

**CS FOR SENATE BILL NO. 96(FIN)**

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - FIRST SESSION

BY THE SENATE FINANCE COMMITTEE

Offered: 4/22/97

Referred: Rules

Sponsor(s): SENATE RULES COMMITTEE BY REQUEST

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to 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. 18.18.005. Policy declaration.** It is the policy of the state that regulation  
7 of hospice programs should ensure an appropriate standard of care for hospice clients  
8 without unduly burdening the programs with requirements that consume staff time and  
9 financial resources that are essential for the delivery of services to hospice clients. In  
10 furtherance of this policy, this chapter establishes two sets of standards for hospice  
11 programs that recognize the more limited staff time and financial resources available  
12 to voluntary hospice programs while requiring all programs to comply with basic  
13 minimum program standards.

14 **Sec. 18.18.010. License required.** A person, including a partnership,  
15 association, or corporation, may not represent itself as a hospice program or operate

1 a hospice program unless the person, partnership, association, or corporation has  
2 obtained a license from the department.

3 **Sec. 18.18.020. Issuance and renewal of license.** (a) Upon receiving an  
4 application and fee, if any, for a license under this chapter, the department shall issue  
5 a license if the applicant meets the applicable requirements of this chapter.

6 (b) If an applicant under (a) of this section does not meet the applicable  
7 requirements but makes continued efforts to comply with them and any noncompliance  
8 does not directly affect the safety of clients, the department may issue a temporary or  
9 provisional license that is valid for a reasonable period of time, as determined by the  
10 department.

11 (c) A license under this chapter shall be issued in the name of the person,  
12 agency, or other entity specified in the application and is not transferable or assignable  
13 without the written approval of the department.

14 (d) The department shall, by regulation, establish the application fee, license  
15 fee, length of time that a license is valid, and the standards for license renewal. A  
16 license is not renewable during the time it has been suspended or revoked under this  
17 chapter.

18 **Sec. 18.18.030. Denial, suspension, or revocation of license.** (a) The  
19 department may deny a license, reduce a license to a provisional license, or revoke a  
20 license if the department finds that the applicant or licensee, as appropriate, or the  
21 program director or medical director of the applicant or licensee, as applicable, has

22 (1) endangered the health, safety, or welfare of a client;

23 (2) a history of deficiencies in quality of care;

24 (3) had a license to operate a hospice program suspended or revoked  
25 in another licensing jurisdiction for a reason other than failure to pay a licensing fee;

26 (4) been convicted of operating a hospice program without a license in  
27 any jurisdiction;

28 (5) an insufficient number of staff with the training, experience, or  
29 judgment to provide adequate hospice care;

30 (6) committed fraud, deceit, misrepresentation, or an offense involving  
31 dishonesty associated with the license application or with the operation of a hospice

1 program in any jurisdiction; or

2 (7) violated this chapter or a regulation adopted under this chapter.

3 (b) The department may, without a hearing, summarily suspend a license of  
 4 a hospice program if it finds that the actions or deficiencies of the program have  
 5 caused, or present an immediate threat of causing, serious injury to a hospice program  
 6 client. A licensee is entitled to a hearing before the department to appeal the summary  
 7 suspension within seven days after the order of suspension is issued. A licensee may  
 8 appeal an adverse decision of the department on an appeal of a summary suspension  
 9 to the superior court. A summary suspension remains in effect until the department  
 10 finds that the actions or deficiencies are corrected, the license is revoked, or the  
 11 licensee is successful in appealing the suspension.

12 (c) The department may, without a hearing, reduce a hospice license to a  
 13 provisional license for a period of time established by the department if the department  
 14 finds that the licensee is temporarily unable to comply with this chapter or is in the  
 15 process of becoming decertified under the Medicare program but is taking appropriate  
 16 steps to bring the program into compliance with this chapter or Medicare certification  
 17 requirements. A licensee is entitled to a hearing before the department to appeal a  
 18 reduction to a provisional license under this subsection within seven days after the  
 19 order to reduce the license is issued. A licensee may appeal an adverse decision of  
 20 the department on an appeal of the order reducing the license to a provisional license  
 21 to the superior court. A program with a provisional license under this subsection may  
 22 not accept new clients. If the program fails to correct its deficiencies and does not  
 23 successfully appeal the order reducing the license to provisional status within the  
 24 period stipulated in the provisional license, the department shall revoke the license.

