

AMENDED IN SENATE APRIL 10, 2007

SENATE BILL

No. 462

Introduced by Senator Torlakson

February 21, 2007

An act to amend Sections 1250, 1250.1, 1746, 1749, and 1750 of the Health and Safety Code, relating to hospice care.

LEGISLATIVE COUNSEL'S DIGEST

SB 462, as amended, Torlakson. Hospice providers: hospice licensed beds.

Existing law provides for the licensure and regulation by the State Department of Health Services, of health facilities, as defined.

Existing law provides for the licensure and regulation by the ~~State Department of Health Services~~ department of certain persons or agencies providing hospice services for persons, and the families of persons, who are experiencing the last phases of life due to a terminal disease. *Hospice services may be provided, under specified conditions, in certain health facilities or in a residential care facility for the elderly.* Violation of provisions of law or regulations relating to ~~hospices~~ *these licensing provisions* is a crime.

Effective July 1, 2007, responsibility for the administration of the above-mentioned provisions will be transferred to the State Department of Public Health.

~~This bill would permit a licensed and certified hospice provider to provide hospice inpatient care through the operation of hospice licensed beds, as specified, located in a free-standing hospice facility or within an existing licensed health facility or residential care facility for the elderly that meets specified standards.~~

Existing law sets forth the licensing and certification fee for a hospice as \$1,000 per facility.

This bill instead would require that fee, commencing January 1, 2008, to be \$622 a year until the department determines a fee level based on the cost of administering the above provisions. The bill would also require a hospice provider that seeks to operate a hospice licensed bed to pay biannually an additional license fee of \$20 per bed.

The bill would require the department to adopt regulations establishing standards for services offered in connection to hospice licensed beds. The bill would further require the State Fire Marshal to establish minimum standard requirements, rules, and regulations to regulate building and safety standards relating to hospice licensed beds, and would require those standards to be applied uniformly throughout the state.

This bill would permit a licensed and certified hospice provider to provide hospice care to patients through the operation of hospice licensed beds, as defined, and would permit a hospice licensed bed to be located in an existing licensed health facility or residential care facility for the elderly, subject to specified standards, which this bill would require the Office of Statewide Health Planning and Development and the department to establish. The bill would also require the department to establish a licensing fee for hospice licensed beds.

The bill would also provide for the licensure, as a health facility, of a freestanding hospice facility, as defined, subject to prescribed requirements.

By expanding existing hospice licensing provisions to include licensed hospital beds, thereby creating new crimes, this bill would create creating a new health facility licensure category and by modifying existing hospice care provisions, the bill would create thus imposing a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 **SECTION 1.** *Section 1250 of the Health and Safety Code is*
2 *amended to read:*

3 1250. As used in this chapter, “health facility” means any
4 facility, place, or building that is organized, maintained, and
5 operated for the diagnosis, care, prevention, and treatment of
6 human illness, physical or mental, including convalescence and
7 rehabilitation and including care during and after pregnancy, or
8 for any one or more of these purposes, for one or more persons,
9 to which the persons are admitted for a 24-hour stay or longer, and
10 includes the following types:

11 (a) “General acute care hospital” means a health facility having
12 a duly constituted governing body with overall administrative and
13 professional responsibility and an organized medical staff that
14 provides 24-hour inpatient care, including the following basic
15 services: medical, nursing, surgical, anesthesia, laboratory,
16 radiology, pharmacy, and dietary services. A general acute care
17 hospital may include more than one physical plant maintained and
18 operated on separate premises as provided in Section 1250.8. A
19 general acute care hospital that exclusively provides acute medical
20 rehabilitation center services, including at least physical therapy,
21 occupational therapy, and speech therapy, may provide for the
22 required surgical and anesthesia services through a contract with
23 another acute care hospital. In addition, a general acute care
24 hospital that, on July 1, 1983, provided required surgical and
25 anesthesia services through a contract or agreement with another
26 acute care hospital may continue to provide these surgical and
27 anesthesia services through a contract or agreement with an acute
28 care hospital. The general acute care hospital operated by the State
29 Department of Developmental Services at Agnews Developmental
30 Center may, until June 30, 2007, provide surgery and anesthesia
31 services through a contract or agreement with another acute care
32 hospital. Notwithstanding the requirements of this subdivision, a
33 general acute care hospital operated by the Department of
34 Corrections and Rehabilitation or the Department of Veterans
35 Affairs may provide surgery and anesthesia services during normal
36 weekday working hours, and not provide these services during
37 other hours of the weekday or on weekends or holidays, if the

1 general acute care hospital otherwise meets the requirements of
2 this section.

