

As Introduced

**130th General Assembly
Regular Session
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H. B. No. 366

Representative Sprague

Cosponsors: Representatives Buchy, Hood, Phillips, Ruhl, Smith

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A B I L L

To amend section 3712.06 of the Revised Code to 1
require hospice care programs to establish 2
procedures to prevent diversion of controlled 3
substances that contain opioids. 4

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

Section 1. That section 3712.06 of the Revised Code be 5
amended to read as follows: 6

Sec. 3712.06. Any person or public agency licensed under 7
section 3712.04 of the Revised Code to provide a hospice care 8
program shall: 9

(A) Provide a planned and continuous hospice care program, 10
the medical components of which shall be under the direction of a 11
physician; 12

(B) Ensure that care is available twenty-four hours a day and 13
seven days a week; 14

(C) Establish an interdisciplinary plan of care for each 15
hospice patient and ~~his~~ the patient's family that: 16

(1) Is coordinated by one designated individual who shall 17
ensure that all components of the plan of care are addressed and 18

implemented; 19

(2) Addresses maintenance of patient-family participation in 20
decision making; and 21

(3) Is periodically reviewed by the patient's attending 22
physician and by the patient's interdisciplinary team. 23

(D) Have an interdisciplinary team or teams that provide or 24
supervise the provision of care and establish the policies 25
governing the provision of the care; 26

(E) Provide bereavement counseling for hospice patients' 27
families; 28

(F) Not discontinue care because of a hospice patient's 29
inability to pay for the care; 30

(G) Maintain central clinical records on all hospice patients 31
under its care; ~~and~~ 32

(H) Provide care in individuals' homes, on an outpatient 33
basis, and on a short-term inpatient basis; 34

(I) Establish procedures for preventing diversion of 35
controlled substances containing opioids that are prescribed for a 36
patient, including all of the following: 37

(1) Designating an individual who is employed by or 38
affiliated with the program to be responsible for the controlled 39
substances; 40

(2) Requiring the controlled substances to be kept in a place 41
that can be accessed only by an authorized person using a key; 42

(3) Maintaining records of the receipt and disposition of the 43
controlled substances, including accurate counts of the numbers 44
dispensed and used; 45

(4) Disposing of controlled substances maintained in the 46
patient's home that are no longer needed by the patient. 47

A provider of a hospice care program may arrange for another
person or public agency to furnish a component or components of
the hospice care program pursuant to a written contract. When a
provider of a hospice care program arranges for a hospital, a home
providing nursing care, or home health agency to furnish a
component or components of the hospice care program to its
patient, the care shall be provided by a licensed, certified, or
accredited hospital, home providing nursing care, or home health
agency pursuant to a written contract under which:

(1) The provider of a hospice care program furnishes to the
contractor a copy of the hospice patient's interdisciplinary plan
of care that is established under division (C) of this section and
specifies the care that is to be furnished by the contractor;

(2) The regimen described in the established plan of care is
continued while the hospice patient receives care from the
contractor, subject to the patient's needs, and with approval of
the coordinator of the interdisciplinary team designated pursuant
to division (C)(1) of this section;

(3) All care, treatment, and services furnished by the
contractor are entered into the hospice patient's medical record;

(4) The designated coordinator of the interdisciplinary team
ensures conformance with the established plan of care; and

(5) A copy of the contractor's medical record and discharge
summary is retained as part of the hospice patient's medical
record.

Any hospital contracting for inpatient care shall be
encouraged to offer temporary limited privileges to the hospice
patient's attending physician while the hospice patient is
receiving inpatient care from the hospital.

Section 2. That existing section 3712.06 of the Revised Code
is hereby repealed.