

**HB**

**152**

**HFIN**

**FILE**

# HOUSE COMMITTEE REPORT

(11)

Date Referred to Committee: April 2, 1997

FURTHER REFERRALS:

Date of Committee Action: 4/16/97 am

The FINANCE Committee considered:

HB 152

HOUSE BILL NO. 152

REGULATION OF HOSPICE CARE

"An Act regulating hospice care."

recommends it be replaced with the following committee substitute

CS HB 152 (HCS)

the same title  
 a new title

additional referral to \_\_\_\_\_ Committee

attached amendment(s)

ADOPTS: \_\_\_\_\_ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) \_\_\_\_\_

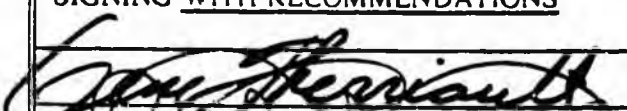


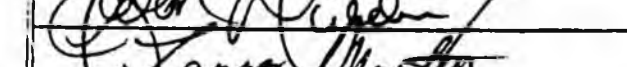



APPROVES PREVIOUS: (Dept/Date) \_\_\_\_\_

fiscal note(s) \_\_\_\_\_

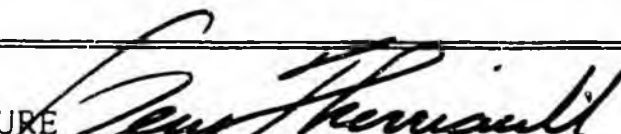
fiscal note(s) DHSS 4/2/97

zero fiscal note(s) \_\_\_\_\_

zero fiscal note(s) \_\_\_\_\_

SIGNING WITH RECOMMENDATIONS		DP	DNP	NR	AM
	Therriault			X	
	FOSTER	X			
	KEY			✓	
	Mulder			✓	
	Martin			✓	
	Grussendorf	X			
	Davis			✓	

CO CHAIR'S SIGNATURE

  
 Therriault

FISCAL NOTE

No. 1

Bill Version: CSHB 152(HES)

(H) Publish Date: 4/2/97

STATE OF ALASKA  
1997 LEGISLATIVE SESSION

Revision Date: \_\_\_\_\_  
Title: Regulating Hospice Care  
Sponsor: Ryan  
Requestor: House HESS

Dept. Affected: Health and Social Services  
BRU: Medical Assistance Admin  
Component: Certification & Licensing  
COMPONENT SERIAL NO. 245  
See also (SN#): \_\_\_\_\_

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY98	FY99	FY00	FY01	FY02	FY03
PERSONAL SERVICES						
TRAVEL	7.5	8.9	10.4	12.0	13.7	15.4
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>7.5</b>	<b>8.9</b>	<b>10.4</b>	<b>12.0</b>	<b>13.7</b>	<b>15.4</b>

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES ( )						
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FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	7.5	8.9	10.4	12.0	13.7	15.4
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
<b>TOTAL</b>	<b>7.5</b>	<b>8.9</b>	<b>10.4</b>	<b>12.0</b>	<b>13.7</b>	<b>15.4</b>

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of any current year (FY97) cost: \$0.0

ANALYSIS: (Attach a separate page if necessary)

Bill 96 would require licensure of 6 new hospice facilities outside of Anchorage. These travel costs were arrived at by using FY97 calculations for travel for one surveyor to travel for a 4 day survey to each of these agencies. Additionally, it is expected at least one new initial survey would be expected each year at a cost of about \$1,000.00 each. Also, anticipating the increased cost of travel, lodging and car rental we added 5% per year.

Prepared by: Shelbert Larsen *BL*  
Division: Medical Assistance  
*[Signature]*  
Karen Peddie, Commissioner  
Department of Health & Social Services

Phone: (907)561-8081  
Date: 02/25/97  
Date: 3/5/97

Approved by Commissioner:  
**COMMITTEE COPY**

# Alaska State Legislature

## House of Representatives

### COMMITTEE ASSIGNMENTS:

LABOR & COMMERCE  
MILITARY & VETERANS AFFAIRS  
COMMUNITY & REGIONAL AFFAIRS  
OIL & GAS



### Representative Joe Ryan

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STATE CAPITOL  
ROOM 420  
JUNEAU, AK 99801-1182  
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### **CS FOR House Bill NO. 152 (HES) SPONSOR STATEMENT**

CS For House Bill 152 (HES) will provide for licensing of hospice care programs in Alaska, ensuring that terminally ill persons receive comfort, support, and care consistent with hospice philosophy and concepts through a uniform level of services. There is no federal regulation or licensing requirements for either certified or volunteer hospice programs. As of the January 1997, forty (40) states are licensing or regulating hospice programs. Of the ten (10) states without hospice licensing, five (5) have laws or regulations pending. The licensing and appropriate regulation of volunteer and certified hospice programs in Alaska will assure consumers of consistent standards in the delivery of hospice services.

Hospice is a unique component of the health care delivery system, one that has evolved over the past 20 years in the United States. Hospice provides care and support for people with terminal illness. The goal of hospice care is to enable patients to live an alert, pain-free life and to manage symptoms so the last weeks and months of life may be spent in dignity and peace. One out of every three people who die of cancer or AIDS in this country are served by a hospice program.

