

House Bill 1008 (AS PASSED HOUSE AND SENATE)

By: Representative Carter of the 159th

A BILL TO BE ENTITLED
AN ACT

To amend Article 9 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, the "Georgia Hospice Law," so as to provide that palliative care may be provided under hospice to patients with advanced and progressive diseases; to revise certain definitions relating to hospice care; to provide for construction; to provide for related matters; to provide for a contingent effective date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Article 9 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, the "Georgia Hospice Law," is amended by striking Code Section 31-7-172, relating to definitions, and inserting in lieu thereof the following:

"31-7-172.

As used in this article, the term:

(1) 'Advanced and progressive disease' means a serious life-threatening medical condition which is irreversible and which will continue indefinitely, where there is no reasonable hope of recovery, but where the patient's medical prognosis is one in which there is a life expectancy of up to two years. This term does not include terminally ill patients as defined in paragraph (12) of this Code section.

(2) 'Bereavement services' means the supportive services provided to the family unit to assist it in coping with the patient's death, including follow-up assessment and assistance through the first year after death.

~~(2)~~(3) 'Department' means the Department of Human Resources.

(4) 'Health care facility' means hospitals; other special care units, including but not limited to podiatric facilities; skilled nursing facilities; intermediate care facilities; personal care homes; ambulatory surgical or obstetrical facilities; health maintenance organizations; home health agencies; and diagnostic, treatment, or rehabilitation centers.

1 ~~(3)~~(5) 'Hospice' means a public agency or private organization or unit of either providing
2 to persons terminally ill and to their families, regardless of ability to pay, a centrally
3 administered and autonomous continuum of palliative and supportive care, directed and
4 coordinated by the hospice care team primarily in the patient's home but also on an
5 outpatient and short-term inpatient basis and which is classified as hospice by the
6 department. In addition, such public agency or private organization or unit of either may
7 also provide palliative care to persons with advanced and progressive diseases and to
8 their families, directed and coordinated by the hospice care team.

9 ~~(4)~~(6) 'Hospice care' means both regularly scheduled care and care available on a 24 hour
10 on-call basis, consisting of medical, nursing, social, spiritual, volunteer, and bereavement
11 services substantially all of which are provided to the patient and to the patient's family
12 regardless of ability to pay under a written care plan established and periodically
13 reviewed by the patient's attending physician, by the medical director of the hospice
14 program, and by the hospice care team.

15 ~~(5)~~(7) 'Hospice care team' means an interdisciplinary working unit composed of
16 members of the various helping professions (who may donate their professional services),
17 including but not limited to: a physician licensed or authorized to practice in this state,
18 a registered professional nurse, a social worker, a member of the clergy or other
19 counselor, and volunteers who provide hospice care.

20 ~~(6)~~(8) 'Hospice patient family unit' means the terminally ill person or person with an
21 advanced and progressive disease and his or her family, which may include spouse,
22 children, siblings, parents, and other relatives with significant personal ties to the patient.

23 ~~(7)~~(9) 'License' means a license issued by the department.

24 ~~(8)~~(10) 'Palliative care' means those interventions by the hospice care team which are
25 intended to alleviate suffering and to achieve relief from, reduction of, or elimination of
26 pain and of other physical, emotional, social, or spiritual symptoms of distress to achieve
27 the best quality of life for the patients and their families.

28 ~~(9)~~(11) 'Patient' means a terminally ill individual receiving the hospice continuum of
29 services, regardless of ability to pay, and also means an individual with an advanced and
30 progressive disease.

31 ~~(10)~~(12) 'Terminally ill' means that the individual is experiencing an illness for which
32 therapeutic intervention directed toward cure of the disease is no longer appropriate, and
33 the patient's medical prognosis is one in which there is a life expectancy of six months
34 or less."

SECTION 2.

Said article is further amended by striking Code Section 31-7-176, relating to responsibilities of provider of hospice care, and inserting in lieu thereof the following:

"31-7-176.

(a) The hospice care program shall coordinate its services with those of the patient's primary or attending physicians, and may contract out for elements of services rendered to the patient and family unit, but not for the basic hospice care services, provided by physicians, attending nurses, and counselors. The hospice care team shall be responsible for coordination of inpatient, outpatient, and home care aspects of care.

(b) Hospice services must meet all applicable definitions provided for in Code Section 31-7-172.

(c) A hospice program of care shall not impose the dictates of any value or belief system on its patients and their family units.

(d)(1) Notwithstanding any inconsistent provision of this article to the contrary, a hospice may, in addition to providing care to terminally ill individuals, also provide palliative care for patients with advanced and progressive diseases and for their families. Such care may be provided by a hospice acting alone or under contract with a health care facility.

(2) Nothing in this subsection shall prevent the provision of palliative care for patients with advanced and progressive diseases and for their families by any other health care provider otherwise authorized to provide such care."

SECTION 2A.

This Act shall become effective only if funds are specifically appropriated for purposes of this Act in an appropriations Act making specific reference to this Act and shall become effective when funds so appropriated become available for expenditure.

SECTION 3.

All laws and parts of laws in conflict with this Act are repealed.