3 A “general acute care hospital” includes a “rural general acute
4 care hospital.” However, a “rural general acute care hospital” shall
5 not be required by the department to provide surgery and anesthesia
6 services. A “rural general acute care hospital” shall meet either of
7 the following conditions:

8 (1) The hospital meets criteria for designation within peer group
9 six or eight, as defined in the report entitled Hospital Peer Grouping
10 for Efficiency Comparison, dated December 20, 1982.

11 (2) The hospital meets the criteria for designation within peer
12 group five or seven, as defined in the report entitled Hospital Peer
13 Grouping for Efficiency Comparison, dated December 20, 1982,
14 and has no more than 76 acute care beds and is located in a census
15 dwelling place of 15,000 or less population according to the 1980
16 federal census.

17 (b) “Acute psychiatric hospital” means a health facility having
18 a duly constituted governing body with overall administrative and
19 professional responsibility and an organized medical staff that
20 provides 24-hour inpatient care for mentally disordered,
21 incompetent, or other patients referred to in Division 5
22 (commencing with Section 5000) or Division 6 (commencing with
23 Section 6000) of the Welfare and Institutions Code, including the
24 following basic services: medical, nursing, rehabilitative,
25 pharmacy, and dietary services.

26 (c) “Skilled nursing facility” means a health facility that provides
27 skilled nursing care and supportive care to patients whose primary
28 need is for availability of skilled nursing care on an extended basis.

29 (d) “Intermediate care facility” means a health facility that
30 provides inpatient care to ambulatory or nonambulatory patients
31 who have recurring need for skilled nursing supervision and need
32 supportive care, but who do not require availability of continuous
33 skilled nursing care.

34 (e) “Intermediate care facility/developmentally disabled
35 habilitative” means a facility with a capacity of 4 to 15 beds that
36 provides 24-hour personal care, habilitation, developmental, and
37 supportive health services to 15 or fewer developmentally disabled
38 persons who have intermittent recurring needs for nursing services,
39 but have been certified by a physician and surgeon as not requiring
40 availability of continuous skilled nursing care.

1 (f) “Special hospital” means a health facility having a duly
2 constituted governing body with overall administrative and
3 professional responsibility and an organized medical or dental staff
4 that provides inpatient or outpatient care in dentistry or maternity.

5 (g) “Intermediate care facility/developmentally disabled” means
6 a facility that provides 24-hour personal care, habilitation,
7 developmental, and supportive health services to developmentally
8 disabled clients whose primary need is for developmental services
9 and who have a recurring but intermittent need for skilled nursing
10 services.

11 (h) “Intermediate care facility/developmentally
12 disabled—nursing” means a facility with a capacity of 4 to 15 beds
13 that provides 24-hour personal care, developmental services, and
14 nursing supervision for developmentally disabled persons who
15 have intermittent recurring needs for skilled nursing care but have
16 been certified by a physician and surgeon as not requiring
17 continuous skilled nursing care. The facility shall serve medically
18 fragile persons who have developmental disabilities or demonstrate
19 significant developmental delay that may lead to a developmental
20 disability if not treated.

21 (i) (1) “Congregate living health facility” means a residential
22 home with a capacity, except as provided in paragraph (4), of no
23 more than 12 beds, that provides inpatient care, including the
24 following basic services: medical supervision, 24-hour skilled
25 nursing and supportive care, pharmacy, dietary, social, recreational,
26 and at least one type of service specified in paragraph (2). The
27 primary need of congregate living health facility residents shall
28 be for availability of skilled nursing care on a recurring,
29 intermittent, extended, or continuous basis. This care is generally
30 less intense than that provided in general acute care hospitals but
31 more intense than that provided in skilled nursing facilities.

