Health Innovation Subcommittee

Monday, March 20, 2017
1:00 PM – 2:00 PM
Mashburn Hall

Richard Corcoran
Speaker

MaryLynn Magar
Chair

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Innovation Subcommittee

Start Date and Time:	Monday, March 20, 2017 01:00 pm
End Date and Time:	Monday, March 20, 2017 02:00 pm
Location:	Mashburn Hall (306 HOB)
Duration:	1.00 hrs

Consideration of the following bill(s):

HB 55 Alternative Treatment Options for Veterans by Burgess, White
HB 539 Hospice Care by Harrell

Pursuant to rule 7.11, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m., Friday, March 17, 2017.

By request of the Chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Friday, March 17, 2017.

NOTICE FINALIZED on 03/16/2017 4:00PM by Ellerkamp.Donna

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 55 Alternative Treatment Options for Veterans
SPONSOR(S): Burgess, Jr. and others
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Innovation Subcommittee		Langston	Poche
2) Local, Federal & Veterans Affairs Subcommittee			
3) Health Care Appropriations Subcommittee			
4) Health & Human Services Committee			

SUMMARY ANALYSIS

Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) are known as "signature wounds" for service members returning from the conflicts in Iraq and Afghanistan. According to the Department of Veterans Affairs (VA), between 11 percent and 20 percent of the individuals who served in these conflicts are diagnosed with PTSD each year.

Complementary and Alternative Medicine (CAM) is a class of therapy that includes treatments not considered standard in the current practice of Western medicine, such as acupuncture, yoga, meditation, and relaxation.

The efficacy of using CAM to treat TBI and PTSD is limited. However, the VA does recognize that many veterans are turning to CAM treatments as an adjunct to other traditional treatments. For example, CAM techniques such as relaxation and mindfulness are used in supporting cognitive behavioral therapies. Additionally, the use of CAM therapies, specifically for the management and treatment of mental health problems such as PTSD, is becoming more common and is increasing in usage.

HB 55, subject to legislative appropriation, authorizes the Florida Department of Veterans Affairs (FDVA) to contract with one or more individuals, corporations not for profit, state universities, or Florida College System institutions to provide the following alternative treatment options for veterans who have been certified by the VA, or any branch of the U.S. Armed Forces, as having a TBI or PTSD:

- Accelerated resolution therapy
- Acupuncture
- Equine therapy
- Hyperbaric oxygen therapy
- Meditation therapy
- Music therapy
- Outdoor and indoor sports therapy
- Service animal training therapy
- Yoga therapy

The bill requires that acupuncture be provided by a licensed acupuncturist pursuant to ch. 457, F.S. Also, the bill requires hyperbaric oxygen therapy to be provided by a licensed operator of a hyperbaric oxygen facility, pursuant to a written prescription from an individual licensed under ch. 458 or 459, F.S.

The bill is subject to an appropriation. The bill does not appear to have a fiscal impact on state or local governments.

The bill provides an effective date of July 1, 2017.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Traumatic Brain Injury and Post-Traumatic Stress Disorder

Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) are known as "signature wounds" for service members returning from the conflicts in Iraq and Afghanistan. The nature of these conflicts, particularly the use of improvised explosive devices, increases the likelihood that active duty service members will be exposed to incidents, such as blasts, that can result in TBI or PTSD.[1]

The Department of Defense (DoD) and the Defense and Veteran's Brain Injury Center estimate that 22 percent of all combat casualties from these conflicts are brain injuries.[2] The total number of veterans who have experienced TBI is not known, in part because TBI is difficult to identify, and in part because some veterans have not accessed United States Department of Veterans Affairs (VA) health care services.[3] According to the VA, between 11 and 20 percent of the individuals who served in these conflicts are diagnoses with PTSD each year.[4]

A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.[5] TBIs vary in terms of severity. Mild TBI may cause temporary dysfunction of brain cells. More serious TBI can result in bruising, torn tissues, bleeding and other physical damage to the brain that can result in long-term complications or death.[6] The majority of TBIs sustained by service members are classified as mild TBI, also known as concussion.[7] Regardless of the severity of the TBI, it can have adverse effects on all aspects of social functioning, including employment, social relationships, independent living, functional status, and leisure activities.

The high rate of TBI and blast-related concussion events resulting from current combat operations directly impacts the health and safety of individual service members and, subsequently, the level of unit readiness and troop retention.[8] As a result, the effects of TBIs impact each branch of the military, and throughout both the DoD and the VA health care systems.

Generally, PTSD can occur after an individual has experienced a trauma. According to the Mayo Clinic, PTSD is a mental health condition that is triggered by either experiencing or witnessing a terrifying event.[9] Symptoms may include flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event.[10] PTSD may have a delayed onset, which is described as a clinically significant

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[1] United States Government Accountability Office, *Defense Health Care, Research on Hyperbaric Oxygen Therapy to Treat Traumatic Brain Injury and Post-Traumatic Stress Disorder,* p. 1, available at http://www.gao.gov/assets/680/674334.pdf (last visited March 17, 2017).
[2] United States Department of Veterans Affairs, *PTSD: National Center for PTSD, Traumatic Brain Injury and PTSD*, available at http://www.ptsd.va.gov/professional/co-occurring/traumatic-brain-injury-ptsd.asp (last visited March 17, 2017).
[3] Erin Bagalman, *Traumatic Brain Injury Among Veterans*, Congressional Research Service, Jan. 4, 2013, available at http://www.ncsl.org/documents/statefed/health/TBI_Vets2013.pdf (last visited March 17, 2017).
[4] United States Department of Veterans Affairs, *PTSD: National Center for PTSD,* available at http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp (last visited March 17, 2017).
[5] Centers for Disease Control and Prevention, *Basic Information about Traumatic Brain Injury and Concussion,* available at http://www.cdc.gov/traumaticbraininjury/basics.html (las last visited March 17, 2017).
[6] Supra, note 4.
[7] Defense and Veterans Brain Injury Center, *DoD Worldwide Numbers for TBI,* available at http://dvbic.dcoe.mil/dod-worldwide-numbers-tbi (last visited March 17, 2017).
[8] Defense and Veterans Brain Injury Center, *TBI and the Military*, available at http://dvbic.dcoe.mil/about/tbi-military (last visited March 17, 2017).
[9] Mayo Clinic, *Diseases and Conditions, Post-traumatic stress disorder (PTSD),* available at http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/basics/definition/con-20022540 (last visited March 17, 2017).
[10] Id.

presentation of symptoms at least six months after exposure to trauma, and is one of the most prevalent mental disorders arising from combat.[11]

Patients with TBI often meet the criteria for PTSD, and vice versa.[12] Many servicemembers returning from the conflicts in Iraq and Afghanistan have experienced a mild TBI, and also have PTSD related to their combat experience.[13] Studies have found that one-third or more of servicemembers with mild TBI also have PTSD.[14]

As of August 2016, 27,015 veterans claiming Florida as their home state have been diagnosed with having either PTSD or TBI. Of that total, 2,779 veterans have been diagnosed as having TBI and 25,018 have been diagnosed as having PTSD. In 2015, 57,309 veterans were diagnosed with having either PTSD or TBI. Of that total, 2,839 veterans were diagnosed as having TBI and 56,064 veterans were diagnosed as having PTSD.[15]

VA Benefits and Treatment

An individual who served in the active military, naval, or air service, and who was not dishonorably discharged, may qualify for VA health care benefits.[16] VA health benefits include necessary inpatient hospital care and outpatient services to promote, preserve, or restore a veteran's health. VA medical facilities provide a wide range of services, including mental health services.[17] The VA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics; additionally, readjustment counseling services may be available at veteran centers across the nation.[18] For veterans with serious mental illness, the VA offers care tailored to help with their specific diagnosis and to promote recovery. Serious mental illnesses include a variety of diagnoses that result in significant problems functioning in the community.[19][20]

Once a veteran is enrolled, a veteran will remain enrolled in the VA health care system unless they formally wish to disenroll. An enrolled veteran may seek care at any VA facility without being required or requested to reestablish eligibility for VA health care enrollment purposes.[21] Veterans who are enrolled in the VA health care system do not pay premiums. However, some do have to pay copayments for medical services and outpatient medications related to the treatment of nonservice-connected conditions. Additionally, the VA classifies veterans into eight enrollment priority groups based on varying factors[22] and, depending on which priority group a veteran is in, the veteran can be charged copayments for inpatient and outpatient care, outpatient medication, and long-term care services.

