

REQUIRE HOSPITAL DISCHARGE PLANNERS TO DISCUSS HOSPICE OPTION

ISSUE: In 1994, Congress passed legislation requiring hospital discharge planners to inform appropriate patients about the availability of the Medicare Hospice Benefit. Section 146(b)(5) of the Social Security Act Amendments of 1994 (Public Law 103-432) mandated that “the hospital conditions of participation with respect to discharge planning be modified to require an evaluation of a patient’s likely need for appropriate post-hospitalization services, including hospice services and the availability of those services.” Congress should also require the hospital discharge planners to supply a listing of qualified agencies available to provide hospice care.

RATIONALE:

The Centers for Medicare & Medicaid Services (CMS) has stated they are currently in the process of rewriting the hospital conditions of participation and would look at expanding the discharge planning section to reflect this legislative mandate. However, there was some question as to whether the legislative language would require the hospital to supply a listing of qualified agencies available to provide hospice services.

- If the hospital discharge planner conducts an evaluation of a patient’s likely need for hospice services but does not give a list of available, qualified providers, the patient and their family will then have to search out the hospices in their community. It is less likely the patient will receive needed services in a timely manner. When a patient is at their most critical time of life, every day has added intensity of meaning. Our nation’s health care system should provide appropriate information to ensure the most vulnerable in our society spend their final days in the peace, comfort and dignity they deserve.