

Reprinted 3/16

MAR 2 1984

HOUSE FILE 2436

Place On Calendar

BY COMMITTEE ON HUMAN RESOURCES

(Formerly Study Bill 777)

Passed House, Date 3-12-84 (p. 950) Passed Senate, Date 3-29-84 (p. 1166)

Vote: Ayes 92 Nays 6 Vote: Ayes 32 Nays 12

Approved May 15,

Water to remainder (p 980) w/d 3/15

A BILL FOR

- 1 An Act relating to the licensure and operation of a hospice
- 2 program.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4

HOUSE FILE 2436

FISCAL NOTE

REQUESTED BY REPRESENTATIVE RUNNING

In compliance with a written request received March 5, 1984, there is hereby submitted a Fiscal Note for HOUSE FILE 2436 pursuant to Joint Rule 17. Background information used in developing this Fiscal Note is available from the Legislative Fiscal Bureau, to members of the General Assembly upon request.

House File 2436 is an Act to provide for the licensing and inspection of hospices. The law provides for license fees but does not stipulate the amount nor the purpose of the license fees.

There are currently 24 hospices in the state which would be under this regulation. The Department of Health is given the responsibility for licensing and inspection.

FISCAL EFFECT:

	<u>FY 1985</u>	<u>FY 1986</u>
Salaries and support for 1.2 FTE's	\$ 40,344	40,344 (4112H, 84-224E, KAC)

Source: Department of Health

FILED MARCH 19, 1984

BY DENNIS PROUTY, FISCAL DIRECTOR

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HF 2436

1 Section 1. Sections 2 through 10 of this Act are created
2 as a new division of chapter 135 entitled "Licensed Hospice
3 Programs".

4 Sec. 2. NEW SECTION. 135.90 DEFINITIONS. For the
5 purposes of this division unless otherwise defined:

6 1. "Department" means the state department of health.

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

18 3. "Hospice patient" or "patient" means a diagnosed
19 terminally ill person with an anticipated life expectancy
20 of six months or less, as certified by the attending physician,
21 who, alone or in conjunction with a unit of care as defined
22 in subsection 5, has voluntarily requested and received
23 admission into the hospice program. If the patient is unable
24 to request admission, a family member may voluntarily request
25 and receive admission on the patient's behalf.

26 4. "Hospice patient's family" means the immediate kin
27 of the patient, including a spouse, parent, stepparent,
28 brother, sister, stepbrother, stepsister, child, or stepchild.
29 Additional relatives or individuals with significant personal
30 ties to the hospice patient may be included in the hospice
31 patient's family.

32 5. "Unit of care" means the patient and the patient's
33 family within a hospice program.

34 6. "Interdisciplinary team" means the hospice patient
35 and the hospice patient's family, the attending physician,

1 and all of the following individuals trained to serve with
2 a licensed hospice program:

- 3 a. A licensed physician pursuant to chapter 148, 150,
4 or 150A.
- 5 b. A licensed registered nurse pursuant to chapter 152.
- 6 c. An individual with at least a baccalaureate degree
7 in the field of social work providing medical social services.
- 8 d. Trained hospice volunteers.

9 Providers of special services, including but not limited to,
10 a spiritual counselor, a pharmacist, or professionals in the
11 fields of mental health may be included on the interdis-
12 ciplinary team as deemed appropriate by the hospice.

13 7. "Core services" means physician services, nursing
14 services, medical social services, counseling services, and
15 volunteer services. These core services, as well as others
16 deemed necessary by the hospice in delivering safe and ap-
17 propriate care to its case load, can be provided through
18 either direct or indirect arrangement by the hospice.

19 8. "Volunteer services" means the services provided by
20 individuals who have successfully completed a training pro-
21 gram developed by a licensed hospice program.

22 9. "Palliative care" means care directed at managing
23 symptoms experienced by the hospice patient, as well as ad-
24 dressing related needs of the patient and family as they
25 experience the stress of the dying process. The intent of
26 palliative care is to enhance the quality of life for the
27 hospice patient and family unit, and is not treatment directed
28 at cure of the terminal illness.

29 Sec. 3. NEW SECTION. 135.91 LICENSE APPLICATION--FEES.

30 A person or governmental unit, acting severally or jointly
31 with any other person shall not establish, conduct, or maintain
32 a hospice program in this state without a license from the
33 department. The application shall be on a form prescribed
34 by the department and shall require information the department
35 deems necessary. Each application for license shall be

1 accompanied by a nonrefundable biennial license fee determined
2 by the department.