32 (2) Congregate living health facilities shall provide one of the
33 following services:

34 (A) Services for persons who are mentally alert, physically
35 disabled persons, who may be ventilator dependent.

36 (B) Services for persons who have a diagnosis of terminal
37 illness, a diagnosis of a life-threatening illness, or both. Terminal
38 illness means the individual has a life expectancy of six months
39 or less as stated in writing by his or her attending physician and
40 surgeon. A “life-threatening illness” means the individual has an

1 illness that can lead to a possibility of a termination of life within
2 five years or less as stated in writing by his or her attending
3 physician and surgeon.

4 (C) Services for persons who are catastrophically and severely
5 disabled. A catastrophically and severely disabled person means
6 a person whose origin of disability was acquired through trauma
7 or nondegenerative neurologic illness, for whom it has been
8 determined that active rehabilitation would be beneficial and to
9 whom these services are being provided. Services offered by a
10 congregate living health facility to a catastrophically disabled
11 person shall include, but not be limited to, speech, physical, and
12 occupational therapy.

13 (3) A congregate living health facility license shall specify which
14 of the types of persons described in paragraph (2) to whom a
15 facility is licensed to provide services.

16 (4) (A) A facility operated by a city and county for the purposes
17 of delivering services under this section may have a capacity of
18 59 beds.

19 (B) A congregate living health facility not operated by a city
20 and county servicing persons who are terminally ill, persons who
21 have been diagnosed with a life-threatening illness, or both, that
22 is located in a county with a population of 500,000 or more persons
23 may have not more than 25 beds for the purpose of serving
24 terminally ill persons.

25 (C) A congregate living health facility not operated by a city
26 and county serving persons who are catastrophically and severely
27 disabled, as defined in subparagraph (C) of paragraph (2) that is
28 located in a county of 500,000 or more persons may have not more
29 than 12 beds for the purpose of serving catastrophically and
30 severely disabled persons.

31 (5) A congregate living health facility shall have a
32 noninstitutional, homelike environment.

33 (j) (1) "Correctional treatment center" means a health facility
34 operated by the Department of Corrections, the Department of the
35 Youth Authority, or a county, city, or city and county law
36 enforcement agency that, as determined by the state department,
37 provides inpatient health services to that portion of the inmate
38 population who do not require a general acute care level of basic
39 services. This definition shall not apply to those areas of a law
40 enforcement facility that houses inmates or wards that may be

1 receiving outpatient services and are housed separately for reasons
2 of improved access to health care, security, and protection. The
3 health services provided by a correctional treatment center shall
4 include, but are not limited to, all of the following basic services:
5 physician and surgeon, psychiatrist, psychologist, nursing,
6 pharmacy, and dietary. A correctional treatment center may provide
7 the following services: laboratory, radiology, perinatal, and any
8 other services approved by the state department.

9 (2) Outpatient surgical care with anesthesia may be provided,
10 if the correctional treatment center meets the same requirements
11 as a surgical clinic licensed pursuant to Section 1204, with the
12 exception of the requirement that patients remain less than 24
13 hours.

14 (3) Correctional treatment centers shall maintain written service
15 agreements with general acute care hospitals to provide for those
16 inmate physical health needs that cannot be met by the correctional
17 treatment center.

18 (4) Physician and surgeon services shall be readily available in
19 a correctional treatment center on a 24-hour basis.

20 (5) It is not the intent of the Legislature to have a correctional
21 treatment center supplant the general acute care hospitals at the
22 California Medical Facility, the California Men's Colony, and the
23 California Institution for Men. This subdivision shall not be
24 construed to prohibit the Department of Corrections from obtaining
25 a correctional treatment center license at these sites.

26 (k) "Nursing facility" means a health facility licensed pursuant
27 to this chapter that is certified to participate as a provider of care
28 either as a skilled nursing facility in the federal Medicare Program
29 under Title XVIII of the federal Social Security Act or as a nursing
30 facility in the federal Medicaid Program under Title XIX of the
31 federal Social Security Act, or as both.

32 (l) Regulations defining a correctional treatment center described
33 in subdivision (j) that is operated by a county, city, or city and
34 county, the Department of Corrections, or the Department of the
35 Youth Authority, shall not become effective prior to, or if effective,
36 shall be inoperative until January 1, 1996, and until that time these
37 correctional facilities are exempt from any licensing requirements.

