



# House of Representatives

**File No. 585**

General Assembly

---

February Session, 2012 **(Reprint of File No. 322)**

Substitute House Bill No. 5499  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
April 23, 2012

***AN ACT CONCERNING REGULATIONS RELATING TO HOSPICE CARE.***

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

1 Section 1. Section 19a-122b of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective from passage*):

3 (a) [Notwithstanding the provisions of chapters 368v and 368z, an]  
4 An organization licensed as a hospice [pursuant to the Public Health  
5 Code or certified as a hospice pursuant to 42 USC 1395x,] by the  
6 Department of Public Health shall be authorized to (1) operate a  
7 hospice facility, including a hospice residence, that provides inpatient  
8 hospice services, or (2) provide hospice home care services for  
9 terminally ill persons. [, for the purpose of providing hospice home  
10 care arrangements including, but not limited to, hospice home care  
11 services and supplemental services.] Such [arrangements] services  
12 shall be provided to those patients who would otherwise receive such  
13 care from family members. The facility or residence shall provide a  
14 homelike atmosphere for such patients for a time period deemed  
15 appropriate for home health care services under like circumstances.

16 Any hospice that operates a facility or residence pursuant to the  
 17 provisions of this section shall cooperate with the Commissioner of  
 18 Public Health to develop standards for the licensure and operation of  
 19 such [homes] facility or residence.

20 (b) On and after January 1, 2008, any organization seeking initial  
 21 licensure as a hospice by the Department of Public Health shall (1)  
 22 agree to provide hospice care services for terminally ill persons on a  
 23 twenty-four-hour basis in all settings including, but not limited to, a  
 24 private home, nursing home, residential care home or specialized  
 25 residence that provides supportive services, and (2) present to the  
 26 department satisfactory evidence that such organization has the  
 27 necessary qualified personnel to provide services in such settings.

28 (c) No organization may use the title "hospice" or "hospice care  
 29 program" or make use of any title, words, letters or abbreviations  
 30 indicating or implying that such organization is licensed to provide  
 31 hospice services unless such organization is licensed to provide such  
 32 services by the Department of Public Health. [and certified as a hospice  
 33 pursuant to 42 USC 1395x.]

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-122b

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

---

### **OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

### **Explanation**

There is no fiscal impact to the Department of Public Health associated with allowing DPH-licensed hospices<sup>1</sup> to operate a hospice residence or facility.

House "A" eliminated an anticipated General Fund revenue gain of approximately \$2,000 in FY 13 and \$1,000 in FY 14 associated with licensing two facilities in FY 13 and one in FY 14 as "hospice facilities." This new category of a health care institution was added in the underlying bill, extending to these entities statutory requirements for health care institutions, including licensure.

### **The Out Years**

**State Impact:** None

**Municipal Impact:** None

*Sources: Department of Public Health*

---

<sup>1</sup> Currently, there are two hospices licensed in Connecticut: The Connecticut Hospice, Inc. and Vitas Healthcare Corporation.

**OLR Bill Analysis****sHB 5499 (as amended by House "A")\******AN ACT CONCERNING REGULATIONS RELATING TO HOSPICE CARE.*****SUMMARY:**

Current law authorizes a Department of Public Health- (DPH) licensed or Medicare-certified hospice to operate a specialized residence for the terminally ill that provides hospice home care and supportive services. The bill authorizes only a DPH-licensed hospice to operate a residence and allows the hospice to also operate a "hospice facility" that provides hospice home care or hospice inpatient services. (The bill does not distinguish between a facility and a residence.)

The bill extends to a hospice facility the current requirement for a residence that it (1) provide a home-like atmosphere for patients for an appropriate time period and (2) cooperate with the DPH commissioner to develop licensure and operational standards.

The bill also makes technical changes.

\*House Amendment "A" adds the restriction allowing only DPH-licensed hospices to operate a hospice residence or facility. It also removes the provisions in the original file that (1) added "short-term hospital special hospice" and "hospice facility" to the statutory definition of health care "institution" and (2) limited DPH's duty to adopt, amend, and enforce regulations only in the Public Health Code regarding classifications of licensed health care institutions, leaving the requirement unchanged.

EFFECTIVE DATE: Upon passage

**BACKGROUND*****DPH Proposed Hospice Regulations***

Currently, DPH regulates hospices that are considered free-standing or established as a distinct unit within a health care facility (e.g., inpatient hospice facilities). DPH regulations define “hospice” under the broader category of “short-term hospital special hospice.” Inpatient hospice facilities must meet a variety of requirements concerning physical plant, administration, staffing, records, and infection control. A home care program offered by an institutionally based hospice is also subject to DPH regulations. The program must address the physical, psychological, and spiritual needs of the patient and family and provide services 24 hours a day, seven days a week.

In March 2011, DPH published notice of its intent to amend these regulations to create a second licensure category for inpatient hospice facilities called “hospice facility.” The proposal keeps the existing “short-term hospital special hospice” licensure category so that facilities that want to continue to provide hospice services at a hospital level of care may do so. The new “hospice facility” licensure category would allow entities to create new facilities under regulations based on Medicare’s minimum regulatory requirements for inpatient hospital facilities (42 CFR § 418.110). (These requirements are less stringent than the department’s current short-term hospital special hospice regulations.)

DPH held a public hearing on the proposed regulations in April 2011. The proposal was submitted to the attorney general’s office for final review in March 2012 after which it will be submitted to the Regulation Review Committee for legislative approval.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 0 (03/26/2012)