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[11] Supra, FN 1 at p. 5.
[12] United States Department of Veterans Affairs, *PTSD: National Center for PTSD, Traumatic Brain Injury and PTSD,* available at http://www.ptsd.va.gov/professional/co-occurring/traumatic-brain-injury-ptsd.asp (last visited March 17, 2107).
[13] Id.
[14] Supra, FN 1 at p. 2.
[15] Data obtained from FDVA. (on file with Health Innovation Subcommittee staff).
[16] U.S. Department of Veterans Affairs, *Federal Benefits for Veterans, Dependents and Survivors*, available at http://www.va.gov/opa/publications/benefits_book/benefits_chap01.asp (last visited March 17, 2017).
[17] U.S. Department of Veterans Affairs, *Health Benefits*, available at http://www.va.gov/HEALTHBENEFITS/access/medical_benefits_package.asp (last visited March 17, 2017).
[18] Id.
[19] *Guide to VA Mental Health* Services, U.S. Department of Veterans Affairs, at 10, available at http://www.mentalhealth.va.gov/docs/MHG_English.pdf (last visited March 17, 2017).
[20] United States Department of Veterans Affairs, *Federal Benefits for Veterans, dependents and Survivors,* available at https://www.va.gov/opa/publications/benefits_book/Chapter_1_Health_Care_Benefits.asp (last visited March 17, 2017).
[21] Sidath Viranga Panangala, *Health Care for Veterans: Answers to Frequently Asked Questions,* Congressional Research Service, Apr. 21, 2016, p. 4, available at *https://fas.org/sgp/crs/misc/R42747.pdf* (last visited March 17, 2017).
[22] Factors include, but are not limited to, service-connected disabilities or exposures, prisoner of war status, receipt of a Purple Heart of Medal of Honor, and income. Id. at p. 26.

The VA may pay the necessary expense of travel, including lodging and subsistence, or an allowance based on mileage for eligible veterans going to vocational rehabilitation, counseling, examinations, treatment or care at a VA facility.[23]

The VA and the DoD have worked together to develop joint clinical practice guidelines including guidelines for treatment for PTSD and TBI. These guidelines provide scientific evidence-based practice evaluations and interventions.[24] According to the VA, treatments for PTSD and TBI should be symptom-focused and evidence-based. Examples of treatments provided by the VA include cognitive behavioral therapy and Eye Movement Desensitization and Reprocessing therapy.[25]

Complementary and Alternative Medicine (CAM)

The efficacy of using CAM to treat TBI and PTSD is limited. As such, the VA states that the current evidence base does not support the use of CAM as an alternative to the traditional treatments for PTSD. However, the VA does recognize that many veterans are turning to CAM treatments as an adjunct to other traditional treatments. For example, CAM techniques such as relaxation and mindfulness are used in supporting cognitive behavioral therapies.[26]

Additionally, the use of CAM therapies, specifically for the management and treatment of mental health problems such as PTSD, is becoming more common and is increasing in usage.[27] Consequently, VA facilities may choose to provide these alternative services in addition to the more established evidence-based therapies. However, the VA does not have specific policies or guidance related to these alternative therapies.[28]

Choice Program (Non-VA Care)

The Veterans Access, Choice, and Accountability Act of 2014[29] (Choice Program) was signed by President Obama on August 7, 2014. Under the Choice Program, veterans may be authorized by the VA to seek care outside of the VA health system if they meet any of the following requirements:[30]

- **30 day wait list:** A veteran is informed by their local VA medical facility that an appointment may not be scheduled either:
  - Within 30 days of when the veteran's clinician determines he or she needs to be seen, or
  - Within 30 days of when the veteran wishes to see a provider.
- **40 miles or more distance:** A veteran lives 40 miles from a VA medical facility that has a full-time primary care physician.
- **40 miles or less distance:** A veteran does not reside in Guam, American Samoa, or the Republic of the Philippines, and:
  - Travels by air, boat, or ferry in order to receive care from their local VA facility; or
  - Incurs traveling burden based on environmental factors, geographic challenges, or a medical condition.
- **State or territory without a VA facility that provides impatient, emergency and complex surgical care:** A veteran resides more than 20 miles from a VA medical facility and is in either:
  - Alaska
  - Hawaii

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[23] 38 C.F.R. § 111 (2008).
[24] Katherine Blakeley and Don J. Jansen, *Post-Traumatic Stress Disorder and Other Mental Health Problems in the Military: Oversight Issues for Congress*, Congressional Research Service, Aug. 8, 2013, available at: https://www.fas.org/sgp/crs/natsec/R43175.pdf (last visited March 17, 2017).
[25] Supra, note 4.
[26] United States Department of Veterans Affairs, *Complementary and Alternative Medicine (CAM) for PTSD*, http://www.ptsd.va.gov/professional/treatment/overview/complementary_alternative_for_ptsd.asp (last visited March 17, 2017).
[27] Id.
[28] Id.
[29] Pub. L. No. 113-146, H.R. 3230, 113th Cong. (Aug. 7, 2014).
[30] Supra, FN 21 at p. 20.

- New Hampshire
- A U.S. territory, excluding Puerto Rico.

The Choice Program is administered by two private third-party contractors: Health Net Federal Services, LLC, and TriWest Healthcare Alliance Corporation. Either contractor will provide information to eligible veterans and schedule their appointments. All appointments must be within 30 calendar days. The contractor informs the VA when the appointment is scheduled. Additionally, all authorizations of care issued by either contractor must be pre-authorized prior to being delivered to veterans. Any service given to a veteran without prior authorization may not be covered by the VA. Lastly, a veteran's out-of-pocket expenses are the same as those under the VA health care system.[31]

The Comprehensive Addiction and Recovery Act of 2016

The Comprehensive Addiction and Recovery Act of 2016 (CARA),[32] in part, established the Veterans Expedited Recovery Commission (Commission) to examine the evidence-based therapy treatment model used by the VA for treating mental health conditions of veterans. CARA also directs the Commission to examine the use of the following CAM therapies for mental health issues and identify the benefits for veterans:

- Music therapy;
- Equine therapy;
- Training and caring for service dogs;
- Yoga therapy;
- Acupuncture therapy;
- Meditation therapy;
- Outdoor sports therapy;
- Hyperbaric oxygen therapy;
- Accelerated resolution therapy; and
- Other therapies the Commission deems appropriate.

No later than 18 months after the first meeting, the Commission must submit a report on its findings and must include, among other things:

- Recommendations;
- An analysis of the evidence-based therapy model used by the VA for treating veterans with mental issues; and
- An examination of the CAM treatments and the potential benefits of incorporating those treatments in the VA model for treating veterans with mental health issues.

Lastly, no later than 90 days after the submission of the report, the Secretary of the VA must submit an action plan for implementing any recommendations made by the Commission and a timeframe for implementing CAM treatments department-wide.

[31] Id. at p. 22.
[32] Pub. L. No. 114-198, S. 524, 114th Cong. (July 22, 2016).

CAM in Other States[33]

Five states have enacted legislation regarding the use of CAM. Four of these states – Colorado, Indiana, Minnesota and North Dakota – established a program to study the efficacy of CAM. Oklahoma appears to be the only state that explicitly allows HBOT for veterans.

State	Use of Complimentary and Alternative Medicine
Colorado[34]	The general assembly authorizes the state Department of Health Care Policy and Financing to implement a pilot program that would allow an eligible person with a disability to receive CAM. The purpose of the pilot program is to expand the choice of therapies available to eligible persons with disabilities, to study the success of CAM.
Indiana[35]	Requires the state department of health to study and report findings and recommendations to the legislative council concerning implementation of a program for the treatment of veterans who have traumatic brain injury or posttraumatic stress disorder. The law includes hyperbaric therapy among those therapies which are to be considered.
Minnesota[36]	A Minnesota-based academic or clinical research institution or institutions specializing in providing CAM education and clinical services shall implement a five-year demonstration project to improve the quality and cost-effectiveness of care provided to enrollees with neck and back problems.
North Dakota[37]	Provides for a legislative management study of the feasibility and desirability of providing nontraditional healing therapies for posttraumatic stress, TBI, and other neurological conditions for state veterans and their families. The list of therapies includes hyperbaric chamber therapies.
Oklahoma[38]	Establishes the veterans' TBI and recovery revolving fund to reimburse providers who treat veterans under the program. Requires the Oklahoma State University Center for Aerospace and Hyperbaric Medicine to develop and publish a standard treatment plan for hyperbaric therapy. Individual patient treatment plans must be reviewed and conform to this plan.

Florida Department of Veterans' Affairs

Florida has the nation's third largest veteran population with more than 1.6 million veterans, comprising 12 percent of the state's population aged 18 and older.[39]

In 1988, Florida citizens approved a constitutional amendment to create the Florida Department of Veterans Affairs (the FDVA) as a separate agency charged with providing advocacy and representation for Florida's veterans and to intercede on their behalf with the VA.[40] The FDVA is the state agency that has statutory authority and responsibility for the provision of assistance to all former, present, and future members of the armed forces. Section 292.05(7), F.S., gives the FDVA the authority and responsibility to apply for and administer any federal programs and develop and coordinate such state programs as may be beneficial to the interests of the veterans of this state. The FDVA helps veterans gain access to federal benefits, including federally funded medical care, to improve their quality of life.

