

CHAPTER 135J

LICENSED HOSPICE PROGRAMS

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135J.1 Definitions.

For the purposes of this chapter unless otherwise defined:

1. “*Core services*” means physician services, nursing services, medical social services, counseling services, and volunteer services. These core services, as well as others deemed necessary by the hospice in delivering safe and appropriate care to its case load, can be provided through either direct or indirect arrangement by the hospice.

2. “*Department*” means the department of inspections and appeals.

3. “*Hospice patient*” or “*patient*” means a diagnosed terminally ill person with an anticipated life expectancy of six months or less, as certified by the attending physician, who, alone or in conjunction with a unit of care as defined in subsection 8, has voluntarily requested and received admission into the hospice program. If the patient is unable to request admission, a family member may voluntarily request and receive admission on the patient’s behalf.

4. “*Hospice patient’s family*” means the immediate kin of the patient, including a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, child, or stepchild. Additional relatives or individuals with significant personal ties to the hospice patient may be included in the hospice patient’s family.

5. “*Hospice program*” means a centrally coordinated program of home and inpatient care provided directly or through an agreement under the direction of an identifiable hospice administration providing palliative care and supportive medical and other health services to terminally ill patients and their families. A licensed hospice program shall utilize a medically directed interdisciplinary team and provide care to meet the physical, emotional, social, spiritual, and other special needs which are experienced during the final stages of illness, dying, and bereavement. Hospice care shall be available twenty-four hours a day, seven days a week.

6. “*Interdisciplinary team*” means the hospice patient and the hospice patient’s family, the attending physician, and all of the following individuals trained to serve with a licensed hospice program:

- a. A licensed physician pursuant to chapter 148.
- b. A licensed registered nurse pursuant to chapter 152.
- c. An individual with at least a baccalaureate degree in the field of social work providing medical-social services.
- d. Trained hospice volunteers.
- e. As deemed appropriate by the hospice, providers of special services including but not limited to a spiritual counselor, a pharmacist, or professionals in the fields of mental health may be included on the interdisciplinary team.

7. “*Palliative care*” means care directed at managing symptoms experienced by the hospice patient, as well as addressing related needs of the patient and family as they experience the stress of the dying process. The intent of palliative care is to enhance the quality of life for the hospice patient and family unit, and is not treatment directed at cure of the terminal illness.

8. “*Unit of care*” means the patient and the patient’s family within a hospice program.

9. “*Volunteer services*” means the services provided by individuals who have successfully completed a training program developed by a licensed hospice program.

84 Acts, ch 1284, §2

C85, §135.90

90 Acts, ch 1204, §66

C91, §135J.1

2005 Acts, ch 3, §32; 2008 Acts, ch 1088, §91; 2009 Acts, ch 133, §196

135J.2 Licenses — fees — criteria.

A person or governmental unit, acting severally or jointly with any other person may establish, conduct, or maintain a hospice program in this state and receive a license from the department after meeting the requirements of this chapter. The application shall be on a form prescribed by the department and shall require information the department deems necessary. Nothing in this chapter shall prohibit a person or governmental unit from establishing, conducting, or maintaining a hospice program without a license. Each application for license shall be accompanied by a nonrefundable biennial license fee determined by the department.

The hospice program shall meet the criteria pursuant to section 135J.3 before a license is issued. The department of inspections and appeals is responsible to provide the necessary personnel to inspect the hospice program, the home care and inpatient care provided and the hospital or facility used by the hospice to determine if the hospice complies with necessary standards before a license is issued. Hospices that are certified as Medicare hospice providers by the department of inspections and appeals or are accredited as hospices by the joint commission on the accreditation of health care organizations, shall be licensed without inspection by the department of inspections and appeals.

84 Acts, ch 1284, §3

C85, §135.91

86 Acts, ch 1245, §1111; 90 Acts, ch 1204, §66

C91, §135J.2

98 Acts, ch 1100, §17; 2005 Acts, ch 3, §33

135J.3 Basic requirements.

A licensed hospice program shall include:

1. A planned program of hospice care, the medical components of which shall be under the direction of a licensed physician.
2. Centrally administered, coordinated hospice core services provided in home, outpatient, or institutional settings.
3. A mechanism that assures the rights of the patient and family.
4. Palliative care provided to a hospice patient and family under the direction of a licensed physician.
5. An interdisciplinary team which develops, implements, and evaluates the hospice plan of care for the patient and family.
6. Bereavement services.
7. Accessible hospice care twenty-four hours a day, seven days a week in all settings.
8. An ongoing system of quality assurance and utilization review.

84 Acts, ch 1284, §7

C85, §135.95

90 Acts, ch 1204, §66

C91, §135J.3

135J.4 Inspection.

The department of inspections and appeals shall make or be responsible for inspections of the hospice program, the home care and the inpatient care provided in the hospice program, and the hospital or facility before a license is issued. The department of inspections and appeals shall inspect the hospice program periodically after initial inspection.

84 Acts, ch 1284, §6

C85, §135.94

86 Acts, ch 1245, §1112; 90 Acts, ch 1204, §66

C91, §135J.4

135J.5 Denial, suspension, or revocation of licenses.

The department may deny, suspend, or revoke a license if the department determines there is failure of the program to comply with this chapter or the rules adopted under this chapter. The suspension or revocation may be appealed under chapter 17A. The department may reissue a license following a suspension or revocation after the hospice corrects the conditions upon which the suspension or revocation was based.

84 Acts, ch 1284, §4

C85, §135.92

90 Acts, ch 1204, §66

C91, §135J.5

2005 Acts, ch 3, §34

135J.6 Limitation, expiration, and renewal of licenses.

Licenses for hospice programs shall be issued only for the premises, person, hospital, or facility named in the application and are not transferable or assignable. A license, unless sooner suspended or revoked, shall expire two years after the date of issuance and shall be renewed biennially upon an application by the licensee. Application for renewal shall be made in writing to the department at least thirty days prior to the expiration of the license. The fee for a license renewal shall be determined by the department. Licensed hospice programs which have allowed their licenses to lapse through failure to make timely application for renewal shall pay an additional fee of twenty-five percent of the biennial license fee.

84 Acts, ch 1284, §5

C85, §135.93

85 Acts, ch 67, §17; 89 Acts, ch 122, §1; 90 Acts, ch 1204, §66

C91, §135J.6

135J.7 Rules.

Except as otherwise provided in this chapter, the department shall adopt rules pursuant to chapter 17A necessary to implement this chapter, subject to approval of the state board of health. Formulation of the rules shall include consultation with Iowa hospice organization representatives and other persons affected by this chapter.

84 Acts, ch 1284, §8

C85, §135.96

87 Acts, ch 8, §3; 90 Acts, ch 1204, §66

C91, §135J.7

2005 Acts, ch 3, §35