25 **Sec. 18.18.040. Right of entry and inspection.** A duly designated employee  
 26 of the department may enter the premises of a hospice program that has applied for  
 27 a license or who is licensed under this chapter. These employees may inspect  
 28 documents of the hospice program to determine whether the program is in compliance  
 29 with this chapter and regulations adopted under this chapter. The right of entry and  
 30 inspection extends to premises and documents of persons whom the department has  
 31 reason to believe are operating a hospice program without a license.

1           **Sec. 18.18.100. Requirements for licensure.** (a) Except as provided in  
2 AS 18.18.200 for volunteer hospice programs, a hospice program shall meet the  
3 requirements of this section. If a hospice program meets the requirements of this  
4 section and AS 18.18.010 - 18.18.040, the department shall issue a license for the  
5 program.

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

8           (c) A hospice program shall have at least the following features:

- 9                   (1) a governing body;  
10                   (2) an established set of admission criteria for determining appropriate  
11 clients;  
12                   (3) a program director;  
13                   (4) an interdisciplinary team;  
14                   (5) volunteers; and  
15                   (6) a medical director.

16           (d) A hospice program may only provide services to a person if the person

- 17                   (1) consents to receive those services; and  
18                   (2) fits the admissions criteria of the hospice program.

19           (e) Hospice services shall be delivered in accordance with a care plan  
20 approved by the interdisciplinary team regardless of whether the hospice services are  
21 provided by hospice program staff or by contractors. The care plan must be reviewed  
22 periodically by the interdisciplinary team and revised as needed. The client, and the  
23 client's family if the client desires, must be given the opportunity to participate in the  
24 development of the care plan and must be informed of the opportunity to attend  
25 interdisciplinary team meetings. The interdisciplinary team must consider the need for  
26 at least the following services when developing the care plan:

- 27                   (1) social services;  
28                   (2) nursing care;  
29                   (3) counseling;  
30                   (4) pastoral care;  
31                   (5) volunteer visits to provide comfort, companionship, and respite;

1 (6) bereavement services for at least one year after the death of the  
2 person who is terminally ill; and

3 (7) medical services.

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

7 (1) develop nursing objectives, policies, and procedures consistent with  
8 hospice philosophy;

9 (2) develop job descriptions for nursing personnel consistent with  
10 hospice philosophy;

11 (3) establish staffing and on-call schedules for nursing staff to ensure  
12 the availability of nursing services 24-hours a day, seven days a week; and

13 (4) develop and implement orientation and training programs for  
14 nursing staff.

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

22 (1) hospice philosophy;

23 (2) personal death awareness;

24 (3) communication skills;

25 (4) personnel issues;

26 (5) identification of hospice resource people;

27 (6) stress management;

28 (7) ethics;

29 (8) stages of dying; and

30 (9) funeral arrangements.

31 (h) A hospice program shall provide an educational program that offers a

1 comprehensive overview of hospice philosophy and hospice care. A minimum of 18  
2 hours of education, received within a one-year period, including four hours of  
3 orientation, is required for all direct service providers delivering hospice care.  
4 Documentation of completion of this program is transferable from one hospice program  
5 to another. The educational program must include the following subjects:

- 6 (1) hospice philosophy;
- 7 (2) family dynamics;
- 8 (3) pain and symptom management;
- 9 (4) grief, loss, and transition;
- 10 (5) psychological perspectives on death and dying;
- 11 (6) spirituality;
- 12 (7) communication skills;
- 13 (8) volunteer roles; and
- 14 (9) multidisciplinary management.

15 (i) Direct service providers in a hospice program shall complete a minimum  
16 of eight hours of continuing education or in-service training each year after the first  
17 year, based on date of hire.

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

- 19 (1) a record for each client that includes copies of the client's care  
20 plan, progress notes, assessments, and a description of services provided to the client  
21 and the client's family;
- 22 (2) minutes of governing body meetings;
- 23 (3) all receipts and expenditures; and
- 24 (4) training provided to paid staff and volunteers.

