



**Substitute Senate Bill No. 1075**

**Public Act No. 23-174**

***AN ACT CONCERNING HOSPICE AND PALLIATIVE CARE.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective July 1, 2023*) (a) As used in this section:

(1) "Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store and forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail;

(2) "Physician" means a physician licensed pursuant to chapter 370 of the general statutes;

(3) "Advanced practice registered nurse" means an advanced practice registered nurse licensed pursuant to chapter 378 of the general statutes;

(4) "Registered nurse" means a registered nurse licensed pursuant to chapter 378 of the general statutes; and

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(5) "Personal emergency response system" means a twenty-four-hour-per-day electronic alarm system placed in a patient's home that enables the patient to obtain immediate help in case of an emergency.

(b) Not later than January 1, 2024, the Department of Public Health shall establish, in collaboration with a hospital in the state and the Department of Social Services, a Hospice Hospital at Home pilot program to provide hospice care to patients in the home through a combination of in-person visits and telehealth. The pilot program shall provide the following to such patients:

(1) A daily telehealth visit by a physician or an advanced practice registered nurse that the patient may attend using the patient's computer or mobile device or, if the patient does not have access to a computer or mobile device in the home, using a tablet provided through the program;

(2) In-person visits by a registered nurse at least twice daily, or more frequently if necessary, as determined by a physician or an advanced practice registered nurse treating the patient;

(3) A personal emergency response system;

(4) Remote monitoring of the patient by physicians, advanced practice registered nurses and registered nurses participating in the pilot program, provided the patient and each person residing with the patient consent to such monitoring; and

(5) Telephone access to an on-call physician or advanced practice registered nurse if the patient, the patient's caregiver or any person residing with the patient has any immediate questions or concerns regarding the patient's condition.

Sec. 2. (NEW) (*Effective October 1, 2023*) (a) As used in this section:

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(1) "Advanced practice registered nurse" means an advanced practice registered nurse licensed pursuant to chapter 378 of the general statutes;

(2) "Registered nurse" means a registered nurse licensed pursuant to chapter 378 of the general statutes;

(3) "Hospice care program" means a program to provide hospice services operated by an organization licensed by the Department of Public Health to provide hospice home care services pursuant to section 19a-122b of the general statutes;

(4) "Supervision" means the overseeing of the work of a registered nurse through the continuous availability of direct communication between the registered nurse and a licensed physician;

(5) "Physician" means a physician licensed pursuant to chapter 370 of the general statutes;

(6) "Infusion" means the administration of intravenous fluid or medication given over a period of time; and

(7) "Intravenous push" means the administration of intravenous medication rapidly through an injection with a syringe in the intravenous line.

(b) An advanced practice registered nurse who is providing hospice care through a hospice care program may administer fluids or medications intravenously to a patient, including, but not limited to, by performing an infusion or an intravenous push. A registered nurse who is providing hospice care through a hospice care program may, under the supervision of a physician, administer fluids or medications intravenously to a patient, including, but not limited to, by performing an infusion or an intravenous push.

Sec. 3. (NEW) (*Effective January 1, 2024*) (a) As used in this section,

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"hospice care program" has the same meaning as provided in section 2 of this act.

(b) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for hospice services provided to an insured in the home through a hospice care program, to the extent coverage is provided for inpatient hospice services in a hospital. Such coverage shall be subject to the same terms and conditions applicable to all other benefits under such policy.

(c) No such policy shall exclude a hospice service for coverage solely because such hospice service is provided in the home and not at a hospital, provided hospice care in the home is appropriate for the insured.

(d) Nothing in this section shall prohibit or limit a health insurer, health care center, hospital service corporation, medical service corporation or other entity from conducting utilization review for in-home hospice services, provided such utilization review is conducted in the same manner and uses the same clinical review criteria as a utilization review for the same hospice services provided in a hospital.

Sec. 4. (NEW) (*Effective January 1, 2024*) (a) As used in this section, "hospice care program" has the same meaning as provided in section 2 of this act.

(b) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for hospice services provided to an insured in the home through a hospice care program, to the extent coverage is provided for inpatient hospice services in a

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hospital. Such coverage shall be subject to the same terms and conditions applicable to all other benefits under such policy.

(c) No such policy shall exclude a hospice service for coverage solely because such service is provided in the home and not at a hospital, provided hospice care in the home is appropriate for the insured.

(d) Nothing in this section shall prohibit or limit a health insurer, health care center, hospital service corporation, medical service corporation or other entity from conducting utilization review for an in-home hospice services, provided such utilization review is conducted in the same manner and uses the same clinical review criteria as a utilization review for the same hospice services provided in a hospital.

Sec. 5. (*Effective from passage*) The Commissioner of Social Services may apply for a Medicaid research and demonstration waiver under Section 1115 of the Social Security Act, as amended from time to time, to provide Medicaid reimbursement for hospice services provided under the Hospice Hospital at Home pilot program established pursuant to section 1 of this act at the same level the commissioner provides Medicaid reimbursement for hospice services provided to patients in a hospital setting.