

Senate Bill 16

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 **as introduced**.

Changes composition of interdisciplinary team coordinating hospice care. Requires certification by both Centers for Medicare and Medicaid Services and Oregon Hospice Association.

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, nurse's aide, occupational therapist, physical therapist,
19 trained lay volunteer, clergy or spiritual counselor, and credentialed mental health professional such
20 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:

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

31 [(b)] (B) Accreditation by the Oregon Hospice Association; or

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

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

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

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

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

17 **(6) Except as provided in subsection (5) of this section, an accreditation or certification**
18 **under this section may be considered equivalent to licensure as a hospice program by the**
19 **State of Oregon.**

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

21 443.870. (1) The Oregon Hospice Association shall maintain and operate a registry of all certi-
22 fied and accredited hospice programs and all developing hospice programs and shall make such re-
23 cords available to the public.

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

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

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