3 The hospice program shall meet the criteria pursuant to
4 section 135.95 before a license is issued. The department
5 is responsible to provide the necessary personnel to inspect
6 the hospice program, the home care and inpatient care provided
7 and the hospital or facility used by the hospice to determine
8 if the hospice complies with necessary standards before a
9 license is issued. Hospices that are certified as medicare
10 hospice providers by the department or are accredited as
11 hospices by the joint commission for accreditation of
12 hospitals, shall be licensed without inspection by the
13 department.

14 Sec. 4. NEW SECTION. 135.92 DENIAL--REVOCATION. The
15 department may deny, suspend, or revoke a license if the
16 department determines there is failure of the program to
17 comply with this division or the rules adopted under this
18 division. The suspension or revocation may be appealed under
19 chapter 17A. The department may reissue a license following
20 a suspension or revocation after the hospice corrects the
21 conditions upon which the suspension or revocation was based.

22 Sec. 5. NEW SECTION. 135.93 SCOPE OF LICENSE. Licenses
23 for hospice programs shall be issued only for the premises,
24 person, hospital, or facility named in the application and
25 are not transferable or assignable. A license, unless sooner
26 suspended or revoked, shall expire two years after the date
27 of issuance and shall be renewed biennially upon an application
28 by the licensee. Application for renewal shall be made in
29 writing to the department, accompanied by the required fee,
30 at least thirty days prior to the expiration of the license.
31 The fee for a license renewal shall be determined by the
32 department. Licensed hospice programs which have allowed
33 their licenses to lapse through failure to make timely applica-
34 tion for renewal shall pay an additional fee of twenty-five
35 percent of the biennial license fee.

1 Sec. 6. NEW SECTION. 135.94 INSPECTION. The department
2 shall make or be responsible for inspections of the hospice
3 program, the home care and the inpatient care provided in
4 the hospice program, and the hospital or facility before a
5 license is issued. The department shall inspect the hospice
6 program periodically after initial inspection.

7 Sec. 7. NEW SECTION. 135.95 FACILITIES NOT EXEMPTED.
8 "Hospice" shall not be used to describe or refer to a pro-
9 gram, facility, or agency unless that program, facility, or
10 agency is licensed as a hospice by the department under this
11 division.

12 A hospital, intermediate or skilled care facility, home
13 for the aged, home health agency, or any other system in
14 health care which operates a hospice, shall be licensed as
15 a hospice under this division after inspection. This does
16 not restrict any activity of such facility or agency if the
17 activity is permitted under the license or certification held
18 by that facility or agency.

19 Sec. 8. NEW SECTION. 135.96 BASIC REQUIREMENTS. A
20 licensed hospice program shall include:

21 1. A planned program of hospice care, the medical
22 components of which shall be under the direction of a licensed
23 physician.

24 2. Centrally administered, coordinated hospice core
25 services provided in home, outpatient, or institutional
26 settings.

27 3. A mechanism that assures the rights of the patient
28 and family.

29 4. Palliative care provided to a hospice patient and
30 family under the direction of a licensed physician.

31 5. An interdisciplinary team which develops, implements,
32 and evaluates the hospice plan of care for the patient and
33 family.

34 6. Bereavement services.

35 7. Accessible hospice care twenty-four hours a day, seven

1 days a week in all settings.

2 8. An ongoing system of quality assurance and utiliza-
3 tion review.

4 Sec. 9. NEW SECTION. 135.97 RULES. Except as otherwise
5 provided in this division, the commissioner shall adopt rules
6 pursuant to chapter 17A necessary to implement this division.
7 Formulation of the rules shall include consultation with Iowa
8 hospice organization representatives and other persons affected
9 by the division.

10 EXPLANATION

11 This bill requires all hospice programs to be licensed
12 by the department of health. A hospice patient is defined
13 as a terminally ill person with an anticipated life expectancy
14 of six months or less. The bill requires the department of
15 health to inspect hospice programs which are not exempted
16 before the licenses are issued and then periodically.

17 The bill requires a hospice program to meet certain
18 requirements for licensure.

19 The bill takes effect July 1 following its enactment.

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HOUSE FILE 2436

H-5395

- 1 Amend House File 2436 as follows:
- 2 1. Page 2, line 1, by striking the word "all"
- 3 and inserting in lieu thereof the word "any".