[33] Information obtained via email from National Conference of State Legislatures, August 3, 2016. (on file with Health Innovation Subcommittee staff).
[34] Colo. Rev. Stat. Ann. § 25.5-6-1303
[35] SB 180 (2014)
[36] Minn. Stat. Ann. § 256B.771
[37] HB 1424 (2013)
[38] SB 1604 (2014)
[39] Florida Department of Veterans' Affairs, *Our Veterans: Fast Facts*, available at http://floridavets.org/our-veterans/profilefast-facts/ (last visited March 17, 2017).
[40] Florida Department of Veterans' Affairs, *About Us*, available at http://floridavets.org/about-us/ (last visited March 17, 2017).

Complementary and Alternative Medicine (CAM)

CAM is a class of therapy that includes treatments not considered standard in the current practice of Western medicine, such as acupuncture, yoga, meditation, and relaxation.

Accelerated Resolution Therapy

Accelerated resolution therapy (ART) eliminates distressing memories of traumatic experiences and replaces the distressing memories and images with more pleasing ones.[41] ART accomplishes this through sets of rapid eye movements similar to eye movements that occur during dreaming.[42] The length of treatment with ART is based on the processing of one or more traumatic memories that contributes to symptoms of PTSD.[43] Depending on circumstances, it is possible to process up to three memories in a one-hour session.[44]

Acupuncture

Section 457.102(1), F.S., defines acupuncture as a form of primary health care, based on traditional Chinese medical concepts and modern oriental medical techniques, that employs acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease. The statute defines acupuncture to include, but not be limited to:

- The insertion of acupuncture needles and the application of moxibustion[45] to specific areas of the human body;
- The use of electroacupuncture;
- Qi Gong;[46]
- Oriental massage;
- Herbal therapy;
- Dietary guidelines; and
- Other adjunctive therapies, as defined the Board of Acupuncture.

Acupuncture may help ease chronic pain such as low-back pain, neck pain, and osteoarthritis; it may also help reduce the frequency of tension headaches and prevent migraine headaches.[47] However, clinical practice guidelines for acupuncture are inconsistent.[48]

An individual must be licensed by the Board of Acupuncture to practice in Florida.[49]

Equine therapy

Equine therapy is based on the use of horses and the equine environment. Equine therapy includes a wide range of horse-related activities:[50]

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[41] Kevin Kip, et al., Brief Treatment of Symptoms of Post-Traumatic Stress Disorder (PTSD) by Use of Accelerated Resolution Therapy (ART®), Behavioral Sci., Vol. 2, Issue 2, (2012), available at http://www.mdpi.com/2076-328X/2/2/115/htm (last visited March 17, 2017).
[42] Id.
[43] Id.
[44] Id.
[45] Moxibustion is a form of heat therapy in which dried plant materials called "moxa" are burned on or very near the surface of the skin. University of Minnesota, *Taking Charge of Your Health and Wellbeing: Moxibustion*, available at https://www.takingcharge.csh.umn.edu/explore-healing-practices/moxibustion (last visited March 17, 2017).
[46] Qi Gong is made up of mind-body-breathing techniques; it uses a combination of movement, self-massage, meditation, and breathing to relax the body. Qi Gong includes a number of Taoist and Buddhist meditative practices, including Tai Chi. Qigong Institute, *What is Qigong*, available at https://www.qigonginstitute.org/category/5/what-is-qigong (last visited March 17, 2017).
[47] National Institute of Health: National Center for Complementary and Integrative Health, *Acupuncture: In Depth*, available at https://nccih.nih.gov/health/acupuncture/introduction (last visited March 17, 2017).
[48] Id.
[49] S. 457.105, F.S.

- **Equine-Assisted Learning:** An experiential treatment where individuals interact with horses in a variety of activities, including catching and leading a horse around an obstacle course, to promote the development of life skills for educational, professional, and personal goals.
- **Equine-Assisted Therapy:** A treatment that incorporates horse activities and the equine environment with rehabilitative goals tailored to the patient's fine motor skills, large motor skills, communication, or behavioral needs in the form of therapeutic procedures such as:
    - **Equine-Facilitated Psychotherapy:** An interactive process in which a licensed mental health professional partners with suitable horses to address psychotherapy goals set by the mental health professional and the client.
    - **Hippotherapy:** A physical, occupational or speech therapy treatment strategy that uses equine movement to address impairments, functional limitations and disabilities in patients with neuromotor and sensory dysfunction.
    - **Therapeutic Horseback Riding**.

Equine therapies for mental disorders, while increasing in popularity, lack empirical support.[51]

Hyperbaric oxygen therapy

Hyperbaric oxygen therapy involves breathing pure oxygen in a pressurized room or tube.[52] In a hyperbaric oxygen therapy chamber, the air pressure is increased to three times higher than normal air pressure so that an individual's lungs can gather more oxygen.[53] An increase in blood oxygen temporarily restores normal levels of blood gases and tissue function to promote healing and fight infection.[54] To benefit from hyperbaric oxygen therapy, an individual typically needs up to 40 treatments.[55]

The Food and Drug Administration (FDA) has not approved HBOT as a treatment for TBI or PTSD. However, HBOT is currently in use for the following 14 FDA-accepted indications:[56]

- Air or gas embolism.
- Carbon monoxide poisoning.
- Clostridial myositis and myonecrosis (gas gangrene).
- Crush injury, compartment syndrome, and other acute traumatic ischemias.
- Decompression sickness.
- Arterial insufficiency which includes non-healing wounds, diabetic foot wounds, hypoxic wounds, and other non-healing wounds.
- Exceptional blood loss anemia.
- Intracranial abscess.
- Necrotizing soft tissue infections.
- Osteomyelitis.
- Radiation tissue damage.
- Skin grafts and flaps.
- Thermal burns.

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[50] Professional Association of Therapeutic Horsemen International, *Learn About EAAT*, available at http://www.pathintl.org/resources-education/resources/eaat/27-resources/general/193-eaat-definitions (last visited March 17, 2017); Equestrian Therapy, *What Is Equestrian Therapy?*, available at http://www.equestriantherapy.com/ (last visited March 17, 2017).

[51] Michael D. Anestis, et al., *Equine-Related Treatments For Mental Disorders Lack Empirical Support: A Systematic Review of Empirical Investigations*, Journal of Clinical Psychology, Vol. 70, Issue 12 (Dec. 2014).

[52] Mayo Clinic, *Hyperbaric oxygen therapy: Definition*, available at http://www.mayoclinic.org/tests-procedures/hyperbaric-oxygen-therapy/basics/definition/prc-20019167 (last visited March 17, 2017).

[53] Id.

[54] Mayo Clinic, *Hyperbaric oxygen therapy: Why it's done,* available at http://www.mayoclinic.org/tests-procedures/hyperbaric-oxygen-therapy/basics/why-its-done/prc-20019167 (last visited March 17, 2017).

[55] Mayo Clinic, *Hyperbaric oxygen therapy: Results,* available at http://www.mayoclinic.org/tests-procedures/hyperbaric-oxygen-therapy/basics/results/prc-20019167 (last visited March 17, 2017).

[56] United States Food and Drug Administration, *Hyperbaric Oxygen Therapy: Don't Be Misled*, available at http://www.fda.gov/forconsumers/consumerupdates/ucm364687.htm (last visited March 17, 2017).

- Idiopathic sudden sensorineural hearing loss.

Some researchers have reported positive results with using HBOT to treat PTSD or TBI. In contrast, the DoD, in conjunction with the VA, conducted a clinical trial that was published in January 2015 that concluded that HBOT showed no benefits for treating PTSD and/or TBI.[57]

Meditation therapy

Mediation therapy is a mind and body practice[58] that is used to increase calmness and physical relaxation, improve psychological balance, cope with illness, and enhance overall health and well-being.[59] There are many types of meditation, but most have four elements in common:

- A quiet location with as few distractions as possible;
- A specific, comfortable posture – sitting, lying down, walking, or other positions;
- A focus of attention – a specially chosen word or set of words, an object, or the sensations of breath; and
- An open attitude – letting distractions come and go naturally without judging them.[60]

Music therapy

Music therapy is the specialized use of music to address an individual's social, communication, emotional, physical, cognitive, sensory and spiritual needs.[61] After assessing the strengths and needs of each client, a qualified music therapist provides treatment, which may include creating, singing, moving to, or listening to music.[62] Music therapy also provides a method of communication that can be helpful to those who find it difficult to express themselves in words.[63] Research in music therapy supports its effectiveness in many areas, such as:

- Overall physical rehabilitation and facilitating movement;
- Increasing people's motivation to become engaged in their treatment;
- Providing emotional support for clients and their families; and
- Providing an outlet for expression of feelings.[64]

Outdoor and indoor sports therapy

Sport therapy is defined as any intervention that focuses on an organized physical activity done alone or with a group. Interventions include competitive and non-competitive sports and games.[65] Sport interventions include all forms of physical activity that contribute to physical fitness, mental well-being and social interaction, including recreational, organized, casual or competitive sport, and indigenous sports or games.[66] In non-randomized controlled studies, physical activity programs are associated with improved self-image, prevention of eating disorders, fewer symptoms of depression and anxiety, and

