

AMENDED IN ASSEMBLY JUNE 3, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1299**

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**Introduced by Assembly Member Daucher**

February 21, 2003

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An act to amend Sections 1745, 1746, and 1749 of the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 1299, as amended, Daucher. Hospices.

Existing law, the California Hospice Licensure Act of 1990, provides for the licensure of hospices by the State Department of Health Services in order to ensure the health and safety of patients experiencing the last phases of life due to the existence of a terminal disease, and to permit qualified persons, political subdivisions of the state, and governmental agencies to comply with requirements of federal law regarding the provision of hospice care.

~~This bill would change all references to “terminal disease” to “incurable progressive illness,” as defined.~~

Existing law further provides that in order for a person, political subdivision of the state, or other governmental agency to be licensed as a hospice, it shall meet certain requirements including providing basic services such as skilled nursing services, social service/counseling services, medical direction, bereavement services, volunteer services, inpatient care arrangements, and home health aide services. Existing law defines these terms for purposes of the act.

This bill would revise these definitions, as well as others relating to the act, and would make various technical, nonsubstantive changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1745 of the Health and Safety Code is  
2 amended to read:

3 1745. (a) The purposes of this chapter are to provide for the  
4 licensure of hospices by the department in order to ensure the  
5 health and safety of patients, who by definition, are experiencing  
6 the last phases of life due to the existence of ~~an incurable~~  
7 ~~progressive illness~~ *a terminal disease*, and to permit qualified  
8 persons, political subdivisions of the state, and governmental  
9 agencies to comply with requirements of federal law regarding the  
10 provision of hospice care.

11 (b) In enacting this chapter, it is the intent of the Legislature to  
12 allow all qualified persons, political subdivisions of the state, and  
13 governmental agencies to provide hospice services to the people  
14 of California. It is also the intent of the Legislature to distinguish  
15 between the functions of a volunteer hospice and a hospice  
16 requiring licensure. It is further the intent of the Legislature to  
17 require the department to establish standards of quality care for  
18 licensed hospices.

19 (c) It is the intent of the Legislature that regulations adopted by  
20 the department pursuant to this chapter not be so burdensome or  
21 costly, or both, in terms of implementation, that hospices located  
22 in rural areas are forced to stop providing care. Therefore, the  
23 department shall exercise discretion and program flexibility in  
24 regard to licensing hospices that are located in rural areas of the  
25 state.

26 SEC. 2. Section 1746 of the Health and Safety Code is  
27 amended to read:

28 1746. For the purposes of this chapter, the following  
29 definitions apply:

30 (a) “Bereavement services” means ~~services addressing grief~~  
31 ~~and loss issues following a person’s death~~ *those services available*  
32 *to the surviving family members of a hospice patient for a period*  
33 *of at least one year after the death of the patient, including an*  
34 *assessment of the needs of the bereaved family and the*



1 *development of a care plan that meets these needs, both prior to*  
2 *and following the death of the patient.*

3 (b) “Hospice” means a specialized form of interdisciplinary  
4 health care designed to provide palliative care services; alleviate  
5 the physical, emotional, social, and spiritual discomforts of an  
6 individual who is experiencing the last phases of ~~an incurable~~  
7 ~~progressive illness~~ *life due to the existence of a terminal disease;*  
8 provide supportive care to the primary ~~caregiver~~ *caregiver* and the  
9 family of the hospice patient; and that meets all of the following  
10 criteria:

11 (1) Considers the patient and the patient’s family as the unit of  
12 care.

13 (2) Utilizes an interdisciplinary team to assess the physical,  
14 medical, psychological, social, and spiritual needs of the patient  
15 and the patient’s family.

16 (3) Requires the interdisciplinary team to develop an overall  
17 plan of care and to provide coordinated ~~services~~ *care that*  
18 *emphasizes supportive services, including, but not limited to,*  
19 *home care, pain control, and limited inpatient services. Limited*  
20 *inpatient services are intended to ensure both continuity of care*  
21 *and appropriateness of services for those patients who cannot be*  
22 *managed at home because of acute complications or the temporary*  
23 *absence of a capable primary caregiver.*

24 (4) Provides for ~~intermittent~~ *intermittent* services for the  
25 palliative treatment of pain and other symptoms associated with ~~an~~  
26 ~~incurable progressive illness~~ *a terminal disease, but does not*  
27 *provide for efforts to cure the disease.*

28 (5) Provides for bereavement services.

29 (6) Actively utilizes volunteers in the provision of hospice  
30 services.

31 (7) To the extent appropriate, based on the medical needs of the  
32 patient, provides intermittent services in the patient’s home or  
33 primary place of residence in compliance with the patient’s plan  
34 of care.

35 (c) “Inpatient care” means a facility-based level of care for  
36 pain control, symptom management, care of the dying, the dying  
37 process, or respite purposes.

38 (d) “Medical direction” means those services provided by a  
39 licensed physician and surgeon, employed or under contract with



1 the hospice, who is a member of the interdisciplinary team, and is  
2 available as a consultant to the patient’s physician and surgeon.

