

**HOUSE BILL NO. 152**

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE RYAN

Introduced: 2/24/97

Referred: Health, Education and Social Services, Finance

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act regulating hospice care."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 \* **Section 1.** AS 18 is amended by adding a new chapter to read:

4 **Chapter 18. Hospice Care Programs.**

5 **Article 1. Licensing of Hospice Programs.**

6 **Sec. 18.18.010. License required.** A person, including a partnership,  
7 association, or corporation, may not represent itself as a hospice program, operate a  
8 hospice program, or otherwise provide hospice services unless the person, partnership,  
9 association, or corporation has obtained a license from the department.

10 **Sec. 18.18.020 Licenses.** (a) If, after receiving an application for a license,  
11 the department finds that all the conditions of licensure are met, the department shall  
12 issue a license to the applicant for a period of two years. If the department finds less  
13 than full compliance with the conditions of licensure, the department may issue a  
14 conditional license.

15 (b) The department may issue a conditional license if the applicant fails to

1 comply with applicable laws and regulations, but the best interest of the public would  
 2 be served by issuing a conditional license. The conditional license must specify when  
 3 and what corrections must be made during the term of the conditional license.

4 (c) When an applicant fails to comply with applicable laws and regulations,  
 5 the department may revoke or suspend or refuse to issue or renew a license.

6 **Sec. 18.18.030. Medicare certified hospices.** A Medicare certified hospice  
 7 is considered to meet the licensure requirements for a hospice program under this  
 8 chapter and shall be issued a state license if it applies and pays for a license under this  
 9 chapter and attests in writing that it meets all state licensure requirements.

10 **Sec. 18.18.040. Right of entry and inspection.** A duly designated employee  
 11 of the department may enter the premises of a hospice provider who has applied for  
 12 a license or who is licensed under this chapter. These employees may inspect relevant  
 13 documents of the hospice provider to determine whether the provider is in compliance  
 14 with this chapter and regulations adopted under this chapter. The right of entry and  
 15 inspection extends to premises and documents of providers whom the department has  
 16 reason to believe are providing hospice services without a license. These entries or  
 17 inspections must be made with the permission of the owner or person in charge unless  
 18 a warrant is first obtained.

19 **Sec. 18.18.100. Requirements for licensure.** (a) The department shall adopt  
 20 regulations under AS 44.62 (Administrative Procedure Act) that specify the  
 21 requirements for licensure under this chapter. The regulations must include the  
 22 requirements of this section.

23 (b) A hospice program shall have a clear mission statement that is consistent  
 24 with hospice philosophy.

25 (c) A hospice program shall be a discrete entity with at least the following  
 26 features:

- 27 (1) a governing body;
- 28 (2) an established set of admission criteria for determining appropriate  
 29 clients;
- 30 (3) a program director;
- 31 (4) an interdisciplinary team;

- 1 (5) volunteers; and  
2 (6) a medical director.

- 3 (d) A hospice program may only provide services to a person if the person  
4 (1) consents to receive those services; and  
5 (2) fits the admissions criteria of the hospice program.

6 (e) Hospice services shall be delivered in accordance with a care plan  
7 approved by the interdisciplinary team regardless of whether the hospice services are  
8 provided by hospice program staff or by contractors. The care plan must provide for  
9 24-hours-a-day, seven-days-a-week services. The care plan must be reviewed  
10 periodically by the interdisciplinary team and revised as needed. The client, and the  
11 client's family if the client desires, must be given the opportunity to participate in the  
12 development of the care plan and must be informed of the opportunity to attend  
13 interdisciplinary team meetings. The interdisciplinary team must consider the need for  
14 at least the following services when developing the care plan:

- 15 (1) social services;  
16 (2) nursing care;  
17 (3) counseling;  
18 (4) pastoral care;  
19 (5) volunteer visits to provide comfort, companionship, and respite;  
20 (6) bereavement services for at least one year after the death of the  
21 person who is terminally ill; and  
22 (7) medical services.