[57] R. Scott Miller, *Effects of Hyperbaric Oxygen on Symptoms and Quality of Life Among Service Members with Persistent Postconcussion Symptoms,* JAMA Internal Medicine, January 2015, available at http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1935931 (last visited March 17, 2017).
[58] Mind and body practices focus on the interactions among the brain, mind, body, and behavior.
[59] National Institute of Health: National Center for Complementary and Integrative Health, *Mediation: In Depth*, available at https://nccih.nih.gov/health/meditation/overview.htm (last visited March 17, 2017).
[60] Id.
[61] The Certified Board for Music Therapists, available at http://www.cbmt.org/ (last visited March 17, 2017).
[62] American Music Therapy Association, *What is Music Therapy*, available at http://www.musictherapy.org/about/musictherapy/ (last visited March 17, 2017).
[63] American Music Therapy Association, *What is Music Therapy: Definitions and Quotes About Music Therapy*, available at http://www.musictherapy.org/about/quotes/ (last visited March 2, 2017).
[64] Id.
[65] S. Lawrence, M. De Silva, and R. Henley, *Sports and games for post-traumatic stress disorder (PTSD),* Chochrane Database System Review, (Jan. 2010), available at, http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007171.pub2/full (last visited March 17, 2017).
[66] Id.

decreased substance abuse.[67] Sports and games may be able to alleviate symptoms of PTSD such as fear, anxiety and distress; however, research is lacking to evaluate its effectiveness.[68]

Service animal training therapy

A service animal is an animal trained to do specific tasks for a person that he or she cannot do because of a disability. An emotional support animal is a pet that helps its owner with a mental health condition.[69]

Section 413.08(1)(d), F.S. defines a service animal as one that is trained to do work or perform tasks for an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. A service animal may provide the following services:

- Guiding an individual who is visually impaired or blind;
- Alerting an individual who is deaf or hard of hearing;
- Pulling a wheelchair;
- Assisting with mobility or balance;
- Alerting and protecting an individual who is having a seizure;
- Retrieving objects;
- Alerting an individual to the presence of allergens;
- Providing physical support and assistance with balance and stability to an individual with a mobility disability;
- Helping an individual with a psychiatric or neurological disability by preventing or interrupting impulsive or destructive behaviors;
- Reminding an individual with mental illness to take prescribed medications;
- Calming an individual with posttraumatic stress disorder during an anxiety attack; or
- Doing other specific work or performing other special tasks.[70]

It generally takes approximately one year to train a service animal.[71] The animal must be trained to mitigate the individual's disability and behave appropriately in public. Clinically, there is not sufficient research to know if service animals help treat PTSD and its symptoms.[72] Additionally, information is not available on the therapeutic value of training a service animal.

Yoga therapy

Yoga is a mind and body practice with origins in ancient Indian philosophy.[73] The various styles of yoga typically combine physical postures, breathing techniques, and meditation or relaxation.[74] Yoga therapy is the appropriate application of the practice of yoga in a therapeutic context to support a consistent yoga practice that will increase self-awareness and engage an individual's energy in the direction of desired goals.[75] The goals of yoga therapy include:

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[67] Id.
[68] Id.
[69] United States Department of Veterans Affairs, *Dogs and PTSD*, available at http://www.ptsd.va.gov/public/treatment/cope/dogs_and_ptsd.asp (last visited March 17, 2017).
[70] S. 413.08(1)(d), F.S.
[71] Psychiatric Service Dog Partners, *Training – Basics*, available at http://www.psychdogpartners.org/resources/frequently-asked-questions/faq-training-basics (last visited March 17, 2017).
[72] Supra, note 69.
[73] National Institute of Health: National Center for Complementary and Integrative Health, *Yoga*, available at https://nccih.nih.gov/health/yoga (last visited March 17, 2017).
[74] Id.
[75] The International Association of Yoga Therapists, *Educational Standards for the Training of Yoga Therapists: Definition of Yoga Therapy*, Jul. 1, 2012, available at, http://c.ymcdn.com/sites/www.iayt.org/resource/resmgr/Docs_Articles/IAYTDef_YogaTherapy_Ed_Stand.pdf (last visited March 17, 2017).

- Eliminating, reducing, or managing symptoms that cause suffering;
- Improving function;
- Helping to prevent the occurrence or reoccurrence of underlying causes of illness; and
- Moving toward improved health and wellbeing.[76]

Effect of Proposed Changes

HB 55, subject to legislative appropriation, authorizes the FDVA to contract with one or more individuals, corporations not for profit, state universities, or Florida College System institutions to provide the following alternative treatment options for veterans who have been certified by the VA, or any branch of the U.S. Armed Forces, as having a TBI or PTSD:

- **Accelerated resolution therapy:** defined as a process that replaces negative images and sensations with positive ones, uses specific eye movements in conjunction with controlled verbalization about details of the prior traumatic experience, and uses metaphors and other interventions to assist the patient in recalling less distressing images while retaining the facts of the original experience.
- **Acupuncture:** defined by cross-reference to s. 457.102, F.S.
- **Equine therapy:** defined as the use of interaction with horses under the supervision of a trained equine instructor to improve the patient's sense of trust and self-efficiency, increase communication, socialization, and emotional management skills, and decrease isolation.
- **Hyperbaric oxygen therapy:** defined as the use of 100-percent oxygen at an increased level of atmospheric pressure to promote the delivery of oxygen from the environment to the patient's bloodstream, organs, and tissues.
- **Meditation therapy:** defined as the use of physical positions or relaxation techniques to encourage calm, reflective thinking and self-inquiry.
- **Music therapy:** defined as the use of music listening or performance to address the patient's physical, emotional, cognitive, and social needs and to facilitate communication and expression.
- **Outdoor and indoor sports therapy:** defined as the use of sports involving physical activity or action to improve the patient's functional, occupational, and physical fitness that do not involve contact with the patient's head.
- **Service animal training therapy:** defined as a technique that allows the patient to work directly with an animal trainer to train animals as therapy or service animals.
- **Yoga therapy:** defined as the use of physical postures, breathing techniques, and meditation or relaxation for the purpose of reducing the patient's physical, mental, or emotional stress.

The bill requires that acupuncture be provided by a licensed acupuncturist under ch. 457, F.S. and that hyperbaric oxygen therapy be provided by a licensed operator of a hyperbaric oxygen facility pursuant to a written prescription from an individual licensed under ch. 458 or 459, F.S.

The alternative treatment must have at least one scientific or medical peer-reviewed study that shows the treatment has a positive effect on TBI or PTSD. Additionally, alternative treatment must be under the direction or supervision of a licensed physician, osteopathic physician, chiropractic physician, psychologist, or a clinical social worker, marriage and family therapist or mental health counselor.

The bill provides an effective date of July 1, 2017.

[76] Id.

B. SECTION DIRECTORY:

Section 1: Creates s. 295.156, relating to alterative treatment options for veterans.
Section 2: Provides an effective date of July 1, 2017.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   None, unless the Legislature appropriates funds for the purpose of the bill. In that case, therapies will be provided up to the limit of the appropriation. There is no additional fiscal impact beyond the appropriated funds.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Should the Legislature provide an appropriation, the bill will have a positive impact on veterans opting to receive alternative treatments for PTSD or TBI in lieu of traditional treatments.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

The bill provides FDVA with sufficient rulemaking authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

A bill to be entitled

An act relating to alternative treatment options for veterans; creating s. 295.156, F.S.; providing definitions; authorizing the Department of Veterans' Affairs to contract with certain individuals and entities to provide alternative treatment options for certain veterans; requiring direction and supervision by certain licensed providers; authorizing the department to adopt rules; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 295.156, Florida Statutes, is created to read:

295.156 Alternative treatment options for veterans.—

(1) As used in this section, the term:

(a) "Accelerated resolution therapy" means a process that replaces negative images and sensations with positive ones, uses specific eye movements in conjunction with controlled verbalization about details of the prior traumatic experience, and uses metaphors and other interventions to assist the patient in recalling less distressing images while retaining the facts of the original experience.

(b) "Acupuncture" has the same meaning as provided in s.

457.102.

(c) "Acupuncturist" has the same meaning as provided in s. 457.102.

(d) "Alternative treatment" means a treatment that is not part of the standard of medical care established by the United States Department of Veterans Affairs for treating traumatic brain injury or posttraumatic stress disorder but has been shown by at least one scientific or medical peer-reviewed study to have some positive effect for the treatment of traumatic brain injury or posttraumatic stress disorder.

(e) "Equine therapy" means the use of interaction with horses under the supervision of a trained equine instructor to improve the patient's sense of trust and self-efficiency, increase communication, socialization, and emotional management skills, and decrease isolation.

(f) "Hyperbaric oxygen therapy" means the use of 100-percent oxygen at an increased level of atmospheric pressure to promote the delivery of oxygen from the environment to the patient's bloodstream, organs, and tissues.

