

A-Engrossed
Senate Bill 16

Ordered by the Senate May 2
Including Senate Amendments dated May 2

Sponsored by Senator JOHNSON

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Changes composition of interdisciplinary team coordinating hospice care. Requires certification by *[both]* Centers for Medicare and Medicaid Services and **accreditation by Oregon Hospice Association or Joint Commission on Accreditation of Healthcare Organizations**.

A BILL FOR AN ACT

1
2 Relating to hospice programs; amending ORS 443.850, 443.860 and 443.870.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1.** ORS 443.850 is amended to read:

5 443.850. As used in ORS 443.850 to 443.870:

6 (1) "Hospice program" means a coordinated program of home and inpatient care, available 24
7 hours a day, that utilizes an interdisciplinary team of personnel trained to provide palliative and
8 supportive services to a patient-family unit experiencing a life threatening disease with a limited
9 prognosis. **A hospice program is an institution for purposes of ORS 146.100.**

10 (2) "Hospice services" means items and services provided to a patient-family unit by a hospice
11 program or by other individuals or community agencies under a consulting or contractual arrange-
12 ment with a hospice program. Hospice services include acute, respite, home care and bereavement
13 services provided to meet the physical, psychosocial, spiritual and other special needs of a patient-
14 family unit during the final stages of illness, dying and the bereavement period.

15 (3) "Interdisciplinary team" means a group of individuals working together in a coordinated
16 manner to provide hospice care. An interdisciplinary team includes, but is not limited to, the
17 patient-family unit, **the patient's** attending physician **or clinician** and one or more of the following
18 hospice program personnel: Physician, **nurse practitioner**, nurse, nurse's aide, occupational thera-
19 pist, physical therapist, trained lay volunteer, clergy or spiritual counselor, and credentialed mental
20 health professional such as psychiatrist, psychologist, psychiatric nurse or social worker.

21 (4) "Patient-family unit" includes an individual who has a life threatening disease with a limited
22 prognosis and all others sharing housing, common ancestry or a common personal commitment with
23 the individual.

24 (5) "Person" includes individuals, organizations and groups of organizations.

25 **SECTION 2.** ORS 443.860 is amended to read:

26 443.860. (1) Except as provided in subsections (3) and (4) of this section, no person shall estab-
27 lish, conduct or maintain a hospice program providing hospice services, or hold itself out to the
28 public as a hospice program, without:

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted.
New sections are in **boldfaced** type.

1 (a) Certification by the federal Centers for Medicare and Medicaid Services as a program of
2 hospice services meeting standards for Medicare reimbursement; **and**

3 (b)(A) Accreditation by the Oregon Hospice Association; or

4 [(c)] (B) Accreditation by the Joint Commission on Accreditation of Healthcare Organizations
5 as a program of hospice services.

6 (2) The Oregon Hospice Association may accredit hospices which are not members of the Oregon
7 Hospice Association.

8 (3) Any person who is in the process of developing a hospice program may use the term
9 "hospice" to describe and refer to the program of services during its development for up to two
10 years. However, no hospice services to patients or their families shall be provided by a hospice
11 until accreditation or certification is obtained.

12 (4) Any person may operate a hospice program for a period of not more than 90 consecutive days
13 if the federal Centers for Medicare and Medicaid Services or the Oregon Hospice Association ac-
14 knowledges in writing that accreditation or certification is pending and the Oregon Hospice Asso-
15 ciation authorizes that operations may commence.

16 (5) A certified or accredited hospice need not obtain a license pursuant to ORS 443.015 unless
17 it meets the definition of a home health agency and receives direct compensation for home health
18 care services from the patient, insurers, Medicare or Medicaid. Compensation paid to licensed pro-
19 fessionals is not direct compensation.

20 **(6) Except as provided in subsection (5) of this section, accreditation and certification**
21 **under subsection (1) of this section may be considered equivalent to licensure as a hospice**
22 **program by the State of Oregon.**

23 **SECTION 3.** ORS 443.870 is amended to read:

24 443.870. (1) The Oregon Hospice Association shall maintain and operate a registry of all certi-
25 fied and accredited hospice programs and all developing hospice programs and shall make such re-
26 cords available to the public.

27 **(2) Hospice programs on the registry shall provide utilization data requested by the**
28 **Oregon Hospice Association.**

29 **(3) The Oregon Hospice Association shall compile data received under subsection (2) of**
30 **this section and annually report the data to the Department of Human Services.**

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