H-5395 FILED

BY LONERGAN of Boone
 COCHRAN of Webster
 MULLINS of Kossuth

H-5395 FILED MARCH 5, 1984
Adopted 3/4 (p. 944)

HOUSE FILE 2436

H-5396

- 1 Amend House File 2436 as follows:
- 2 1. Page 2, line 31, by striking the words "shall
- 3 not" and inserting in lieu thereof the word "may".
- 4 2. Page 2, line 32, by striking the words "without
- 5 a" and inserting in lieu thereof the words "and
- 6 receive".
- 7 3. Page 2, line 33, by inserting after the word
- 8 "department" the words "after meeting the requirements
- 9 of this division".
- 10 4. Page 2, line 35, by inserting after the word
- 11 "necessary." the words "Nothing in this division shall
- 12 prohibit a person or governmental unit from
- 13 establishing, conducting, or maintaining a hospice
- 14 program without a license."

BY LONERGAN of Boone
 COCHRAN of Webster
 MULLINS of Kossuth

H-5396 FILED MARCH 5, 1984
Adopted 3/12 (p. 949)

HOUSE FILE 2436

H-5458

- 1 Amend House File 2436 as follows:
- A 2 1. Page 1, line 12, by inserting after the word
- 3 "A" the word "licensed".
- B 4 2. Page 1, line 35, by inserting after the word
- 5 "physician," the words "the dispensing pharmacist,".
- C 6 3. Page 4, by striking lines 7 through 18.
- 7 4. By renumbering as necessary.

H-5458 FILED MARCH 7, 1984 BY ZIMMERMAN of Dallas

A - Adopted; B - Lost 3/12 (p. 949)
C - Adopted (949)
Water to revision (p. 980) w/d 3/13

*Send Human Resources 3/21
Do Pass 3/21 (p 954)*

HOUSE FILE 2436

Human Resources
Horn. Chair
Halt.
Sustained

HOUSE FILE 2436

BY COMMITTEE ON HUMAN RESOURCES

(As Amended and Passed by the House)

Passed House, Date 4-4-84 (p. 1646) Passed Senate, Date 3-29-84 (p. 1166)

Vote: Ayes 93 Nays 5 Vote: Ayes 32 Nays 12

Approved May 15, 1984

Motion to reconsider (p. 1610) Rescind 4/10
Approved House 4-10-84 (p. 1632) *Repassed Senate 4-11-84 (p. 1445)*
84-9 48-1

A BILL FOR

- 1 An Act relating to the licensure and operation of a hospice
- 2 program.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

HOUSE FILE 2436

S-5487

- 1 Amend House File 2436 as amended, passed and
- 2 reprinted by the House, as follows:
- 3 1. Page 1, line 35 by inserting after the word
- 4 "physician," the words "the dispensing pharmacist,".

S-5487 FILED
MARCH 22, 1984
Adopted 3/29 (p. 1165)

BY CHARLES P. MILLER
TOM SLATER
WALLY HORN

HOUSE FILE 2436

S-5525

- 1 Amend House File 2436 as amended, passed, and re-
- 2 printed by the House as follows:
- 3 1. Page 2, line 1, by striking the word "all" and
- 4 inserting in lieu thereof the word "any".

S-5525 FILED
MARCH 26, 1984
Adopted 3/29 (p. 1165)

BY JOHN N. NYSTROM

HOUSE FILE 2436

S-5644

- 1 Amend House File 2436 as amended, passed, and re-
- 2 printed by the House as follows:
- 3 1. Page 3, line 32, by inserting after the word
- 4 "fee" the words "required to cover the cost of
- 5 administering the program".

S-5644 FILED & ADOPTED
MARCH 29, 1984 (p. 1165)

BY ARTHUR A. SMALL JR.

1 Section 1. Sections 2 through 10 of this Act are created
2 as a new division of chapter 135 entitled "Licensed Hospice
3 Programs".

4 Sec. 2. NEW SECTION. 135.90 DEFINITIONS. For the
5 purposes of this division unless otherwise defined:

6 1. "Department" means the state department of health.

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

18 3. "Hospice patient" or "patient" means a diagnosed
19 terminally ill person with an anticipated life expectancy
20 of six months or less, as certified by the attending physician,
21 who, alone or in conjunction with a unit of care as defined
22 in subsection 5, has voluntarily requested and received
23 admission into the hospice program. If the patient is unable
24 to request admission, a family member may voluntarily request
25 and receive admission on the patient's behalf.

26 4. "Hospice patient's family" means the immediate kin
27 of the patient, including a spouse, parent, stepparent,
28 brother, sister, stepbrother, stepsister, child, or stepchild.
29 Additional relatives or individuals with significant personal
30 ties to the hospice patient may be included in the hospice
31 patient's family.