23 (f) Nursing services provided by a hospice program shall be provided in  
24 accordance with a care plan and must be under the direction and supervision of a nurse  
25 supervisor. The nurse supervisor shall

- 26 (1) develop nursing objectives, policies, and procedures consistent with  
27 hospice philosophy;  
28 (2) develop job descriptions for nursing personnel consistent with  
29 hospice philosophy;  
30 (3) establish staffing and on-call schedules for nursing staff; and  
31 (4) develop and implement orientation and training programs for

1 nursing staff.

2 (g) Before providing a hospice service, a direct service provider shall receive  
3 an orientation of at least four hours specific to hospice service. The policy and  
4 procedures of the provider define the agenda of the hospice orientation program. The  
5 provider shall document in personnel files that staff members have completed the four-  
6 hour orientation. Indirect service volunteers shall be oriented according to provider  
7 policies. The hospice orientation program must include the following subjects:

- 8 (1) hospice philosophy;
- 9 (2) personal death awareness;
- 10 (3) communication skills;
- 11 (4) personnel issues;
- 12 (5) identification of hospice resource people;
- 13 (6) stress management;
- 14 (7) ethics;
- 15 (8) stages of dying; and
- 16 (9) funeral arrangements.

17 (h) A hospice program shall provide an educational program that offers a  
18 comprehensive overview of hospice philosophy and hospice care. A minimum of 18  
19 hours of education, received within a one-year period, including four hours of  
20 orientation, is required for all direct service providers delivering hospice care.  
21 Documentation of completion of this program is transferable from one hospice to  
22 another. The educational program must include the following subjects:

- 23 (1) hospice philosophy;
- 24 (2) family dynamics;
- 25 (3) pain and symptom management;
- 26 (4) grief, loss, and transition;
- 27 (5) psychological perspectives on death and dying;
- 28 (6) spirituality;
- 29 (7) communication skills;
- 30 (8) volunteer roles; and
- 31 (9) multidisciplinary management.

1 (i) Hospice direct service providers shall complete a minimum of eight hours  
2 of continuing education or in-service training each year after the first year, based on  
3 date of hire.

4 (j) A hospice program shall maintain, at a minimum, the following records:

5 (1) a medical record for each client that includes copies of the client's  
6 care plan, progress notes, assessments, and a description of services provided to the  
7 client and the client's family;

8 (2) minutes of governing body meetings;

9 (3) all receipts and expenditures; and

10 (4) training provided to paid staff and volunteers.

11 (k) A hospice program shall have and follow written policies and procedures  
12 governing its operation, including policies relating to confidentiality, training, and  
13 admissions.

14 (l) A person who enters a hospice program shall be given information  
15 regarding living wills and durable health care powers of attorney.

16 (m) The hospice provider shall have a functional quality assurance or  
17 improvement plan in place that

18 (1) continually monitors and evaluates the care provided;

19 (2) identifies issues and potential issues;

20 (3) proposes and implements improvements; and

21 (4) reevaluates the care provided to determine if further improvement  
22 is possible or needed.

23 (n) If a hospice program is carried out in an inpatient facility, the facility must  
24 be Medicare-certified in order for the hospice program to be eligible for licensure  
25 under this chapter.

26 **Article 2. Licensing of Volunteer Hospice Programs.**

27 **Sec. 18.18.200. Licensing requirements.** (a) A volunteer hospice program  
28 must comply with this section and with other provisions of this chapter that are  
29 relevant to a volunteer hospice program.

30 (b) At a minimum, a direct service volunteer must

31 (1) submit a written application;

- 1 (2) undergo a screening interview and a posttraining interview;  
 2 (3) attend a 20-hour standard training program;  
 3 (4) submit a confidentiality statement in which the volunteer agrees to  
 4 follow the program's policy regarding confidentiality required by AS 18.18.100(k) and  
 5 (a) of this section; and

6 (5) if the volunteer will transport individuals, have proof of auto  
 7 insurance and a valid driver's license.

8 (c) Volunteer hospice programs shall develop and maintain policies and  
 9 procedures that address the following with respect to volunteers in the program:

- 10 (1) recruitment, retention, and dismissal;  
 11 (2) screening;  
 12 (3) orientation;  
 13 (4) scope of function;  
 14 (5) supervision;  
 15 (6) ongoing training and support;  
 16 (7) interdisciplinary team conferencing;  
 17 (8) records of volunteer activities; and  
 18 (9) bereavement services.

