

Introduced by Senator Hernandez

February 13, 2014

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

LEGISLATIVE COUNSEL'S DIGEST

SB 1004, as introduced, Hernandez. Health facilities: hospice care. Existing law defines "hospice" as a specialized form of interdisciplinary health care that is designed to provide palliative care, alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease, and provide supportive care to the primary caregiver and the family of the hospice patient, and that meets specified criteria, including, but not limited to, providing for the palliative medical treatment of pain and other symptoms associated with a terminal disease, but does not provide for efforts to cure the disease.

This bill would revise the definition of "hospice" so that the palliative medical treatment would no longer be limited to those treatments that do not provide for efforts to cure the disease.

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

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

- 1 SECTION 1. Section 1746 of the Health and Safety Code is
- 2 amended to read:
- 3 1746. For the purposes of this chapter, the following definitions
- 4 apply:

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

6 (b) “Home health aide” has the same meaning as that term is
7 defined in subdivision (c) of Section 1727.

8 (c) “Home health aide services” means those services described
9 in subdivision (d) of Section 1727 that provide for the personal
10 care of the terminally ill patient and the performance of related
11 tasks in the patient’s home in accordance with the plan of care in
12 order to increase the level of comfort and to maintain personal
13 hygiene and a safe, healthy environment for the patient.

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

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

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

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

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

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

1 (6) Actively utilizes volunteers in the delivery of hospice
2 services.

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

6 (e) "Hospice facility" means a health facility as defined in
7 subdivision (n) of Section 1250.

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

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

21 (h) "Medical direction" means those services provided by a
22 licensed physician and surgeon who is charged with the
23 responsibility of acting as a consultant to the interdisciplinary
24 team, a consultant to the patient's attending physician and surgeon,
25 as requested, with regard to pain and symptom management, and
26 a liaison with physician and surgeons in the community.

27 (i) "Multiple location" means a location or site from which a
28 hospice makes available basic hospice services within the service
29 area of the parent agency. A multiple location shares
30 administration, supervision, policies and procedures, and services
31 with the parent agency in a manner that renders it unnecessary for
32 the site to independently meet the licensing requirements.

33 (j) "Palliative care" means patient and family-centered care that
34 optimizes quality of life of a patient with a terminal illness by
35 anticipating, preventing, and treating suffering. Palliative care
36 throughout the continuum of illness involves addressing physical,
37 intellectual, emotional, social, and spiritual needs and to facilitate
38 patient autonomy, access to information, and choice.

39 (k) "Parent agency" means the part of the hospice that is licensed
40 pursuant to this chapter and that develops and maintains

1 administrative control of multiple locations. All services provided
2 from each multiple location and parent agency are the responsibility
3 of the parent agency.

4 (l) “Plan of care” means a written plan developed by the
5 attending physician and surgeon, the medical director or physician
6 and surgeon designee, and the interdisciplinary team that addresses
7 the needs of a patient and family admitted to the hospice
8 organization. The hospice shall retain overall responsibility for
9 the development and maintenance of the plan of care and quality
10 of services delivered.

11 (m) “Preliminary services” means those services authorized
12 pursuant to subdivision (d) of Section 1749.

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

27 (o) “Social services/counseling services” means those counseling
28 and spiritual care services that assist the patient and his or her
29 family to minimize stresses and problems that arise from social,
30 economic, psychological, or spiritual needs by utilizing appropriate
31 community resources, and maximize positive aspects and
32 opportunities for growth.

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

36 (q) “Volunteer services” means those services provided by
37 trained hospice volunteers who have agreed to provide service
38 under the direction of a hospice staff member who has been
39 designated by the hospice to provide direction to hospice
40 volunteers. Hospice volunteers may be used to provide support

- 1 and companionship to the patient and his or her family during the
- 2 remaining days of the patient's life and to the surviving family
- 3 following the patient's death.

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