Annual growth in hospice programs averaged about eight per cent (8%) in the early '90s. In the last five (5) years growth has averaged seventeen per cent (17%). Hospice services are provided through a variety of means, including independent community-based organizations, divisions of hospitals or home-health services, and government agencies. Rapid growth of hospice programs is due to increased demand for home care services, the desire of terminally ill persons to keep control over the remainder of their lives, and a trend towards reimbursement for home-care services. *Consumers need to be aware of specific characteristics that differentiate hospice from other health care providers. Hospice offers comfort and care, not curative treatment.* Hospice addresses emotional, spiritual, and social needs in addition to physical needs. Hospice considers the patient and loved ones as the unit of care. *Hospice affirms life and regards dying as a normal process, seeking neither to hasten nor postpone death.* Hospice care extends beyond a patient's death to include bereavement care for grieving family members.

Page 2, Sponsor Statement on CS For House Bill 152 (HES)

Fear of painful suffering, of abandonment, and of losing control are primary concerns of people experiencing terminal illness. Hospice care is designed to address these concerns by providing support, care, and needed services to help the terminally ill *live their lives in maximal comfort and control.*

Passage of CS For House Bill 152 will standardize hospice care and guarantee the Alaskan public the opportunity to access quality hospice care from both volunteer and certified hospice programs.

(revised April 3, 1997)

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## **MEMORANDUM**

**TO:** Rep. Mark Hanley, Co-Chairman  
Rep. Gene Therriault, Co-Chairman  
House Finance Committee

**FROM:** Rep. Joe Ryan

**DATE:** April 3, 1997

**IN RE:** revised sectional analysis of CS For HB 152 (HES)

A revised summary by section of CS For HB 152 (HES) follows. This bill adds a new chapter, entitled Hospice Care Programs, to Title 18 of Alaska Statutes.

Please note that a sectional analysis is not generally considered to be the most authoritative interpretation of a bill; the bill itself is the best statement of its purposes and effects.

Section 1 remains CS For HB 152 only section. It adds Chapter 18 to Title 18 of Alaska Statutes. Chapter 18 contains three articles, the first of which sets out standards for certified, professional hospice programs. Article II establishes a shorter set of standards for volunteer hospice programs. Article III clarifies individual licensing requirements and defines a number of terms germane to the regulation of hospice care. An analysis of each of these three articles follows.

*1. Article 1* sets out parameters for licensing certified hospice programs and mandates that all hospice programs must be licensed to operate in Alaska. It enables the Department of Health & Social Services (DH&SS) to issue licenses, temporary licenses, and provisional licenses, and to deny, suspend, and revoke such licenses.

*Article 1* specifies procedures for license applications, hearings, and modifications of license status, and gives DH&SS the right to enter hospice facilities, to inspect documents and premises.

Page two, CS For HB 152 (HES), April 3, 1997.

*Article 1* continues by requiring specific regulations a hospice program must meet in order to be licensed, including a mission statement, a governing body, admission criteria, a program director, an interdisciplinary team, volunteers, and a medical director. It requires a hospice program to follow admission criteria for potential clients. It mandates that services be provided in accordance with a care plan, and lists services for the interdisciplinary team to consider when crafting a care plan. It states that nursing services must be provided only under a nurse supervisor.

*Article 1* ensures that direct service providers will go through orientation before providing hospice services, that they will complete an educational overview of hospice philosophy and care, and that they will then receive continuing education or in-service training over time. It further requires a minimum level of record-keeping and written policies and procedures.

*Article 1* necessitates provision of information about 'living wills' and 'durable health care powers of attorney' to hospice clients. It also provides for quality assurance and improvement planning for certified hospice programs.

2. *Article 2* establishes standards for volunteer hospice programs, citing the specific elements of Article 1 that constitute the licensing framework for volunteer operations. These include the first four (4) sections of Article 1 that govern licensing and the licensing process, and specified parts of AS 18.18.100. It requires volunteer hospice programs to have a minimum structure that includes a mission statement, admission criteria, a director, and volunteers.

*Article 2* applies the same standards regarding client consent and use of admission criteria to volunteer hospice programs as to certified ones. It calls for volunteer direct service providers to get four (4) hours of hospice service orientation. It mandates minimum record-keeping and written policies and procedures for volunteer hospice organizations, specifically volunteer policies and procedures. It necessitates provision of information about living wills and durable health care powers of attorney to volunteer hospice clients. Finally, it standardizes the co-ordination of volunteers.

3. *Article 3* specifies that certified or volunteer hospice program licensing does not remove or mitigate individual licensing requirements from any employee, volunteer, or contractor working with a hospice program. It allows for civil penalties for violations of Chapter 18. It makes the licensing process and regulations subject to the Administrative Procedures Act. Finally, *Article 3* defines numerous terms used throughout the bill.

**FISCAL NOTE**

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 (H) Publish Date: 4/2/97

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**1997 LEGISLATIVE SESSION**

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Prepared by: Shelbert Larsen *RL*  
 Division: Medical Assistance

Phone: (907)561-8081  
 Date: 02/25/97

Approved by Commissioner:  
**COMMITTEE COPY**

*Karen Perdue*  
 Karen Perdue, Commissioner  
 Department of Health & Social Services

Date: 3/5/97