32 5. "Unit of care" means the patient and the patient's
33 family within a hospice program.

34 6. "Interdisciplinary team" means the hospice patient
548135 and the hospice patient's family, the attending physician,

1 and all of the following individuals trained to serve with
2 a licensed hospice program:

3 a. A licensed physician pursuant to chapter 148, 150,
4 or 150A.

5 b. A licensed registered nurse pursuant to chapter 152.

6 c. An individual with at least a baccalaureate degree
7 in the field of social work providing medical social services.

8 d. Trained hospice volunteers.

9 Providers of special services, including but not limited to,
10 a spiritual counselor, a pharmacist, or professionals in the
11 fields of mental health may be included on the interdis-
12 ciplinary team as deemed appropriate by the hospice.

13 7. "Core services" means physician services, nursing
14 services, medical social services, counseling services, and
15 volunteer services. These core services, as well as others
16 deemed necessary by the hospice in delivering safe and ap-
17 propriate care to its case load, can be provided through
18 either direct or indirect arrangement by the hospice.

19 8. "Volunteer services" means the services provided by
20 individuals who have successfully completed a training pro-
21 gram developed by a licensed hospice program.

22 9. "Palliative care" means care directed at managing
23 symptoms experienced by the hospice patient, as well as ad-
24 dressing related needs of the patient and family as they
25 experience the stress of the dying process. The intent of
26 palliative care is to enhance the quality of life for the
27 hospice patient and family unit, and is not treatment directed
28 at cure of the terminal illness.

29 Sec. 3. NEW SECTION. 135.91 LICENSE APPLICATION--FEES.

30 A person or governmental unit, acting severally or jointly
31 with any other person may establish, conduct, or maintain
32 a hospice program in this state and receive license from the
33 department after meeting the requirements of this division.

34 The application shall be on a form prescribed by the department
35 and shall require information the department deems necessary.

1 Nothing in this division shall prohibit a person or
2 governmental unit from establishing, conducting, or maintaining
3 a hospice program without a license. Each application for
4 license shall be accompanied by a nonrefundable biennial
5 license fee determined by the department.

6 The hospice program shall meet the criteria pursuant to
7 section 135.95 before a license is issued. The department
8 is responsible to provide the necessary personnel to inspect
9 the hospice program, the home care and inpatient care provided
10 and the hospital or facility used by the hospice to determine
11 if the hospice complies with necessary standards before a
12 license is issued. Hospices that are certified as medicare
13 hospice providers by the department or are accredited as
14 hospices by the joint commission for accreditation of
15 hospitals, shall be licensed without inspection by the
16 department.

17 Sec. 4. NEW SECTION. 135.92 DENIAL--REVOCATION. The
18 department may deny, suspend, or revoke a license if the
19 department determines there is failure of the program to
20 comply with this division or the rules adopted under this
21 division. The suspension or revocation may be appealed under
22 chapter 17A. The department may reissue a license following
23 a suspension or revocation after the hospice corrects the
24 conditions upon which the suspension or revocation was based.

25 Sec. 5. NEW SECTION. 135.93 SCOPE OF LICENSE. Licenses
26 for hospice programs shall be issued only for the premises,
27 person, hospital, or facility named in the application and
28 are not transferable or assignable. A license, unless sooner
29 suspended or revoked, shall expire two years after the date
30 of issuance and shall be renewed biennially upon an application
31 by the licensee. Application for renewal shall be made in
32 writing to the department, accompanied by the required fee,
33 at least thirty days prior to the expiration of the license.
34 The fee for a license renewal shall be determined by the
35 department. Licensed hospice programs which have allowed

1 their licenses to lapse through failure to make timely applica-
2 tion for renewal shall pay an additional fee of twenty-five
3 percent of the biennial license fee.

4 Sec. 6. NEW SECTION. 135.94 INSPECTION. The department
5 shall make or be responsible for inspections of the hospice
6 program, the home care and the inpatient care provided in
7 the hospice program, and the hospital or facility before a
8 license is issued. The department shall inspect the hospice
9 program periodically after initial inspection.

* 10 Sec. 7. NEW SECTION. 135.96 BASIC REQUIREMENTS. A
11 licensed hospice program shall include:

12 1. A planned program of hospice care, the medical
13 components of which shall be under the direction of a licensed
14 physician.

15 2. Centrally administered, coordinated hospice core
16 services provided in home, outpatient, or institutional
17 settings.

18 3. A mechanism that assures the rights of the patient
19 and family.

20 4. Palliative care provided to a hospice patient and
21 family under the direction of a licensed physician.