38 (m) "*Freestanding hospice facility*" means a facility that
39 provides some or all levels of hospice care to hospice patients,
40 including routine, continuous, inpatient respite and general

1 *inpatient care through hospice licensed beds, pursuant to*
 2 *subdivision (q) of Section 1746. The department shall establish*
 3 *fees for licensure pursuant to this subdivision. Requirements for*
 4 *licensure under this subdivision shall be consistent with the*
 5 *requirements for licensure under Chapter 8.5 (commencing with*
 6 *1746).*

7 *SEC. 2. Section 1250.1 of the Health and Safety Code is*
 8 *amended to read:*

9 1250.1. (a) ~~The state~~ department shall adopt regulations that
 10 define all of the following bed classifications for health facilities:

- 11 (1) General acute care.
- 12 (2) Skilled nursing.
- 13 (3) Intermediate care—developmental disabilities.
- 14 (4) Intermediate care—other.
- 15 (5) Acute psychiatric.
- 16 (6) Specialized care, with respect to special hospitals only.
- 17 (7) Chemical dependency recovery.
- 18 (8) Intermediate care facility/developmentally disabled
- 19 habilitative.
- 20 (9) Intermediate care facility/developmentally disabled nursing.
- 21 (10) Congregate living health facility.
- 22 (11) Pediatric day health and respite care facility, as defined in
- 23 Section 1760.2.
- 24 (12) Correctional treatment center. For correctional treatment
- 25 centers that provide psychiatric and psychological services
- 26 provided by county mental health agencies in local detention
- 27 facilities, the State Department of Mental Health shall adopt
- 28 regulations specifying acute and nonacute levels of 24-hour care.
- 29 Licensed inpatient beds in a correctional treatment center shall be
- 30 used only for the purpose of providing health services.

31 *(13) Hospice licensed beds.*

32 (b) Except as provided in Section 1253.1, beds classified as
 33 intermediate care beds, on September 27, 1978, shall be reclassified
 34 by the state department as intermediate care—other. This
 35 reclassification shall not constitute a “project” within the meaning
 36 of Section 127170 and shall not be subject to any requirement for
 37 a certificate of need under Chapter 1 (commencing with Section
 38 127125) of Part 2 of Division 107, and regulations of the state
 39 department governing intermediate care prior to the effective date
 40 shall continue to be applicable to the intermediate care—other

1 classification unless and until amended or repealed by the state
2 department.

3 **SECTION 4.**

4 *SEC. 3.* Section 1746 of the Health and Safety Code is amended
5 to read:

6 1746. For the purposes of this chapter, the following definitions
7 apply:

8 (a) “Bereavement services” means those services available to
9 the surviving family members for a period of at least one year after
10 the death of the patient, including an assessment of the needs of
11 the bereaved family and the development of a care plan that meets
12 these needs, both prior to and following the death of the patient.

13 (b) “Hospice” means a specialized form of interdisciplinary
14 health care that is designed to provide palliative care, alleviate the
15 physical, emotional, social, and spiritual discomforts of an
16 individual who is experiencing the last phases of life due to the
17 existence of a terminal disease, and provide supportive care to the
18 primary caregiver and the family of the hospice patient, and that
19 meets all of the following criteria:

20 (1) Considers the patient and the patient’s family, in addition
21 to the patient, as the unit of care.

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

25 (3) Requires the interdisciplinary team to develop an overall
26 plan of care and to provide coordinated care that emphasizes
27 supportive services, including, but not limited to, home care, pain
28 control, and limited inpatient services. Limited inpatient services
29 are intended to ensure both continuity of care and appropriateness
30 of services for those patients who cannot be managed at home
31 because of acute complications or the temporary absence of a
32 capable primary caregiver.

33 (4) Provides for the palliative medical treatment of pain and
34 other symptoms associated with a terminal disease, but does not
35 provide for efforts to cure the disease.

36 (5) Provides for bereavement services following death to assist
37 the family in coping with social and emotional needs associated
38 with the death of the patient.

39 (6) Actively utilizes volunteers in the delivery of hospice
40 services.