3 (e) “An interdisciplinary team” means the hospice care team  
4 that provides interdisciplinary care and includes, but is not limited  
5 to, the patient and patient’s family, a physician and surgeon who  
6 is employed or under contract with the hospice, a registered nurse,  
7 a social worker, a counselor, and the patient’s physician and  
8 surgeon. *The team shall meet regularly to develop and maintain an*  
9 *appropriate plan of care. The plan of care shall be coordinated by*  
10 *a registered nurse and shall be under medical direction.*

11 (f) “Plan of care” means a *coordinated* written plan of goals  
12 and interventions based on comprehensive and continuing  
13 assessments.

14 (g) “Skilled nursing services” means nursing services  
15 provided by, or under, the supervision of a registered nurse under  
16 a plan of care developed by the interdisciplinary team and the  
17 patient’s physician and surgeon to a patient and his or her family  
18 that pertain to the palliative and supportive services required by  
19 patients with ~~incurable progressive illnesses~~ *a terminal illness.*  
20 *Skilled nursing services for hospice patients include, but are not*  
21 *limited to, patient assessment, evaluation and case management*  
22 *of the medical nursing needs of the patient, the performance of*  
23 *prescribed medical treatment for pain and symptom control, the*  
24 *provision of emotional support to both the patient and his or her*  
25 *family, and the instruction of caregivers in providing personal care*  
26 *to the patient. Skilled nursing services for hospice patients shall*  
27 *provide for the continuity of services for the patient and his or her*  
28 *family. Skilled nursing services shall be available on a 24-hour*  
29 *on-call basis.*

30 (h) “Social service services” means services that address the  
31 economic and emotional needs of patients and families.

32 ~~(i) “Incurable progressive illness” means an end-stage~~  
33 ~~medical condition with the possibility of shortening one’s life by~~  
34 ~~months or years if the disease follows its normal course.~~

35 (i) “Terminal disease” or “terminal illness” means a medical  
36 condition resulting in a prognosis of life of one year or less, if the  
37 disease follows its natural course.

38 (j) “Volunteer services” means those services provided by  
39 trained hospice volunteers who provide service under the direction  
40 of a hospice staff person.



1 (k) “Multiple locations” means sites from which a hospice  
2 makes services available within the service area of the parent  
3 agency. Multiple locations share administration, supervision,  
4 policies and procedures, and services with the parent agency in a  
5 manner that renders it unnecessary for the site to independently  
6 meet the licensing requirements as a hospice.

7 (l) “Home health aide” means a person who is certified as a  
8 home health aide by the department.

9 (m) “Home health aide services” means those services  
10 provided for the personal care of the patient and the performance  
11 of related tasks in accordance with the plan of care in order to  
12 increase the level of comfort and to maintain personal hygiene.

13 SEC. 3. Section 1749 of the Health and Safety Code is  
14 amended to read:

15 1749. (a) To qualify for a license under this chapter, an  
16 applicant shall satisfy all of the following:

17 (1) Be of good moral character. If the applicant is a franchise,  
18 franchisee, firm, association, organization, partnership, business  
19 trust, corporation, company, political subdivision of the state, or  
20 governmental agency, the person in charge of the hospice for  
21 which the application for a license is made shall be of good moral  
22 character.

23 (2) Demonstrate the ability of the applicant to comply with this  
24 chapter and any rules and regulations promulgated under this  
25 chapter by the department.

26 (3) File a completed application with the department that was  
27 prescribed and furnished pursuant to Section 1748.

28 (b) In order for a person, political subdivision of the state, or  
29 other governmental agency to be licensed as a hospice it shall  
30 satisfy the definition of a hospice contained in Section 1746, and  
31 also provide, or make provision for, the following basic services:

32 (1) Skilled nursing services.

33 (2) Social service services.

34 (3) Medical direction.

35 (4) Bereavement services.

36 (5) Volunteer services.

37 (6) Inpatient care arrangements.

38 (7) Home health aide services.

39 (c) (1) The services required to be provided pursuant to  
40 subdivision (b) shall be provided in compliance with the



1 “Standards for Quality Hospice Care, 2002,” as available from the  
2 California Hospice and Palliative Care Association, until the  
3 department adopts regulations establishing alternative standards  
4 pursuant to subdivision (d).

5 *(2) To meet the unique needs of the community, licensed*  
6 *hospices may also provide related services. These additional*  
7 *services may include, but are not limited to, community*  
8 *bereavement support for nonhospice individuals, palliative care*  
9 *consultations by hospice interdisciplinary team members for*  
10 *individuals with life-threatening conditions for pain and symptom*  
11 *management, counseling and advanced care planning, emergency*  
12 *grief response teams for community emergencies, and*  
13 *bereavement camps.*

14 (d) The department may adopt regulations establishing  
15 standards for any or all of the services required to be provided  
16 under subdivision (b). The regulations of the ~~state~~ department  
17 adopted pursuant to this subdivision shall supersede the standards  
18 referenced in subdivision (c) to the extent the regulations duplicate  
19 or replace those standards.