(g) "Meditation therapy" means the use of physical positions or relaxation techniques to encourage calm, reflective thinking and self-inquiry.

(h) "Music therapy" means the use of music listening or performance to address the patient's physical, emotional, cognitive, and social needs and to facilitate communication and

expression.

(i) "Outdoor and indoor sports therapy" means the use of sports involving physical activity or action to improve the patient's functional, occupational, and physical fitness. The term does not include any physical activity or action that may result in contact with the patient's head.

(j) "Service animal training therapy" means a technique that allows the patient to work directly with an animal trainer to train animals as therapy or service animals.

(k) "Yoga therapy" means the use of physical postures, breathing techniques, and meditation or relaxation for the purpose of reducing the patient's physical, mental, or emotional stress.

(2) Subject to legislative appropriation, the Department of Veterans' Affairs may contract with one or more individuals, corporations not for profit, state universities, or Florida College System institutions to provide the following alternative treatment options for veterans who have been certified by the United States Department of Veterans Affairs or any branch of the United States Armed Forces as having a traumatic brain injury or posttraumatic stress disorder:

(a) Accelerated resolution therapy.

(b) Acupuncture, which must be provided by an acupuncturist.

(c) Equine therapy.

(d) Hyperbaric oxygen therapy, which must be provided by a licensed operator of a hyperbaric oxygen facility pursuant to a written prescription from an individual licensed under chapter 458 or chapter 459.

(e) Meditation therapy.

(f) Music therapy.

(g) Outdoor and indoor sports therapy.

(h) Service animal training therapy.

(i) Yoga therapy.

(3) The provision of alternative treatment must be under the direction and supervision of an individual licensed under chapter 458, chapter 459, chapter 460, chapter 490, or chapter 491.

(4) The Department of Veterans' Affairs may adopt rules to implement this section.

Section 2. This act shall take effect July 1, 2017.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	__ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	_____

Committee/Subcommittee hearing bill: Health Innovation Subcommittee

Representative Burgess offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 295.156, Florida Statutes, is created to read:

295.156 Alternative treatment options for veterans.—

(1) Subject to legislative appropriation, the department shall contract with one or more individuals, corporations not for profit, state universities, or Florida College System institutions to provide alternative treatment options for veterans who have been certified by the United States Department of Veterans Affairs or any branch of the United States Armed Forces as having a traumatic brain injury or post-traumatic

stress disorder. For the purpose of this subsection, "alternative treatment" means a therapeutic service that is not part of the standard of medical care established by the United States Department of Veterans Affairs for treating traumatic brain injury or post-traumatic stress disorder, but has been shown by at least one scientific or medical peer-reviewed study to have some positive effect on traumatic brain injury or post-traumatic stress disorder. Alternative treatment must be provided under the direction and supervision of a person licensed under chapter 458, chapter 459, chapter 460, chapter 464, chapter 490, or chapter 491.

(2) Each contracted entity shall report to the department annually each alternative treatment provided, the number of veterans served, and the treatment outcomes.

Section 2: This act shall take effect July 1, 2017.

T I T L E A M E N D M E N T

Remove everything before the enacting clause and insert: An act relating to alternative treatment options for veterans; creating s. 295.156, F.S.; requiring the Department of Veterans' Affairs, subject to an appropriation, to contract with individuals and entities to provide alternative treatment options for certain veterans; defining alternative treatment; limiting the types of

treatments that may be provided; requiring alternative treatments to be provided under the direction and supervision of certain licensed persons; requiring each contracted entity to submit annual reports to the department; providing an effective date.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 539 Hospice Care
SPONSOR(S): Harrell
TIED BILLS: **IDEN./SIM. BILLS:** SB 474

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Innovation Subcommittee		Langston	Poche
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Hospice is a program of care and support for terminally ill patients. A specially trained team of professionals and caregivers provide care for the patient's physical, emotional, social, and spiritual needs, and provides support to family caregivers. In Florida, the Agency for Health Care (AHCA) and the Department of Elder Affairs (DOEA) regulate hospices. A hospice is defined as a corporation or limited liability company that provides a continuum of palliative and supportive care for a terminally ill patient and his or her family members. As of March 17, 2017, there are 45 licensed hospice providers in the state.

AHCA and DOEA developed outcome measures in order to determine the quality and effectiveness of hospice care and annually report on such information. Currently, state reporting requirements for hospice data do not include national outcome measures based on federal regulations.

Hospices are required to have policies and procedures in place for disposal of Class II drugs upon the patient's death. Similarly, federal Medicare standards require hospices to dispose of controlled drugs in accordance with state and federal law.

HB 539 permits a hospice to provide palliative care to seriously ill persons and their families. This broadens the patient population to which a hospice will be allowed to provide services. The bill gives a hospice the option to provide community palliative care services to seriously ill persons and their families directly or through a contracted provider. The bill defines a "seriously ill" person as someone with a persistent medical condition that materially and adversely affects the person's quality of life, that is burdensome in its symptoms, pain, or caregiver stress, and that may be managed through palliative care.

The bill removes existing outcome measures related to pain management and the reporting of a patient's level of pain following their entrance to a hospice program. Instead, AHCA and DOEA must adopt federal quality outcome measures for hospice care by December 31, 2019. It also requires AHCA and DOEA to develop a system for annual reporting to the public of hospice compliance with the new outcome measures.

The bill allows hospices to assist in the disposal of prescribed controlled substances following the death of a patient in the home if the hospice has clearly defined policies, procedures, and systems for acceptable disposal methods.

The bill does not appear to have a fiscal impact on state or local governments.

The bill provides an effective date of July 1, 2017.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Hospice

Hospice is a program of care and support for terminally ill patients, which helps them to live comfortably.[1] A specially trained team of professionals and caregivers provide care for the terminally ill patient's physical, emotional, social, and spiritual needs, and provide support to family caregivers.[2] The team that provides hospice services includes physicians, nurses, medical social workers, spiritual and pastoral counselors, home health aides, therapists, bereavement counselors, and specially trained volunteers.[3] Hospice care includes the following items and services:

- Nursing care;
- Physical or occupational therapy, or speech-language pathology services;
- Medical social services;
- Home health aide and homemaker services;
- Medical supplies, including prescription drugs and biologicals, and the use of medical appliances;
- Physician services;
- Short-term inpatient care; and
- Counseling.[4]

Hospices provide four levels of care:

- **Routine care** provides the patient with hospice services at home or in a home-like setting. The patient's family provides primary care, with the assistance of the hospice team.
- **Continuous care** provides the patient with skilled nursing services in his or her home during a medical crisis.
- **Inpatient care** is provided in a healthcare facility for symptoms of a medical crisis that cannot be managed in the patient's home. Inpatient care is provided on a temporary basis as determined by the patient's physician and the hospice team.
- **Respite care** is provided in a healthcare facility and is primarily to provide the patient's family members and caretakers with a period of relief.[5]

To be eligible for hospice services under Medicaid or Medicare,[6] a patient must have a prognosis of living six months or less and no longer be seeking curative care.[7] However, Medicare coverage does not end if a patient lives beyond six months after admission; the patient can continue to receive services as long as a physician continues to document the patient's eligibility.[8]

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[1] Centers for Medicare and Medicaid Services, *Medicare Hospice Benefits*, available at https://www.medicare.gov/Pubs/pdf/02154.pdf (last visited March 17, 2017).
[2] Id.
[3] Florida Hospice and Palliative Care Association, *About Hospice*, http://www.floridahospices.org/hospice-palliative-care/about-hospice/, (last visited February 17, 2107).
[4] 42 U.S.C. § 1395x(dd).
[5] Id.
[6] Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with end-stage renal disease. Medicare Part A covers hospice care.
[7] 42 U.S.C. § 1395d, 1395x.
[8] Id.

Hospice Care in Florida

Regulation of Hospices

In Florida, the Agency for Health Care Administration (AHCA) and the Department of Elder Affairs (DOEA) regulate hospices pursuant to part IV of Chapter 400, F.S., part II of Chapter 408, F.S., and Chapter 58A-2, F.A.C. A hospice is defined as a corporation or limited liability company that provides a continuum of palliative[9] and supportive care for a terminally ill[10] patient and his or her family members.[11] Section 400.601(6), F.S., defines "hospice services" as the items and services furnished to a patient and his or her family by a hospice and specifies where those services may be provided.[12]

Hospices are subject to the Certificate of Need (CON) program.[13] A CON is a written statement issued by AHCA evidencing community need for a new, converted, expanded, or otherwise significantly modified health care facility or health service. The Florida CON program has three levels of review: full, expedited, and exempt.[14] Unless a hospital project is exempt from the CON program, it must undergo a full comparative review.[15] Projects required to undergo full comparative review include building a hospice and establishing a hospice program or hospice inpatient facility.[16] Section 408.036(3), F.S., provides exemptions to CON review for certain projects, which includes adding hospice services or swing beds[17] in a rural hospital, the total of which does not exceed one-half of its licensed beds.