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

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

30 (m) The hospice program shall have a functional quality assurance or  
31 improvement plan in place that

- 1 (1) continually monitors and evaluates the care provided;
- 2 (2) identifies issues and potential issues;
- 3 (3) proposes and implements improvements; and
- 4 (4) reevaluates the care provided to determine if further improvement
- 5 is possible or needed.

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

7 **Sec. 18.18.200. Licensing requirements.** (a) The department shall issue a  
8 license to a volunteer hospice program that complies with this section and with  
9 AS 18.18.010 - 18.18.040 and 18.18.100(a), (b), (c) (1) - (3) and (5), (d), (g), and (j) -  
10 (l).

11 (b) A direct service volunteer must

- 12 (1) submit a written application;
- 13 (2) undergo a screening interview and an interview after training;
- 14 (3) attend an 18-hour standard training program;
- 15 (4) submit a confidentiality statement in which the volunteer agrees to
- 16 follow the program’s policy regarding confidentiality required by AS 18.18.100(k) and
- 17 (a) of this section; and
- 18 (5) if the volunteer will transport individuals, have proof of auto
- 19 insurance and a valid driver’s license.

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

- 22 (1) recruitment, retention, and dismissal;
- 23 (2) screening;
- 24 (3) orientation;
- 25 (4) scope of function;
- 26 (5) supervision;
- 27 (6) ongoing training and support;
- 28 (7) team conferencing;
- 29 (8) records of volunteer activities; and
- 30 (9) bereavement services.

31 (d) Volunteer services in a volunteer hospice program must be directed by a

1 coordinator of volunteer services who shall

- 2 (1) implement a direct service volunteer program;
- 3 (2) coordinate the orientation, education, support, and supervision of
- 4 direct service volunteers; and
- 5 (3) coordinate the use of direct service volunteers with other hospice
- 6 staff and community resources.

7 **Article 3. General Provisions.**

8 **Sec. 18.18.300. Individual licenses.** A program license received under this

9 chapter does not relieve an individual who is an employee, volunteer, or contractor

10 with the licensed hospice program from requirements outside this chapter pertaining

11 to licensure of the individual.

12 **Sec. 18.18.310 Sanctions.** A person who violates this chapter commits a civil

13 violation for which a fine not to exceed \$100 a day of violation may be assessed by

14 a court.

15 **Sec. 18.18.320. Administrative Procedure Act.** Regulations and contested

16 cases under this chapter are governed by AS 44.62 (Administrative Procedure Act).

17 **Sec. 18.18.330. Regulations.** The department may adopt regulations to

18 implement this chapter that are consistent with the policy expressed in AS 18.18.005.

19 **Sec. 18.18.340. Immunity for hospice program volunteers.** Unless the act

20 or omission constituted gross negligence, recklessness, or intentional misconduct, a

21 person may not recover damages for personal injury, death, or damage to property for

22 an act or omission to act in the course and scope of official hospice program duties

23 from a volunteer who works for a hospice program that is licensed under this chapter.

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

25 (1) "bereavement services" means emotional support services related

26 to the death of a family member, which may include counseling, provision of written

27 material, social reorientation, and group support for up to one year following the death

28 of the client who was terminally ill;

29 (2) "care plan" means a written service delivery plan that the

30 interdisciplinary team, in conjunction with the client, shall develop to reflect the

31 changing care needs of the client;

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

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

3 (5) "direct service provider" means employees or volunteers who  
4 provide hospice services directly to a client under a hospice program;

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

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

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

17 (9) "hospice program" means a program that provides hospice services;

18 (10) "hospice services" means a range of interdisciplinary palliative and  
19 supportive services provided in a home or at an inpatient facility to persons who are  
20 terminally ill and those persons' families in order to meet their physical, psychological,  
21 social, emotional, and spiritual needs;

22 (11) "interdisciplinary team," for a hospice program providing  
23 comprehensive services, means a group comprised of at least a primary health care  
24 provider, a licensed registered nurse, a social worker, a pastoral or other counselor, and  
25 a volunteer coordinator or representative;

26 (12) "medical director" means a licensed physician who oversees the  
27 medical components of hospice services and the interdisciplinary team;

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

31 (14) "primary health care provider" means the physician or advanced

1 nurse practitioner identified by the client or by the person authorized to make decisions  
2 for the client under a durable health care power of attorney;

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

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

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

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