



Alan Van Dyne

Bill Analysis
Legislative Service Commission

S.B. 87

126th General Assembly
(As Introduced)

Sen. Wachtmann

BILL SUMMARY

- Allows a residential care facility to admit and retain an individual who requires hospice care and services.
- Requires the hospice care and services to be provided by a licensed hospice care program under a written agreement with the facility ensuring that the individual's needs are being met at the facility.

CONTENT AND OPERATION

Background: services provided by residential care facilities

Residential care facilities are licensed by the Department of Health to provide accommodations, supervision, and personal care services to unrelated individuals who are dependent on the services of others by reason of age or physical or mental impairment. Personal care services include assisting residents with activities of daily living, assisting residents with self-administration of medication, and preparing special diets.

A residential care facility is permitted to provide a limited amount of skilled nursing care to its residents. Skilled nursing care is any procedure that requires technical skills and knowledge beyond those the untrained person possesses and that are commonly employed in providing for the physical, mental, and emotional needs of the ill or otherwise incapacitated. Specifically, a residential care facility may provide skilled nursing care as follows:

- (1) Supervision of special diets;¹

¹ *Supervision of special diets is identified as a type of skilled nursing care; preparation of special diets, other than complex therapeutic diets, is identified as a personal care service (R.C. 3721.01, not in the bill).*

- (2) Application of dressings;
- (3) Medication administration;

(4) Other skilled nursing care, but only if the care will be provided to a resident on a part-time intermittent basis for not more than 120 days in any 12-month period. The care may be provided by a home health agency, hospice care program, or qualified member of the facility's staff.

Hospice care in residential care facilities

(R.C. 3721.011 and 3721.04)

The bill permits a residential care facility to admit and retain an individual requiring hospice care and services. The care and services may be provided only by a hospice care program licensed by the Ohio Department of Health. The hospice care program may provide the following:

- Nursing care by or under the supervision of a registered nurse;
- Physical, occupational, or speech or language therapy;
- Medical social services by a social worker under a physician's direction;
- Home health aide services;
- Medical supplies, including drugs and biologicals, and the use of medical appliances;
- Physician services;
- Short-term inpatient care, including both palliative² and respite care and procedures;
- Counseling for the individual and the individual's family;
- Services of volunteers under the direction of the hospice care program;
- Bereavement services for individual's family.

² "Palliative care" is defined in existing law as "treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of a hospice patient and a hospice patient's family as they experience the stress of the dying process rather than treatment aimed at investigation and intervention for the purpose of cure or prolongation of life" (R.C. 3712.01).

Written agreement

Under the bill, hospice care and services may be provided to an individual in a residential care facility only if the facility and the licensed hospice program have entered into a written agreement. The agreement must provide for all of the following:

- (1) A determination that the individual's needs can be met at the facility;
- (2) Recurring determinations that the individual's needs are being met at the facility;
- (3) A schedule for making the recurring determinations.

The bill applies the written agreement requirement to the provisions of existing law authorizing a residential care facility to use a hospice care program to provide medication administration and part-time, intermittent skilled nursing care to a resident.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	03-02-05	p. 259

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