK							
1 AN ACT concerning							

## 2 Hospice Facilities and Hospice Care Programs - Inspections

- 3 FOR the purpose of requiring the Department of Health and Mental Hygiene to
- conduct an annual inspection of each hospice facility and each hospice care
- 5 program for certain purposes; establishing certain procedures through which
- 6 the Department may conduct an inspection in the home of a hospice patient
- 7 under certain circumstances; requiring the Department to adopt certain
- 8 regulations; clarifying the Department's authority to perform complaint
- 9 investigations under certain circumstances; and generally relating to the
- inspection of hospice care facilities and hospice care programs.
- 11 BY repealing and reenacting, without amendments,
- 12 Article Health General
- 13 Section 19-901<del>(e)</del>
- 14 Annotated Code of Maryland
- 15 (1996 Replacement Volume and 1998 Supplement)
- 16 BY repealing and reenacting, with amendments,
- 17 Article Health General
- 18 Section 19-903
- 19 Annotated Code of Maryland
- 20 (1996 Replacement Volume and 1998 Supplement)
- 21 BY adding to
- 22 <u>Article Health General</u>

1 2 3	Annotated Code of Maryland							
4 5	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:							
6		Article - Health - General						
7	19-901.							
8	<u>(a)</u>	In this	subtitle the following words have the meanings indicated.					
	(b) "Home-based hospice care program" means a program that directly or through a contractual arrangement provides a hospice care program in the residence of the patient.							
12	(c)	"Hospi	ce facility" means a facility that:					
13		(1)	Provides a hospice care program;					
14		(2)	Is separate from any other facility; and					
15		(3)	Admits at least 2 individuals who:					
16			(i) Are unrelated; and					
17			(ii) Have no reasonable prospect of a cure.					
19 20 21	18 (d) "General hospice care program" means a coordinated, interdisciplinary 19 program of hospice care services for meeting the special physical, psychological, 20 spiritual, and social needs of dying individuals and their families, by providing 21 palliative and supportive medical, nursing, and other health services through home or 22 inpatient care during the illness and bereavement:							
23 24	by a physic	(1) ian; and	To individuals who have no reasonable prospect of cure as estimated					
25		<u>(2)</u>	To the families of those individuals.					
	26 (e) "General license" means a license issued by the Secretary to operate a general hospice care program.							
28 (f) "Limited hospice care program" means a coordinated, interdisciplinary 29 program of hospice care services for meeting the special physical, psychological, 30 spiritual, and social needs of dying individuals and their families, by providing 31 palliative and supportive nonskilled services through a home-based hospice care 32 program during illness and bereavement:								

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1 2	by a physicia	(1) an; and	To individuals who have no reasonable prospect of cure as estimated					
3		<u>(2)</u>	To the fa	amilies of those individuals.				
4 5	(g) "Limited license" means a license issued by the Secretary to operate a limited hospice care program.							
6	<del>19 903.</del>							
7 8	(a) this subtitle.	<del>(1)</del>	The Sec	retary shall adopt regulations to carry out the provisions of				
	for general l		<del>are progra</del>	alations for general hospice care programs shall set standards ams that are comparable to the standards established nization.				
			e Hospice	retary, by regulation, after consultation with interested e Network of Maryland, Inc., shall establish standards care program.				
	(b) (1) The regulations shall set qualifications for medical directors of hospices. A medical director of a hospice care program need not be an employee or a contractee of a hospice care program.							
18		<del>(2)</del>	The regu	ulations for a hospice facility shall require:				
19 20	medicine in	this State	<del>(i)</del> <del>);</del>	The medical director to be a physician licensed to practice				
21 22	worker servi	ices to be	<del>(ii)</del> adequate	The dietary, nursing, pastoral care, pharmaceutical, and social e; and				
23 24	available at	all times.	(iii)	A physician other than an attending physician to be on call and				
25 26	<del>require:</del>	<del>(3)</del>	The regu	alations for a home based hospice care program shall				
27 28	medicine in	this State	<del>(i)</del> <del>);</del>	The medical director to be a physician licensed to practice				
29			<del>(ii)</del>	The provision of bereavement services;				
30 31	dying indivi	<del>duals and</del>	<del>(iii)</del> I their far	The provision of services to meet the spiritual or social needs of nilies;				
32 33	other health	services:	<del>(iv)</del>	The provision of palliative and supportive medical, nursing, and				
34				1. Directly or by contract for a general licensee; or				

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1			<del>2.</del>	By referral only for a limited licensee;
2 3	utilization statistics in	<del>(v)</del> the form		ion of an annual report which includes service ibed;
4 5	needed; and	<del>(vi)</del>	Written	transfer agreements to provide acute inpatient care as
6 7	volunteers in a hospic	<del>(vii)</del> e care pr		m standards concerning the training and role of
8	<u>19-907.1.</u>			
11			TY AND	EPARTMENT SHALL CONDUCT AN ANNUAL INSPECTION DEACH HOSPICE CARE PROGRAM TO ASSURE LE AND THE REGULATIONS ADOPTED UNDER THIS
15 16	RESOLVE ANY CO	MPLAIN	ECTIONS NT CONC	HOSPICE FACILITY AND EACH HOSPICE CARE PROGRAM BY THE DEPARTMENT TO INVESTIGATE AND CERNING PATIENT CARE OR CONFORMANCE TO THE LE AND THE REGULATIONS ADOPTED UNDER THIS
		AND (B	) OF THI	SPECTION OF A HOSPICE CARE PROGRAM UNDER S SECTION, THE DEPARTMENT MAY INSPECT THE TIENT ONLY IF:
		ND THA	T REFUS	ENT EXPLAINS TO THE PATIENT THAT AN INSPECTION SAL TO CONSENT TO THE HOME INSPECTION WILL DICARE OR MEDICAID BENEFITS;
	(2) DEPARTMENT, PE PERFORMING THE	RMITTI	NG THE	SIGNS A CONSENT FORM, DEVELOPED BY THE INSPECTION PRIOR TO THE DEPARTMENT AND
27 28	(3) REASONABLE HO		<u>EPARTM</u>	ENT PERFORMS THE INSPECTION DURING
29 30	(D) (1) PROVISIONS OF T			ENT SHALL ADOPT REGULATIONS TO CARRY OUT THE
31	<u>(2)</u>	THE RE	EGULAT	IONS SHALL INCLUDE PROCEDURES FOR:
32		<u>(I)</u>	SELECT	TING A PATIENT'S HOME FOR AN INSPECTION;
33		<u>(II)</u>	PERFO	RMING AN INSPECTION OF A PATIENT'S HOME; AND
34 35	HOME.	(III)	CONDU	ICTING A FOLLOW-UP INSPECTION OF A PATIENT'S

- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 2 October 1, 1999.