



# House of Representatives

General Assembly

**File No. 381**

*February Session, 2004*

House Bill No. 5629

*House of Representatives, March 31, 2004*

The Committee on Public Health reported through REP. FELTMAN of the 6th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

## ***AN ACT CONCERNING HOSPICE SERVICES IN RURAL AREAS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2004*) (a) For purposes of this  
2 section, "rural town" means towns having either seventy-five per cent  
3 or more of their population classified as rural in the 1990 federal  
4 decennial census of population, or towns that are not designated as  
5 metropolitan areas on the list maintained by the federal Office of  
6 Management and Budget, and "permanent part-time employee" means  
7 an employee who is employed and on duty a minimum of twenty  
8 hours per work week on a regular basis.

9 (b) A home health care agency licensed pursuant to chapter 368v of  
10 the general statutes that provides hospice services in a rural town and  
11 is unable to access licensed or Medicare-certified hospice care to  
12 consistently provide adequate services to patients in the rural town  
13 may apply to the Commissioner of Public Health for a waiver from the  
14 regulations licensing such agency adopted pursuant to chapter 368v of

15 the general statutes. The waiver may authorize one or more of the  
16 following: (1) The agency's supervisor of clinical services may also  
17 serve as the supervisor of clinical services assigned to the hospice  
18 program; (2) the hospice volunteer coordinator and the hospice  
19 program director may be permanent part-time employees; (3) the  
20 program director may perform other services at the agency, including,  
21 but not limited to, hospice volunteer coordinator. The commissioner  
22 shall not grant a waiver unless the commissioner determines that such  
23 waiver will not adversely impact the health, safety and welfare of  
24 hospice patients and their families. The waiver shall be in effect for  
25 two years. An agency may reapply for such a waiver.

This act shall take effect as follows:	
Section 1	<i>October 1, 2004</i>

**PH**      *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

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***OFA Fiscal Note***

***State Impact:*** None

***Municipal Impact:*** None

***Explanation***

The Department of Public Health will be able to perform duties specified in the bill within its anticipated budgetary resources.

Hospice is an optional service under the federal Medical Assistance (Medicaid) program. It is currently not covered under the Connecticut State Medicaid Plan, and therefore, adoption of this bill would not result in direct additional costs to Medicaid.

**OLR Bill Analysis**

HB 5629

**AN ACT CONCERNING HOSPICE SERVICES IN RURAL AREAS****SUMMARY:**

This bill allows a licensed home health care agency that does not meet certain staffing requirements to provide hospice services in a rural town under a Department of Public Health (DPH) waiver. By law, such services can be provided in a patient's home only by a licensed home health agency with DPH approval.

Under this bill, a home health care agency that is unable to access licensed or Medicare-certified hospice care to consistently provide adequate services to its rural town patients can apply for a DPH waiver from state regulations concerning staffing. Such a waiver can authorize one or more of the following: (1) the agency's supervisor of clinical services also to serve as supervisor of clinical services assigned to the hospice program; (2) the hospice volunteer coordinator and the hospice program director to be permanent part-time employees; and (3) the program director to perform other services at the agency, including hospice volunteer coordinator. A "permanent part-time employee," under the bill, is one employed and on duty at least 20 hours per work week on a regular basis.

Before granting the waiver, the DPH commissioner must determine that it will not adversely affect the health, safety, and welfare of hospice patients and their families. The waiver is effective for two years and an agency can reapply.

EFFECTIVE DATE: October 1, 2004

**RURAL TOWN**

The bill defines a "rural town" as (1) one with either 75% or more of its population classified as rural in the 1990 federal census or (2) a town not designated as a metropolitan area on the list kept by the federal Office of Management and Budget.

**BACKGROUND*****Hospice Regulations***

DPH regulations specify that hospice services given in a patient's home may be provided only by a home health care agency the department licenses, with the approval of the DPH commissioner. The commissioner must approve an agency to provide hospice services if it meets all of the applicable regulatory requirements (DPH Regs. § 19-13-D72(b)(2)). The regulations require that there be a hospice interdisciplinary team that includes (1) the medical director, or physician designee; (2) a registered nurse; (3) a consulting pharmacist; and (4) one or more of the following, based on the patient's needs: (a) a social worker, (b) a bereavement counselor, (c) a spiritual counselor, (d) a volunteer coordinator, (e) a trained volunteer assigned a role in the patient's plan of care, and (f) a physical therapist, occupational therapist, or speech -language pathologist.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Report

Yea 19 Nay 0