GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1993

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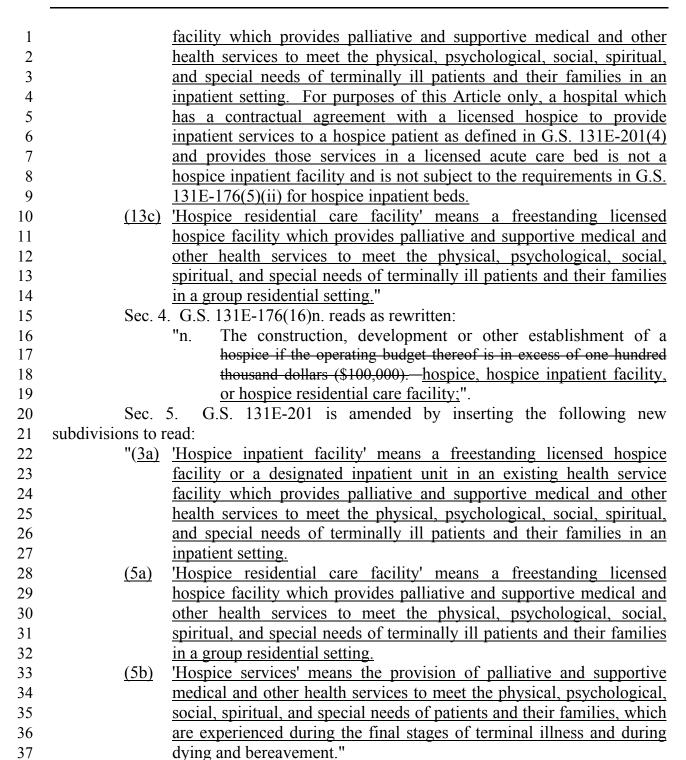
SENATE BILL 950

Capital Expenditures and Improvements Committee Substitute Adopted 5/11/93 House Committee Substitute Favorable 7/7/93

	Short Title: CON Hospice Change. (Public)
	Sponsors:
	Referred to:
	April 22, 1993
1	A BILL TO BE ENTITLED
2	AN ACT TO REQUIRE THAT ALL NEW HOSPICES RECEIVE A CERTIFICATE
3	OF NEED.
4	The General Assembly of North Carolina enacts:
5	Section 1. G.S. 131E-176(9b) reads as rewritten:
6	"(9b) 'Health service facility' means a hospital; psychiatric facility;
7	rehabilitation facility; long term care facility; kidney disease treatment
8	center, including freestanding hemodialysis units; intermediate care
9	facility for the mentally retarded; home health agency office; chemical
10 11	dependency treatment facility; <u>hospice</u> , <u>hospice inpatient facility</u> , <u>hospice residential care facility</u> ; and ambulatory surgical facility."
12	Sec. 2. G.S. 131E-176(9c) reads as rewritten:
13	"(9c) 'Health service facility bed' means a bed licensed for use in a health
14	service facility in the categories of (i) acute care beds; (ii) psychiatric
15	beds; (iii) rehabilitation beds; (iv) nursing care beds; (v) intermediate
16	care beds for the mentally retarded; and (vi) chemical dependency
17	treatment beds. beds; (vii) hospice inpatient facility beds; and (viii)
18	hospice residential care facility beds."
19	Sec. 3. G.S. 131E-176 is amended by inserting the following new
20	subdivisions to read:
21	"(13b) 'Hospice inpatient facility' means a freestanding licensed hospice

facility or a designated inpatient unit in an existing health service

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Sec. 6. G.S. 131E-202(a) reads as rewritten:

- "(a) The Commission shall adopt rules for the licensing and regulation of hospices hospices, hospice inpatient facilities, and hospice residential care facilities pursuant to this Article for the purpose of providing care, treatment, health, safety, welfare, and comfort of hospice patients. These rules shall include, but not be limited to:
 - (1) The qualifications and supervision of licensed and nonlicensed personnel;

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- 1 (2) The provision and coordination of home and inpatient care, including the development of a written care plan;
 - (3) The management, operation, staffing, and equipping of the hospice program;
 - (4) Clinical and business records kept by the hospice; hospice, hospice inpatient care facility, and hospice residential care facility; and
 - (5) Procedures for the review of utilization and quality of care."

Sec. 7. G.S. 131E-203 reads as rewritten:

"§ 131E-203. Coverage.

- (a) Except as provided in subsection (b) of this section, no person or other entity shall operate or represent himself or itself to the public as operating a hospice hospice, a hospice inpatient facility, or a hospice residential care facility, or offer or represent himself or itself to the public as offering hospice services without obtaining a license from the Department pursuant to this Article.
- (b) Hospices administered by local health departments established under Article 2 of Chapter 130A of the General Statutes shall not be required to be licensed under this Article. Additionally, health care facilities and agencies licensed under Article 5 or 6 of Chapter 131E of the General Statutes shall not be required to be separately licensed under this Article. However, any facility or agency exempted from licensure as a hospice-under this subsection which operates a hospice, a hospice inpatient facility, or a hospice residential care facility, or offers hospice services shall be subject to rules adopted pursuant to this Article.
 - (c) Hospice care shall be available 24 hours a day, seven days a week."
- Sec. 8. This act is effective upon ratification and applies to any person, trust or estate, partnership, corporation, the State, and political subdivisions of the State, or any comparable entity which has not been licensed as a hospice prior to the ratification of this act or, if exempt from licensure, has not actually furnished comprehensive hospice services to North Carolina residents prior to ratification. Section 5 of this act shall not apply to any dedicated inpatient hospice unit currently in operation on the date of ratification.