

## 93RD GENERAL ASSEMBLY

## State of Illinois

## 2003 and 2004

Introduced 02/09/04, by Suzanne Bassi - Mark H. Beaubien Jr. -Elizabeth Coulson - Patricia R. Bellock - Sidney H. Mathias

#### SYNOPSIS AS INTRODUCED:

210 ILCS 60/9

from Ch. 111 1/2, par. 6109

Amends the Hospice Program Licensing Act. Provides that a hospice program must meet all federal standards for certification under Medicare, except that a patient's anticipated life expectancy may be one year or less. Provides that the Department of Public Health's standards for hospice programs shall not require that a hospice program be certified under the Medicare program. Effective immediately.

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HB6750

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AN ACT concerning hospice programs.

# 2 Be it enacted by the People of the State of Illinois, 3 represented in the General Assembly:

Section 5. The Hospice Program Licensing Act is amended by
changing Section 9 as follows:

6 (210 ILCS 60/9) (from Ch. 111 1/2, par. 6109)

- Sec. 9. Standards. The Department shall prescribe, by
   regulation, minimum standards for licensed hospice programs.
- 9 (a) The standards for full hospices shall include but not 10 be limited to:

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(1) Compliance with the requirements in Section 8.

- 12 (2) The number and qualifications of persons providing13 direct hospice services.
- 14 (3) The qualifications of those persons contracted15 with to provide indirect hospice services.
- 16 (4) The palliative and supportive care and bereavement17 counseling provided to a hospice patient and his family.
  - (5) Hospice services provided on an inpatient basis.

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- (6) Utilization review of patient care.
- (7) The quality of care provided to patients.
- (8) Procedures for the accurate and centralized
   maintenance of records on hospice services provided to
   patients and their families.
- (9) The use of volunteers in the hospice program, andthe training of those volunteers.
- 26 (10) The rights of the patient and the patient's 27 family.
- (b) The standards for volunteer hospice programs shallinclude but not be limited to:
- 30 (1) The direct and indirect services provided by the
   31 hospice, including the qualifications of personnel
   32 providing medical care.

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1 (2) Quality review of the services provided by the 2 hospice program. 3 Procedures for the accurate and centralized (3)maintenance of records on hospice services provided to 4 5 patients and their families. (4) The rights of the patient and the patient's family. 6 (5) The use of volunteers in the hospice program. 7 (6) The disclosure to the patients of the range of 8 9 hospice services provided and not provided by the hospice 10 program. 11 (c) The standards for hospices owning or operating hospice 12 residences shall address the following: (1) The safety, cleanliness, and general adequacy of 13 the premises, including provision for maintenance of fire 14 and health standards that conform to State laws and 15 16 municipal codes, to provide for the physical comfort, 17 well-being, care, and protection of the residents. (2) Provisions and criteria for admission, discharge, 18 and transfer of residents. 19 20 (3) Fee and other contractual agreements with residents. 21 (4) Medical and supportive services for residents. 22 (5) Maintenance of records and residents' right of 23 access of those records. 24 25 (6) Procedures for reporting abuse or neglect of residents. 26 27 (7) The number of persons who may be served in a 28 residence, which shall not exceed 16 persons per location. 29 (8) The ownership, operation, and maintenance of 30 buildings containing a hospice residence. 31 (9) The number of licensed hospice residences shall not exceed 6 before December 31, 1996 and shall not exceed 12 32 before December 31, 1997. The Department shall conduct a 33 study of the benefits of hospice residences and make a 34 recommendation to the General Assembly as to the need to 35 36 limit the number of hospice residences after June 30, 1997.

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1 (d) In developing the standards for hospices, the 2 Department shall take into consideration the category of the 3 hospice programs.

4 (e) A hospice program must meet the minimum standards for 5 certification under the Medicare program set forth in 42 U.S.C. 6 1395 and following and in the federal regulations implementing 7 those statutory provisions, except that a patient's 8 anticipated life expectancy may be one year or less. The 9 Department's standards shall not require that a hospice program 10 be certified under the Medicare program.

11 (Source: P.A. 89-278, eff. 8-10-95.)

Section 99. Effective date. This Act takes effect upon becoming law.