As of March 17, 2017, there are 45 licensed hospice providers in the state.[18]

Hospice Outcome Measures

AHCA and DOEA are required under statute to develop outcome measures to determine the quality and effectiveness of hospice care in a licensed hospice and annually report on such information.[19] At a minimum, the outcome measures require that half of patients who report severe pain on a 0-to-10 scale report a reduction to "5" or less by the end of the 4th day of care on the hospice program.[20]

AHCA and DOEA are required to consider and adopt national initiatives, such as those developed by the National Hospice and Palliative Care Organization, to set benchmarks for measuring the quality of hospice care.[21] The current outcome measures are:

- 50 percent or more of patients who reported severe pain on a 0-to-10 scale reported a reduction to five or less by the end of the fourth day of care in the hospice program;
- 50 percent or more of patients reported they received the right amount of medicine for their pain; and
- 50 percent or more of patients or family members recommended hospice services to others based on the care the patient received.[22]

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[9] Palliative care means services or interventions which are not curative but are provided for the reduction or abatement of pain and human suffering. S. 400.601(7), F.S.
[10] Rule 59C-1.0355, F.A.C.; s. 400.601(10), F.S. In Florida, a "terminally ill" patient, for hospice purposes, is as a patient with a medical prognosis that his or her life expectancy is 1 year or less if the illness runs its normal course.
[11] S. 400.601(4), F.S.
[12] Hospice services may be provided in a place of temporary or permanent residence used as the patient's home for the purpose of maintaining the patient at home; or, if the patient needs short-term institutionalization, the services shall be furnished in cooperation with those contracted institutions or in the hospice inpatient facility.
[13] CON programs are designed to restrain health care costs and provide for directed, measured planning for new services and facilities National Conference of State Legislators, *CON-Certificate of Need State Laws,* available at http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx (last visited March 17, 2017).
[14] S. 408.036, F.S.
[15] Id.
[16] Id.
[17] S. 395.602(2)(g), F.S., defines "swing bed" as a bed which can be used interchangeably as either a hospital, skilled nursing facility, or intermediate care facility bed pursuant to 42 C.F.R. parts 405, 435, 440, 442, and 447.
[18] Agency for Health Care Administration, *Facility/Provider Search Results – Hospice,* http://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx (last visited March 17, 2017)
[19] S. 400.60501, F.S.; rule 58A-2.005(4), F.A.C.
[20] S. 400.60501(1), F.S.
[21] S. 400.60501(2), F.S.

In the most recent annual report, 97.8 percent of hospices met the standard for the first outcome measure,[23] and all hospices met the second and third measures.[24]

In addition to state requirements, hospices are required to report certain information to the federal government through the Hospice Quality Reporting Program.[25] This program includes data submitted by hospices through the Hospice Item Set and the Hospice Consumer Assessment of Healthcare Providers and Systems.[26] The U.S. Department of Health and Human Services is required to establish procedures for making data available to the public; however, no date has been specified to begin public reporting of quality data.[27]

Currently, state reporting requirements for hospice data do not include national outcome measures based on federal regulations.[28]

Dispose of Prescribed Controlled Substances by a Hospice

While there is no statutory provision related to hospice care that addresses the disposal of prescribed controlled substances in a hospice patient's home, rule 58A-2.005(3)(a)7, F.A.C., requires hospices to have policies and procedures in place for disposal of Class II drugs upon the patient's death. Similarly, federal Medicare standards require hospices to dispose of controlled drugs in accordance with state and federal law.[29]

Federal law authorizes a person lawfully entitled to dispose of a decedent's property to collect controlled substances from the decedent for destruction, if that decedent was an ultimate user[30] who died while in lawful possession of a controlled substance.[31]

Effect of Proposed Changes

Palliative Care for Seriously Ill Persons

HB 539 permits a hospice to provide palliative care to seriously ill persons and their families. The bill defines a hospice program as one that provides a continuum of palliative care and supportive care for hospice patients – terminally ill patients and their families – and also to seriously ill persons and their families. This broadens the patient population to which a hospice will be allowed to provide services.

The bill defines a "seriously ill" person as someone with a persistent medical condition that materially and adversely affects the person's quality of life, that is burdensome in its symptoms, pain, or caregiver stress, and that may be managed through palliative care. The bill does not define what type of medical condition would qualify as a "persistent medical condition."

Community Palliative Care

The bill creates s. 400.6093, F.S., to allow a hospice to provide community palliative care services to seriously ill persons and their families directly or through a contracted provider. This does not preclude

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[22] Department of Elder Affairs, *2015 Report: Hospice Demographic and Outcome Measures*, (Feb. 8, 2016) available at http://elderaffairs.state.fl.us/doea/Evaluation/2015_Hospice_Report_Final.pdf (last visited March 17, 2017).
[23] Only Samaritan Care Hospice of Osceola, Inc., did not meet the 50% standard for this measure.
[24] Supra, note 22
[25] Department of Elder Affairs, *Agency Analysis of 2017 House Bill 539* (Jan. 27, 2017) (on file with Health Innovation Subcommittee staff).
[26] Id.
[27] Id. DOEA expects that this data will be available around July 2017.
[28] Agency for Health Care Administration, *Agency Analysis of 2017 House Bill 539* (Jan. 27, 2017) (on file with Health Innovation Subcommittee staff).
[29] Id.
[30] 21 U.S.C. § 802(27) defines "ultimate user" as a person who has lawfully obtained, and who possesses, a controlled substance for his or her use or for the use of a member of his or her household.
[31] 21 C.F.R. s. 1317.30

the provision of community palliative care services by other providers, nor does it mandate or prescribe additional Medicaid coverage.

Hospice Outcome Measures

The bill removes existing outcome measures relating to pain management and reporting of a patient's level of pain following their entrance to a hospice program. Instead, AHCA and DOEA must adopt federal quality outcome measures for hospice care. It also requires AHCA and DOEA to develop a system for annually reporting to the public compliance with the new outcome measures by hospices. Additionally, AHCA will revise Rule 58A-2.005(4) F.A.C., which currently defines administrative outcome measure reporting procedures for hospices, to reflect the bill provisions.[32] AHCA and DOEA are required to adopt the specified outcome measures by December 31, 2019.

Disposal of Prescribed Controlled Substances

The bill allows hospices to assist in the disposal of prescribed controlled substances following the death of a patient in the home if the hospice has clearly defined policies, procedures, and systems for acceptable disposal methods. Hospice staff and volunteers are prohibited from removing prescribed controlled substances; disposal must occur in the patient's home.

The bill provides an effective date of July 1, 2017.

B. SECTION DIRECTORY:

Section 1: Amends s. 400.6005, F.S., relating to legislative findings and intent.
Section 2: Amends s. 400.601, F.S., relating to definitions.
Section 3: Amends s. 400.60501, F.S., relating to outcome measures; adoption of national initiatives; annual report.
Section 4: Creates s. 400.6093, F.S., relating to community palliative care services.
Section 5: Amends s. 400.6095, F.S., relating to patient admission; assessment; plan of care; discharge; death.
Section 6: Creates s. 400.6096, F.S., relating to disposal of prescribed controlled substances following the death of a patient in the home.
Section 7: Provides an effective date of July 1, 2017.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   None.

[32] Id.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

More patients will have access to palliative care services in a hospice setting. Seriously ill patients receiving palliative care in a hospice may have a cost savings associated with less need for care in a hospital and hospices may benefit from providing palliative care to a new patient population.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The term "person" has an expansive definition in s. 1.01(3), F.S., which includes individuals, children, firms, associations, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations, and all other groups or combinations. A more precise term is a "seriously ill patient" rather than a "seriously ill person."

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

A bill to be entitled

An act relating to hospice care; amending s. 400.6005, F.S.; revising legislative findings and intent; amending s. 400.601, F.S.; redefining the term "hospice"; defining the terms "hospice program" and "seriously ill"; amending s. 400.60501, F.S.; requiring the Department of Elderly Affairs, in conjunction with the Agency for Health Care Administration, to adopt by rule certain outcome measures by a specified date; requiring the department, in conjunction with the agency, to adopt national hospice outcome measures and develop a system for publicly reporting the measures; creating s. 400.6093, F.S.; authorizing hospices, or providers operating under contract with a hospice, to provide palliative care to seriously ill persons and their family members; providing construction; amending s. 400.6095, F.S.; making technical changes; creating s. 400.6096, F.S.; authorizing a hospice to assist in the disposal of certain prescribed controlled substances; requiring a hospice that chooses to assist in the disposals of certain prescribed controlled substances to establish policies, procedures, and systems for the disposals; authorizing a hospice physician, nurse, or social worker to assist in the disposals of certain

prescribed controlled substances; providing requirements for such disposals; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 400.6005, Florida Statutes, is amended to read:

400.6005 Legislative findings and intent.—The Legislature finds that a terminally ill patient ~~individuals and their families,~~ who is ~~are~~ no longer pursuing curative medical treatment and the patient's family~~,~~ should have the opportunity to select a support system that allows ~~permits~~ the patient to exercise maximum independence and dignity during the final days of life. The Legislature also finds that a seriously ill person and the person's family should have the opportunity to select a support system that provides palliative care and supportive care and allows the person to exercise maximum independence while receiving such care. The Legislature finds that hospice care provides a cost-effective and less intrusive form of medical care while meeting the social, psychological, and spiritual needs of ~~terminally ill~~ patients and their families and seriously ill persons and their families. The intent of this part is to provide for the development, establishment, and enforcement of basic standards to ensure the safe and adequate

care of persons receiving hospice services.

