

135J.1 Definitions.

For the purposes of [this chapter](#) unless otherwise defined:

1. “*Attending physician*” means a physician licensed pursuant to [chapter 148](#) or a physician assistant licensed pursuant to [chapter 148C](#).

2. “*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.

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

4. “*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 9](#), 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.

5. “*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.

6. “*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.

7. “*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, physician assistants, 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.

8. “*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.

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

10. “*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; 2022 Acts, ch 1066, §6, 7](#)

Referred to in [§144C.2, 144D.1, 331.802, 441.21](#)

NEW subsection 1 and former subsections 1 – 9 renumbered as 2 – 10

Subsection 7, paragraph e amended