



**House
Legislative
Analysis
Section**

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HOSPICE/HOSPICE RESIDENCE

**House Bills 5490 and 5491
Sponsor: Rep. Gerald Law
Committee: Health Policy**

Complete to 3-13-96

A SUMMARY OF HOUSE BILLS 5490 AND 5491 AS INTRODUCED 12-14-96

House Bill 5490 would amend the Public Health Code (MCL 333.20109) to exempt hospices and hospice residences from the definition of nursing home. For the exemption, hospices would have to provide direct, inpatient care and be in compliance with Article 17 of the code (Facilities and Agencies) for not less than two years and hospice residences would have to be in compliance with Article 17 and federal standards under the Social Security Act (42 C.F.R. Part 418), which specifies the standards for participation in the Medicare program.

House Bill 5491 would amend the Public Health Code (MCL 333.21401 et al.) to define a hospice residence and require a hospice residence to have a license separate from the hospice program that owned or operated it. A "hospice residence" would be a hospice that:

--Is owned, operated, and governed by a hospice program that is licensed under Article 17 of the Public Health Code.

--Provides 24-hour hospice care to seven or more patients at a single location.

--Provides inpatient care directly or under contract and is in compliance with Article 17 and the standards set forth in 42 C.F.R. Part 418 of the Social Security Act.

--Provides care to at least 80 percent of its patients in their own homes. "Home" would not include a residence that had been established in a health facility or agency other than a licensed home for the aged.

(Note: "Hospice" is defined in the code as "a health care program which provides a coordinated set of services rendered at home or in outpatient or institutional settings for individuals suffering from a disease or condition with a terminal prognosis".)

Further, the term "hospice residence" could not be used to describe a health program, facility, or agency that was not licensed by the Department of Public Health. (Note: Executive Order No. 1996 - 1, with an effective date of April 1, 1996, would transfer the authority for licensing health facilities from the Department of Public Health to the Department of Commerce and would rename the Department of Public Health as the Community Public Health Agency.) The bill would apply current licensure requirements for hospices to hospice residences. Further, it would prohibit hospices and hospice residences from discrimination based on race, religion, color, national origin, or sex in the operations of the hospice or hospice residence in such practices as employment, patient admission and care, or room assignment.

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Additionally, an applicant for licensure as a hospice residence would be required to have been licensed as a hospice and to have been in compliance with federal hospice requirements for not less than two years immediately preceding applying for licensure. The owner, operator, and governing body of a licensed hospice residence would have to do all of the following:

- Provide 24-hour nursing services.
- Have an approved plan for infection control that would include provisions for isolating patients with infectious diseases.
- Obtain site approval from the state fire marshal.
- Equip patients' rooms with devices to call the staff member on duty.
- Design and equip areas within the hospice residence for the comfort and privacy of the patients and their family members.
- Permit visitation around the clock, even for small children.
- Have a department-approved plan for meal service, menu planning, and supervision.
- Provide appropriate methods and procedures for the storage, dispensing, and administering of drugs and biologicals.

In addition, in a provision pertaining to hospice care consisting of a coordinated set of services rendered at home, in outpatient settings, or in institutional settings, the bill would replace the term "outpatient" with "in hospice residence" and would specify that these services must be provided on a continuous basis. Further, the bill would add "hospice residence" to various sections of the code pertaining to hospices.

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.