Section 2. Section 400.601, Florida Statutes, is amended to read:

400.601 Definitions.—As used in this part, the term:

(1) "Agency" means the Agency for Health Care Administration.

(2) "Department" means the Department of Elderly Affairs.

(3) "Hospice" means a centrally administered corporation or a limited liability company that provides a continuum of palliative care and supportive care for a ~~the~~ terminally ill patient and his or her family or a seriously ill person and his or her family.

(4) "Hospice care team" means an interdisciplinary team of qualified professionals and volunteers who, in consultation with a ~~the~~ patient, the patient's family, and the patient's primary or attending physician, collectively assess, coordinate, and provide the appropriate palliative care and supportive care to hospice patients and their families.

(5) "Hospice program" means a program offered by a hospice which provides a continuum of palliative care and supportive care for a patient and his or her family or a seriously ill person and his or her family.

(6) ~~(5)~~ "Hospice residential unit" means a homelike living facility, other than a facility licensed under other parts of this chapter, under chapter 395, or under chapter 429, which

~~that~~ is operated by a hospice for the benefit of its patients and is considered by a patient who lives there to be his or her primary residence.

(7)~~(6)~~ "Hospice services" means items and services furnished to a patient and family by a hospice, or by others under arrangements with such a program, in a place of temporary or permanent residence used as the patient's home for the purpose of maintaining the patient at home; or, if the patient needs short-term institutionalization, the services shall be furnished in cooperation with those contracted institutions or in the hospice inpatient facility.

(8)~~(7)~~ "Palliative care" means services or interventions that ~~which~~ are not curative but are provided for the reduction or abatement of pain and human suffering.

(9)~~(8)~~ "Patient" means the terminally ill individual receiving hospice services.

(10)~~(9)~~ "Plan of care" means a written assessment by the hospice of each patient's and family's needs and preferences, and the services to be provided by the hospice to meet those needs.

(11) "Seriously ill" means that the person has a persistent medical condition that materially and adversely affects the person's quality of life; that is burdensome in its symptoms, pain, or caregiver stress; and that may be managed through palliative care.

(12)~~(10)~~ "Terminally ill" means that the patient has a medical prognosis that his or her life expectancy is 1 year or less if the illness runs its normal course.

Section 3. Section 400.60501, Florida Statutes, is amended to read:

400.60501 Outcome measures; adoption of federal quality measures; public reporting ~~national initiatives~~; annual report.—

(1) No later than December 31, 2019 ~~2007~~, the department ~~of Elderly Affairs~~, in conjunction with the agency ~~for Health Care Administration~~, shall adopt ~~develop~~ outcome measures to determine the quality and effectiveness of hospice care for hospices licensed in the state. ~~At a minimum, these outcome measures shall include a requirement that 50 percent of patients who report severe pain on a 0-to-10 scale must report a reduction to 5 or less by the end of the 4th day of care on the hospice program.~~

(2) For hospices licensed in the state, the department ~~of Elderly Affairs~~, in conjunction with the agency ~~for Health Care Administration~~, shall:

(a) ~~Consider and~~ Adopt ~~national initiatives, such as those developed by~~ the national hospice outcome measures found in 42 C.F.R. part 418 ~~and Palliative Care Organization, to set benchmarks for measuring the quality of hospice care provided in the state~~.

(b) Develop a system for publicly reporting these national

hospice outcome measures identified as useful consumer information.

(c) ~~(b)~~ Develop an annual report that analyzes and evaluates the information collected under this act and any other data collection or reporting provisions of law.

Section 4. Section 400.6093, Florida Statutes, is created to read:

400.6093 Community palliative care services.—Notwithstanding any other provision of law, a hospice may provide palliative care to a seriously ill person and his or her family members. Such care may be provided directly by the hospice or by other providers under contract with the hospice. This section does not preclude the provision of palliative care to seriously ill persons by any other health care provider or health care facility that is otherwise authorized to provide such care. This section does not mandate or prescribe additional Medicaid coverage.

Section 5. Subsections (1) and (2) of section 400.6095, Florida Statutes, are amended to read:

400.6095 Patient admission; assessment; plan of care; discharge; death.—

(1) Each hospice shall make its services available to all patients ~~terminally ill persons~~ and their families without regard to age, gender, national origin, sexual orientation, disability, diagnosis, cost of therapy, ability to pay, or life

circumstances. A hospice may ~~shall~~ not impose any value or belief system on its patients or their families and shall respect the values and belief systems of its patients and their families.

(2) Admission of a patient with a terminal illness to a hospice program shall be made upon a diagnosis and prognosis of terminal illness by a physician licensed pursuant to chapter 458 or chapter 459 and must ~~shall~~ be dependent on the expressed request and informed consent of the patient.

Section 6. Section 400.6096, Florida Statutes, is created to read:

400.6096 Disposal of prescribed controlled substances following the death of a patient in the home.—

(1) A hospice that assists in the disposal of a prescribed controlled substance in the patient's home under this section must establish clearly defined policies, procedures, and systems for acceptable disposal methods.

(2) A hospice physician, nurse, or social worker, upon the patient's death and with the permission of a family member or a caregiver of the patient, is authorized to assist in the disposal in the patient's home of an unused controlled substance prescribed to the decedent pursuant to the procedures established under subsection (1).

(3) Established disposal procedures must be carried out in the patient's home. Hospice staff and volunteers are not

authorized to remove a prescribed controlled substance from the patient's home.

(4) Disposal of a prescribed controlled substance in the patient's home is optional for a hospice. The authorization provided in subsection (2) does not require a hospice to establish policies, procedures, or systems for acceptable disposal methods of a prescribed controlled substance in the patient's home.

Section 7. This act shall take effect July 1, 2017.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	__ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	_____

Committee/Subcommittee hearing bill: Health Innovation Subcommittee

Representative Harrell offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 400.6005, Florida Statutes, is amended to read:

400.6005 Legislative findings and intent.—The Legislature finds that a terminally ill patient ~~individuals and their families,~~ who is ~~are~~ no longer pursuing curative medical treatment and the patient's family~~,~~ should have the opportunity to select a support system that allows ~~permits~~ the patient to exercise maximum independence and dignity during the final days of life. The Legislature also finds that a seriously ill patient and the patient's family should have the opportunity to select a

support system that provides palliative care and supportive care and allows the person to exercise maximum independence while receiving such care. The Legislature finds that hospice care provides a cost-effective and less intrusive form of medical care while meeting the social, psychological, and spiritual needs of terminally ill and seriously ill patients and their families. The intent of this part is to provide for the development, establishment, and enforcement of basic standards to ensure the safe and adequate care of persons receiving hospice services.

Section 2. Section 400.601, Florida Statutes, is amended to read:

400.601 Definitions.—As used in this part, the term:

(1) "Agency" means the Agency for Health Care Administration.

(2) "Department" means the Department of Elderly Affairs.

(3) "Hospice" means a centrally administered corporation or a limited liability company that provides a continuum of palliative and supportive care for a ~~the~~ terminally or seriously ill patient and his or her family.

(4) "Hospice care team" means an interdisciplinary team of qualified professionals and volunteers who, in consultation with a ~~the~~ patient, the patient's family, and the patient's primary or attending physician, collectively assess, coordinate, and

provide the appropriate palliative and supportive care to hospice patients and their families.

(5) "Hospice program" means a continuum of palliative and supportive care for a terminally ill patient and his or her family offered by a hospice.

(6) ~~(5)~~ "Hospice residential unit" means a homelike living facility, other than a facility licensed under other parts of this chapter, under chapter 395, or under chapter 429, which ~~that~~ is operated by a hospice for the benefit of its patients and is considered by a patient who lives there to be his or her primary residence.

(7) ~~(6)~~ "Hospice services" means items and services furnished to a terminally ill patient and family by a hospice, or by others under arrangements with such a program, in a place of temporary or permanent residence used as the patient's home for the purpose of maintaining the patient at home; or, if the patient needs short-term institutionalization, the services shall be furnished in cooperation with those contracted institutions or in the hospice inpatient facility.

(8) ~~(7)~~ "Palliative care" means services or interventions furnished to a patient that ~~which~~ are not curative but are provided for the reduction or abatement of pain and human suffering.

(9) ~~(8)~~ "Patient" means the terminally or seriously ill individual receiving hospice services.

(10) ~~(9)~~ "Plan of care" means a written assessment by the hospice of each patient's and family's needs and preferences, and the services to be provided by the hospice to meet those needs.