1 (7) To the extent appropriate, based on the medical needs of the
2 patient, provides services in the patient's home or primary place
3 of residence.

4 (c) "Inpatient care arrangements" means arranging for those
5 short inpatient stays that may become necessary to manage acute
6 symptoms or because of the temporary absence, or need for respite,
7 of a capable primary caregiver. The hospice shall arrange for these
8 stays, ensuring both continuity of care and the appropriateness of
9 services.

10 (d) "Medical direction" means those services provided by a
11 licensed physician and surgeon who is charged with the
12 responsibility of acting as a consultant to the interdisciplinary
13 team, a consultant to the patient's attending physician and surgeon,
14 as requested, with regard to pain and symptom management, and
15 a liaison with physicians and surgeons in the community.

16 (e) "An interdisciplinary team" means the hospice care team
17 that includes, but is not limited to, the patient and patient's family,
18 a physician and surgeon, a registered nurse, a social worker, a
19 volunteer, and a spiritual caregiver. The team shall be coordinated
20 by a registered nurse and shall be under medical direction. The
21 team shall meet regularly to develop and maintain an appropriate
22 plan of care.

23 (f) "Plan of care" means a written plan developed by the
24 attending physician and surgeon, the medical director or physician
25 and surgeon designee, and the interdisciplinary team that addresses
26 the needs of a patient and family admitted to the hospice program.
27 The hospice shall retain overall responsibility for the development
28 and maintenance of the plan of care and quality of services
29 delivered.

30 (g) "Skilled nursing services" means nursing services provided
31 by or under the supervision of a registered nurse under a plan of
32 care developed by the interdisciplinary team and the patient's
33 physician and surgeon to a patient and his or her family that pertain
34 to the palliative, supportive services required by patients with a
35 terminal illness. Skilled nursing services include, but are not limited
36 to, patient assessment, evaluation and case management of the
37 medical nursing needs of the patient, the performance of prescribed
38 medical treatment for pain and symptom control, the provision of
39 emotional support to both the patient and his or her family, and
40 the instruction of caregivers in providing personal care to the

1 patient. Skilled nursing services shall provide for the continuity
2 of services for the patient and his or her family. Skilled nursing
3 services shall be available on a 24-hour on-call basis.

4 (h) “Social services/counseling services” means those counseling
5 and spiritual care services that assist the patient and his or her
6 family to minimize stresses and problems that arise from social,
7 economic, psychological, or spiritual needs by utilizing appropriate
8 community resources, and maximize positive aspects and
9 opportunities for growth.

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

13 (j) “Volunteer services” means those services provided by
14 trained hospice volunteers who have agreed to provide service
15 under the direction of a hospice staff member who has been
16 designated by the hospice to provide direction to hospice
17 volunteers. Hospice volunteers may be used to provide support
18 and companionship to the patient and his or her family during the
19 remaining days of the patient’s life and to the surviving family
20 following the patient’s death.

21 (k) “Multiple location” means a location or site from which a
22 hospice makes available basic hospice services within the service
23 area of the parent agency. A multiple location shares
24 administration, supervision, policies and procedures, and services
25 with the parent agency in a manner that renders it unnecessary for
26 the site to independently meet the licensing requirements.

27 (l) “Home health aide” has the same meaning as set forth in
28 subdivision (c) of Section 1727.

29 (m) “Home health aide services” means those services described
30 in subdivision (d) of Section 1727 that provide for the personal
31 care of the terminally ill patient and the performance of related
32 tasks in the patient’s home in accordance with the plan of care in
33 order to increase the level of comfort and to maintain personal
34 hygiene and a safe, healthy environment for the patient.

35 (n) “Parent agency” means the part of the hospice that is licensed
36 pursuant to this chapter and that develops and maintains
37 administrative controls of multiple locations. All services provided
38 by the multiple locations and parent agency are the responsibility
39 of the parent agency.

1 (o) “Palliative” refers to medical treatment, interdisciplinary
2 care, or consultation provided to the patient or family members,
3 or both, that have as its primary purposes preventing or relieving
4 suffering and enhancing the quality of life, rather than curing the
5 disease, as described in subdivision (b) of Section 1339.31, of a
6 patient who has an end stage medical condition.

