ASSEMBLY BILL NO. 271–ASSEMBLYMEN PIERCE, LESLIE, PARKS AND PARNELL

MARCH 21, 2005

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to hospice care. (BDR 40-1112)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

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EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets ~~[omitted material]~~ is material to be omitted.

AN ACT relating to hospice care; authorizing a licensed facility for hospice care to provide certain palliative services to a patient who is terminally ill; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law regulates medical and care facilities including facilities that provide hospice care. (Chapter 449 of NRS) Facilities for hospice care may provide certain specified services for terminally ill patients including palliative services. (NRS 449.0315) Palliative services are services and treatment to control pain and symptoms and provide relief to a person. (NRS 449.0115)

This bill provides that a licensed facility for hospice care may provide palliative services for terminally ill patients and expands the definition of "palliative services" to include services and treatments directed toward slowing the advancement of disease. This bill also defines the term "terminally ill" for purposes of laws governing hospice care and other medical facilities.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 449 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this act.

Sec. 2. ***"Palliative services" means services and treatments directed toward:***

1. Slowing the advancement of disease; and

2. Controlling pain and symptoms which provide the greatest degree of relief for the longest period while minimizing side effects.

Sec. 3. ***"Terminally ill" means a medical diagnosis made by a physician that a person has an anticipated life expectancy of not more than 12 months.***

Sec. 4. NRS 449.001 is hereby amended to read as follows:

449.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 449.0015 to 449.019, inclusive, ***and sections 2 and 3 of this act*** have the meanings ascribed to them in those sections.

Sec. 5. NRS 449.0115 is hereby amended to read as follows:

449.0115 1. "Hospice care" means a centrally administered program of palliative ***services*** and supportive services provided by an interdisciplinary team directed by a physician. The program includes the provision of physical, psychological, custodial and spiritual care for persons who are terminally ill and their families. The care may be provided in the home, at a residential facility or at a medical facility at any time of the day or night. The term includes the supportive care and services provided to the family after the patient dies.

2. As used in this section:

(a) "Family" includes the immediate family, the person who primarily cared for the patient and other persons with significant personal ties to the patient, whether or not related by blood.

(b) "Interdisciplinary team" means a group of persons who work collectively to meet the special needs of terminally ill patients and their families and includes such persons as a physician, registered nurse, social worker, clergyman and trained volunteer.

~~[(c) "Palliative services" means services and treatments directed toward the control of pain and symptoms which provide the greatest degree of relief for the longest period while minimizing side effects.]~~

Sec. 6. NRS 449.0315 is hereby amended to read as follows:

449.0315 1. A licensed facility for hospice care may provide any of the following levels of care for terminally ill patients:

(a) Medical care for a patient who is in an acute episode of illness;

(b) Skilled nursing care;

(c) Intermediate care; ~~[and]~~

(d) Custodial care ~~[.]~~ ***; and***

(e) Palliative services.

2. A licensed facility for hospice care may provide direct supportive services to a patient's family and persons who provide

care for the patient, including services which provide care for the patient during the day and other services which provide a respite from the stresses and responsibilities that result from the daily care of the patient.

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