19 (d) Volunteer services in a volunteer hospice must be directed by a coordinator  
 20 of volunteer services who shall

- 21 (1) implement a direct service volunteer program;  
 22 (2) coordinate the orientation, education, support, and supervision of  
 23 direct service volunteers; and  
 24 (3) coordinate the use of direct service volunteers with other hospice  
 25 staff.

26 (e) Volunteers must demonstrate knowledge of and ability to gain access to  
 27 community resources that reflect the full scope of hospice care.

### 28 **Article 3. General Provisions.**

29 **Sec. 18.18.300. Individual licenses.** A program license received under this  
 30 chapter does not relieve an individual who is an employee, volunteer, or contractor  
 31 with the licensed hospice program from requirements outside this chapter pertaining

1 to licensure of the individual.

2 **Sec. 18.18.310 Sanctions.** A person who violates this chapter commits a civil  
3 violation for which a fine not to exceed \$100 a day of violation may be assessed by  
4 a court.

5 **Sec. 18.18.390. Definitions.** In this chapter,

6 (1) "bereavement services" means emotional support services related  
7 to the death of a family member, including counseling, provision of written material,  
8 social reorientation, and group support for up to one year following the death of the  
9 client who was terminally ill;

10 (2) "care plan" means a written service delivery plan that the  
11 interdisciplinary team, in conjunction with the client, shall develop to reflect the  
12 changing care needs of the client;

13 (3) "client" means the person who is receiving the hospice services;

14 (4) "department" means the Department of Health and Social Services;

15 (5) "direct service provider" means employees or volunteers who  
16 provide hospice services directly to a client;

17 (6) "family" means a spouse, primary caregiver, biological relatives,  
18 and individuals with close personal ties to the client;

19 (7) "governing body" means the entity that establishes policy and is  
20 legally responsible for the overall operation of a hospice program;

21 (8) "hospice philosophy" means a philosophy that is life affirming,  
22 recognizes dying as a normal process of living, focuses on maintaining the quality of  
23 remaining life, neither hastens nor postpones death, strengthens the client's role in  
24 making informed decisions about care, and stresses the delivery of services in the least  
25 restrictive setting possible and with the least amount of technology necessary by  
26 volunteers and professionals who are trained to help clients with the physical, social,  
27 psychological, spiritual, and emotional issues related to terminal illness so that the  
28 clients can feel better prepared for the death that is to come;

29 (9) "hospice program" or "hospice provider" means a distinct, clearly  
30 recognizable entity that exists to provide hospice services;

31 (10) "hospice services" means a range of interdisciplinary palliative and

1 supportive services provided in a home or at an inpatient facility on a 24-hours-a-day,  
2 seven-days-a-week basis to a person who is terminally ill and that person's family in  
3 order to meet their physical, psychological, social, emotional, and spiritual needs;

4 (11) "interdisciplinary team," for a hospice providing comprehensive  
5 services, means a group comprised of at least a medical director, a licensed nurse, a  
6 licensed social worker, a pastoral or other counselor, and a volunteer coordinator or  
7 representative; for a volunteer hospice program, "interdisciplinary team" means a  
8 regularly scheduled case conference as defined by program policy;

9 (12) "medical director" means a licensed physician who oversees the  
10 medical components of hospice services and serves on the interdisciplinary team;

11 (13) "nurse supervisor" means a licensed registered nurse with  
12 education, experience, and training in hospice nursing care who is designated by the  
13 program director to oversee nursing services for the hospice program;

14 (14) "primary physician" means the physician identified by the client  
15 or by the person authorized to make decisions for the client under a durable health care  
16 power of attorney;

17 (15) "program director" means the person designated by the governing  
18 body of a hospice program as responsible for the day-to-day operations of the program;

19 (16) "terminally ill" means that a person has a life expectancy of less  
20 than one year, in the opinion of the person's primary physician or the medical director,  
21 and is no longer receiving curative treatment;

22 (17) "volunteer" means a trained individual who works for a hospice  
23 program without compensation;

24 (18) "volunteer hospice program" means a hospice program that  
25 provides all direct patient care at no charge.