7 (p) “Preliminary services” means those services authorized
8 pursuant to subdivision (d) of Section 1749.

9 (q) “Hospice licensed beds” means those beds that have been
10 licensed, *pursuant to subdivision (f) of Section 1749*, by the
11 department for the provision of *all levels of hospice care, including*
12 *routine care, continuous care, inpatient respite care, and general*
13 *inpatient care*. Hospice licensed beds are an optional component
14 of a licensed and certified hospice provider. ~~All levels of care may~~
15 ~~be provided in hospice licensed beds.~~

16 ~~SEC. 2.~~

17 *SEC. 4.* Section 1749 of the Health and Safety Code is amended
18 to read:

19 1749. (a) To qualify for a license under this chapter, an
20 applicant shall satisfy all of the following:

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

27 (2) Demonstrate the ability of the applicant to comply with this
28 chapter and any rules and regulations promulgated under this
29 chapter by the department.

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

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

- 36 (1) Skilled nursing services.
- 37 (2) Social services/counseling services.
- 38 (3) Medical direction.
- 39 (4) Bereavement services.
- 40 (5) Volunteer services.

1 (6) Inpatient care arrangements.

2 (7) Home health aide services.

3 (c) The services required to be provided pursuant to subdivision
4 (b) shall be provided in compliance with the *most current edition*
5 *of the “Standards for Quality Hospice Care, 2006,”* as
6 available from the California Hospice and Palliative Care
7 Association, until the department adopts regulations establishing
8 alternative standards pursuant to subdivision (e).

9 (d) (1) Notwithstanding any provision of law to the contrary,
10 to meet the unique needs of the community, licensed hospices may
11 provide, in addition to hospice services authorized in this chapter,
12 any of the following preliminary services for any person in need
13 of those services, as determined by the physician and surgeon, if
14 any, in charge of the care of a patient, or at the request of the patient
15 or family:

16 (A) Preliminary palliative care consultations.

17 (B) Preliminary counseling and care planning.

18 (C) Preliminary grief and bereavement services.

19 (2) Preliminary services authorized pursuant to this subdivision
20 may be provided concurrently with curative treatment to a person
21 who does not have a terminal prognosis or who has not elected to
22 receive hospice services only by licensed and certified hospices.
23 These services shall be subject to the schedule of benefits under
24 the Medi-Cal program, pursuant to subdivision (w) of Section
25 14132 of the Welfare and Institutions Code.

26 (e) (1) The department may adopt regulations establishing
27 standards for any or all of the services required to be provided
28 under subdivisions (b) and (f) *subdivision (b)*. The regulations of
29 the department adopted pursuant to this subdivision shall supersede
30 the standards referenced in subdivision (c) to the extent the
31 regulations duplicate or replace those standards.

32 (2) *The department shall, by January 1, 2009, adopt regulations*
33 *establishing standards for all of the services required to be*
34 *provided under subdivision (f).*

35 (f) (1) Licensed and certified hospices may apply for a hospice
36 bed license.

37 (2) ~~Beds shall be licensed in accordance with the “Standards~~
38 ~~for Quality Hospice Care, 2006,” published by the California~~
39 ~~Hospice and Palliative Care Association.~~

40 (3)

1 (2) (A) Hospice licensed beds may be located in ~~free-standing~~
2 ~~hospice facilities or in~~ a portion of an existing licensed health
3 facility or residential care facility for the elderly that meets ~~the all~~
4 *applicable* building and safety requirements ~~provided pursuant to~~
5 ~~paragraph (4)~~.

6 (B) When a licensed and certified hospice provider applies for
7 hospice licensed beds within an existing licensed facility, that
8 facility may place any or all of its licensed bed capacity in
9 voluntary suspension to permit the hospice provider to use those
10 beds as hospice licensed beds, after submitting written notification
11 to the State Department of Public Health and to the Office of
12 Statewide Health Planning and Development, and, if in a residential
13 care facility for the elderly, to the State Department of Social
14 Services.

15 (C) During the period of voluntary suspense, the facility shall
16 remain under the jurisdiction of the applicable licensing department
17 as well as the State Department of Public Health for the portion
18 used for hospice licensed beds.

