



General Assembly

January Session, 2007

Raised Bill No. 7193

LCO No. 4355

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Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING A WAIVER FROM STATE LICENSING REGULATIONS FOR HOSPICE-ONLY PROVIDERS.

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

1 Section 1. (NEW) (*Effective July 1, 2007*) (a) As used in this section,
2 "hospice-only provider" means a public or private institution or facility
3 that is exclusively engaged in providing a coordinated program of
4 services related to the medical, palliative, psychological, spiritual,
5 social and supportive care and treatment of terminally ill persons and
6 their families from the time of admission to a hospice program,
7 throughout the course of the illness, until discharge from the program
8 or death.

9 (b) A hospice-only provider licensed as a home health care agency
10 under chapter 368v of the general statutes may apply to the
11 Commissioner of Public Health for a waiver from applicable state
12 licensing regulations adopted pursuant to chapter 368 of the general
13 statutes that are in excess of the federal Medicare conditions of
14 participation set forth in 42 CFR Part 418. The commissioner shall not
15 grant a waiver under this section unless the commissioner determines
16 that the hospice-only provider is in compliance with said Medicare

17 conditions of participation and that such a waiver will not impact the
18 health, safety and welfare of hospice patients and their families. The
19 waiver shall be in effect for two years. A hospice-only provider may
20 reapply for such a waiver. If the commissioner denies an application
21 for a waiver under this section, the commissioner shall notify the
22 applicant, in writing, of the reasons for the denial.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2007	New section

Statement of Purpose:

To allow the Commissioner of Public Health to waive certain state licensing regulations for hospice-only providers that meet the federal Medicare conditions of participation.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]