22 5. An interdisciplinary team which develops, implements,
23 and evaluates the hospice plan of care for the patient and
24 family.

25 6. Bereavement services.

26 7. Accessible hospice care twenty-four hours a day, seven
27 days a week in all settings.

28 8. An ongoing system of quality assurance and utiliza-
29 tion review.

30 Sec. 8. NEW SECTION. 135.97 RULES. Except as otherwise
31 provided in this division, the commissioner shall adopt rules
32 pursuant to chapter 17A necessary to implement this division.
33 Formulation of the rules shall include consultation with Iowa
34 hospice organization representatives and other persons affected
35 by the division.

SENATE AMENDMENT TO HOUSE FILE 2436

H-6027

- 1 Amend House File 2436 as amended, passed and
- 2 reprinted by the House as follows:
- 3 1. Page 1, line 35 by inserting after the word
- 4 "physician," the words "the dispensing pharmacist,".
- 5 2. Page 3, line 32, by inserting after the word
- 6 "fee" the words "required to cover the cost of
- 7 administering the program".

H-6027 FILED APRIL 2, 1984

RECEIVED FROM THE SENATE

House amended (2094) & concurred 4/4 (p. 1645)

HOUSE FILE 2436

H-6094

- 1 Amend amendment H-6027, the Senate amendment to
- 2 House File 2436 as amended, passed and reprinted by
- 3 the House, as follows:
- 4 1. Page 1, by striking lines 3 and 4.

BY HAMMOND of Story

PEICK of Linn

ROYER of Page

H-6094 FILED APRIL 4, 1984

VAN GERPEN of Black Hawk

Adopted 4/4 (p. 1645)

HOUSE FILE 2436

H-6105

- 1 Amend amendment H-6027, the Senate amendment to
- 2 House File 2436, as amended, passed and reprinted by
- 3 the House as follows:
- 4 1. Page 1, line 4, by inserting after the word
- 5 "pharmacist" the following: "when Schedule I and II
- 6 drugs have been prescribed".

BY HAMMOND of Story

ZIMMERMAN of Dallas

H-6105 FILED APRIL 4, 1984

Placed out of order 4/10 (p. 1832)

HOUSE AMENDMENT TO SENATE AMENDMENT TO
HOUSE FILE 2436

S-5852

- 1 Amend amendment H-6027, the Senate amendment to
- 2 House File 2436 as amended, passed and reprinted by
- 3 the House, as follows:
- 4 1. Page 1, by striking lines 3 and 4.

S-5852 FILED
APRIL 10, 1984

RECEIVED FROM THE HOUSE

*Senate referred to committee 4/11 (p. 1444)
Reconsidered & concurred (p. 1445)*

HOUSE FILE 2436

AN ACT

RELATING TO THE LICENSURE AND OPERATION OF A HOSPICE PROGRAM.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Sections 2 through 8 of this Act are created as a new division of chapter 135 entitled "Licensed Hospice Programs".

Sec. 2. NEW SECTION. 135.90 DEFINITIONS. For the purposes of this division unless otherwise defined:

1. "Department" means the state department of health.
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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.

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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, 150, or 150A.
 - 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.

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 as deemed appropriate by the hospice.

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8. "Volunteer services" means the services provided by individuals who have successfully completed a training program developed by a licensed hospice program.
9. "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.

Sec. 3. NEW SECTION. 135.91 LICENSE APPLICATION--FEES.

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 license from the department after meeting the requirements of this division. The application shall be on a form prescribed by the department and shall require information the department deems necessary. Nothing in this division 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 135.95 before a license is issued. The department 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 or are accredited as hospices by the joint commission for accreditation of hospitals, shall be licensed without inspection by the department.

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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, accompanied by the required fee required to cover the cost of administering the program, 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.

Sec. 6. NEW SECTION. 135.94 INSPECTION. The department 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 shall inspect the hospice program periodically after initial inspection.

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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.

Sec. 8. NEW SECTION. 135.96 RULES. Except as otherwise provided in this division, the commissioner shall adopt rules pursuant to chapter 17A necessary to implement this division. Formulation of the rules shall include consultation with Iowa hospice organization representatives and other persons affected by the division.

DONALD D. AVENSON
Speaker of the House

CHARLES P. MILLER
President Pro Tempore of the
Senate

I hereby certify that this bill originated in the House and is known as House File 2436, Seventieth General Assembly.

Approved May 15, 1984

JOSEPH O'HERN
Chief Clerk of the House

TERRY E. BRANSTAD
Governor

H.F. 2436