19 ~~(4)~~

20 ~~(3) (A) The State Fire Marshal Office of Statewide Health~~
21 ~~Planning and Development shall establish minimum standard~~
22 ~~requirements, and shall adopt any rules and regulations as he or~~
23 ~~she the office deems necessary, to properly regulate the building~~
24 ~~and safety standards of hospice licensed beds.~~

25 (B) Building standards adopted by the ~~State Fire Marshal office~~
26 ~~pursuant to this section and published in the State Building~~
27 ~~Standards Code~~ relating to fire and panic safety, and other
28 regulations adopted by the ~~State Fire Marshal office~~ pursuant to
29 this section shall apply uniformly throughout the state.

30 (C) No city, county, city and county, including a charter city or
31 charter county, or fire protection district shall adopt or enforce any
32 ordinance or local rule or regulation relating to fire and panic safety
33 in buildings or structures subject to this section that is inconsistent
34 with the rules and regulations adopted by the ~~State Fire Marshal~~
35 ~~office~~ pursuant to this section.

36 ~~(5) Hospice licensed beds shall require an additional licensing~~
37 ~~fee as outlined in Section 1750.~~

38 ~~(4) The department shall establish a licensing fee for hospice~~
39 ~~licensed beds not in freestanding hospice facilities.~~

1 ~~SEC. 3.~~

2 ~~SEC. 5.~~ Section 1750 of the Health and Safety Code is amended
3 to read:

4 ~~1750. (a) Notwithstanding subdivision (b) of Section 1266,~~
5 ~~commencing January 1, 2008, each new and renewal application~~
6 ~~for a license under this chapter shall be accompanied by an annual~~
7 ~~fee in the amount of six hundred twenty-two dollars (\$622), until~~
8 ~~the department determines a fee level based on the cost of~~
9 ~~administering this chapter and that fee is printed in the Budget~~
10 ~~Act. Hospices shall pay an additional biannual fee of twenty dollars~~
11 ~~(\$20) per hospice licensed bed, as defined in subdivision (q) of~~
12 ~~Section 1746.~~

13 ~~1750. (a) Each new and renewal application for a license~~
14 ~~under this chapter shall be accompanied by an annual Licensing~~
15 ~~and Certification Program fee set in accordance with Section 1266.~~

16 (b) All hospices shall maintain compliance with the licensing
17 requirements. These requirements shall not, however, prohibit the
18 use of alternate concepts, methods, procedures, techniques, space,
19 equipment, personnel qualifications, or the conducting of pilot
20 projects, necessary for program flexibility. Program flexibility
21 shall be carried out with provision for safe and adequate patient
22 care and with prior written approval of the department. A written
23 request for program flexibility and substantiating evidence
24 supporting the request shall be submitted by the applicant or
25 licensee to the department. The department shall approve or deny
26 the request within 60 days of submission. Approval shall be in
27 writing and shall provide for the terms and conditions under which
28 program flexibility is approved. A denial shall be in writing and
29 shall specify the basis therefor. If after investigation the department
30 determines that a hospice using program flexibility pursuant to
31 this section is operating in a manner contrary to the terms or
32 conditions of the approval for program flexibility, the director shall
33 immediately revoke that approval.

34 (c) Each hospice shall, on or before March 15 of each year, file
35 with the Office of Statewide Health Planning and Development
36 (OSHDP), upon forms furnished by OSHDP, a verified report for
37 the preceding calendar year upon all matters requested by OSHDP.
38 This report may include, but not be limited to, data pertaining to
39 age of patients, diagnostic categories of patients, and number of
40 visits by service provided.

1 ~~SEC. 4.~~
2 *SEC. 6.* No reimbursement is required by this act pursuant to
3 Section 6 of Article XIII B of the California Constitution because
4 the only costs that may be incurred by a local agency or school
5 district will be incurred because this act creates a new crime or
6 infraction, eliminates a crime or infraction, or changes the penalty
7 for a crime or infraction, within the meaning of Section 17556 of
8 the Government Code, or changes the definition of a crime within
9 the meaning of Section 6 of Article XIII B of the California
10 Constitution.

O