(10) "Seriously ill" means that the patient has a life-threatening medical condition which may be irreversible and which may continue indefinitely, and such condition may be managed through palliative care.

(11) ~~(10)~~ "Terminally ill" means that the patient has a medical prognosis that his or her life expectancy is 1 year or less if the illness runs its normal course.

Section 3. Section 400.60501, Florida Statutes, is amended to read:

400.60501 Outcome measures; adoption of federal quality measures; public reporting ~~national initiatives~~; annual report.—

(1) No later than December 31, 2019 ~~2007~~, the department ~~of Elderly Affairs~~, in conjunction with the agency ~~for Health Care Administration~~, shall adopt ~~develop~~ outcome measures to determine the quality and effectiveness of hospice care for hospices licensed in the state. ~~At a minimum, these outcome measures shall include a requirement that 50 percent of patients who report severe pain on a 0-to-10 scale must report a reduction to 5 or less by the end of the 4th day of care on the hospice program.~~

(2) For hospices licensed in the state, the department ~~of Elderly Affairs~~, in conjunction with the agency ~~for Health Care Administration~~, shall:

(a) ~~Consider and~~ Adopt ~~national initiatives, such as those developed by~~ the national hospice outcome measures found in 42 C.F.R. part 418 ~~and Palliative Care Organization, to set benchmarks for measuring the quality of hospice care provided in the state~~.

(b) Make available to the public the national hospice outcome measures in a format that is comprehensible by a layperson and allows a consumer to compare such measures of one or more hospices.

(c) ~~(b)~~ Develop an annual report that analyzes and evaluates the information collected under this act and any other data collection or reporting provisions of law.

Section 4. Subsection (1) of section 400.609, Florida Statutes, is amended to read:

400.609 Hospice services.—Each hospice shall provide a continuum of hospice services which afford the terminally ill patient and ~~the~~ his or her family ~~of the patient~~ a range of service delivery which can be tailored to specific needs and preferences of the terminally ill patient and his or her family at any point in time throughout the length of care ~~for the terminally ill patient~~ and during the bereavement period. These

services must be available 24 hours a day, 7 days a week, and must include:

(1) SERVICES.—

(a) The hospice care team shall directly provide the following core services: nursing services, social work services, pastoral or counseling services, dietary counseling, and bereavement counseling services. Physician services may be provided by the hospice directly or through contract. A hospice may also use contracted staff if necessary to supplement hospice employees in order to meet the needs of patients during periods of peak patient loads or under extraordinary circumstances.

(b) Each hospice must also provide or arrange for such additional services as are needed to meet the palliative and support needs of the patient and family. These services may include, but are not limited to, physical therapy, occupational therapy, speech therapy, massage therapy, home health aide services, infusion therapy, provision of medical supplies and durable medical equipment, day care, homemaker and chore services, and funeral services.

Section 5. Section 400.6093, Florida Statutes, is created to read:

400.6093 Community palliative care services.— A hospice may provide palliative care to a seriously ill patient and his or her family members. Such palliative care may be provided to manage the side effects of treatment for a progressive disease

or medical or surgical condition. Such care may also be provided directly by the hospice or by other providers under contract with the hospice. This section does not preclude the provision of palliative care to seriously ill patients by any other health care provider or health care facility that is otherwise authorized to provide such care. This section does not mandate or prescribe additional Medicaid coverage.

Section 6. Subsections (1) and (2) of section 400.6095, Florida Statutes, are amended to read:

400.6095 Patient admission; assessment; plan of care; discharge; death.—

(1) Each hospice shall make its services available to all terminally ill patients ~~persons~~ and their families without regard to age, gender, national origin, sexual orientation, disability, diagnosis, cost of therapy, ability to pay, or life circumstances. A hospice may ~~shall~~ not impose any value or belief system on its patients or their families and shall respect the values and belief systems of its patients and their families.

(2) Admission of a terminally ill patient to a hospice program shall be made upon a diagnosis and prognosis of terminal illness by a physician licensed pursuant to chapter 458 or chapter 459 and must ~~shall~~ be dependent on the expressed request and informed consent of the patient.

Section 7. Section 400.6096, Florida Statutes, is created to read:

400.6096 Disposal of prescribed controlled substances following the death of a patient in the home.—

(1) A hospice physician, nurse, or social worker is authorized to assist in the disposal of a controlled substance prescribed to a patient at the time of the patient's death pursuant to 21 C.F.R. s. 1317.

(2) A hospice that assists in the disposal of a prescribed controlled substance found in the patient's home at the time of the patient's death must establish a written policy, procedure, or system for acceptable disposal methods.

(3) A hospice physician, nurse, or social worker, upon the patient's death and with the permission of a family member or a caregiver of the patient, is authorized to assist in the disposal of an unused controlled substance prescribed to the patient pursuant to the written policy, procedure, or system established under subsection (2).

(4) The prescribed controlled substance disposal procedure must be carried out in the patient's home. Hospice staff and volunteers are not authorized to remove a prescribed controlled substance from the patient's home.

Section 8. Section 400.611, Florida Statutes, is amended to read:

400.611 Interdisciplinary records of care; confidentiality; release of records.—

(1) A hospice shall maintain an ~~An~~ up-to-date, interdisciplinary record of care being given and patient and family status shall be kept. Records shall contain pertinent past and current medical, nursing, social, and other therapeutic information and such other information that is necessary for the safe and adequate care of the patient. Notations regarding all aspects of care for the patient and family shall be made in the record. When services are terminated, the record shall show the date and reason for termination.

(2) Patient records shall be retained for a period of ~~5~~6 years after termination of hospice services, unless otherwise provided by law. In the case of a patient who is a minor, the ~~5~~6-year period shall begin on the date the patient reaches or would have reached the age of majority.

~~(3) Patient records of care are confidential. A hospice may not release a record or any portion thereof, unless:~~

~~(a) A patient or legal guardian has given express written informed consent;~~

~~(b) A court of competent jurisdiction has so ordered; or~~

~~(c) A state or federal agency, acting under its statutory authority, requires submission of aggregate statistical data. Any information obtained from patient records by a state agency~~

~~pursuant to its statutory authority is confidential and exempt from the provisions of s. 119.07(1).~~

(3) The interdisciplinary record of patient care and billing records are confidential.

(4) A hospice shall not release a patient's interdisciplinary record, or any portion thereof, unless the person requesting the information provides to the hospice:

(a) A patient authorization executed by the patient prior to death; or

(b) In the case of an incapacitated patient, a patient authorization executed prior to the patient's death by the patient's then acting legal guardian, health care surrogate as defined in s. 765.101(21), health care proxy as defined in s. 765.101(19), or agent under power of attorney; or

(c) A court order appointing the person as the administrator, curator, executor or personal representative of the patient's estate with authority to obtain the patient's medical records; or

(d) If a judicial appointment has not been made pursuant to paragraph (c), a last will that is self-proved under s. 732.503 and designates the person to act as the patient's personal representative; or

(e) An order by a court of competent jurisdiction to release the interdisciplinary record to the person.

(5) For purposes of this section, the term "patient authorization" means an unrevoked written statement by the patient, or an oral statement made by the patient that has been reduced to writing in the patient's interdisciplinary record of care, or in the case of an incapacitated patient by the patient's then acting legal guardian, health care surrogate, agent under a power of attorney, or health care proxy, a written authorization to release the interdisciplinary record to a person requesting the record.

(6) A hospice shall release requested aggregate patient statistical data to a state or federal agency acting under its statutory authority. Any information obtained from patient records by a state agency pursuant to its statutory authority is confidential and exempt from the provisions of s. 119.07(1).

Section 8. This act shall take effect July 1, 2017.

T I T L E A M E N D M E N T

Remove everything before the enacting clause and insert: An act relating to hospice care; amending s. 400.6005, F.S.; revising legislative findings and intent; amending s. 400.601, F.S.; redefining the term "hospice"; defining the terms "hospice program" and "seriously ill"; amending s. 400.60501, F.S.; requiring the Department of Elderly Affairs, in conjunction with the Agency for Health Care Administration, to adopt by rule

certain outcome measures by a specified date; requiring the department, in conjunction with the agency, to adopt national hospice outcome measures and make the measures available to the public; amending s. 400.609, F.S.; permitting a hospice to provide community palliative care; creating s. 400.6093, F.S.; authorizing hospices, or providers operating under contract with a hospice, to provide palliative care to seriously ill patients and their family members; providing construction; amending s. 400.6095, F.S.; making technical changes; creating s. 400.6096, F.S.; authorizing a hospice to assist in the disposal of certain prescribed controlled substances; requiring a hospice that chooses to assist in the disposal of certain prescribed controlled substances to establish a policy, procedure, or system for disposal; authorizing a hospice physician, nurse, or social worker to assist in the disposal of certain prescribed controlled substances in a patient's home; amending s. 400.611, F.S.; providing for the confidentiality of the interdisciplinary record of patient care; specifying to whom a hospice may release a patient's interdisciplinary record of care; providing an effective date.