

New Rules Spell Out Rights of Medicare Hospice Patients

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The federal government has published new rules that outline the rights of Medicare beneficiaries who have elected the hospice benefit.

To be eligible for Medicare's hospice benefit, a beneficiary must be certified by a physician to have a life expectancy of six months or less if the illness runs its expected course. Hospice care offers a team-oriented approach to medical care, pain management, and emotional and spiritual support tailored to the dying patient's needs and wishes. Medicare pays for this kind of comprehensive end-of-life care delivered at home or in a hospice facility, and the hospice benefit includes many services not generally covered by Medicare.

The new hospice rules include explicit language on patient rights that had not been part of previous regulations, and all Medicare-approved hospice programs must comply with the new rules, which take effect December 2, 2008.

Patients who choose hospice or palliative care over curative treatment are entitled to:

- Participate in their treatment plan
- Receive effective pain management
- Refuse treatment if they wish, and
- Choose their own physicians.

In addition to the new patient rights section, the regulation updates a number of other hospice provider rules. About 1.3 million people received hospice services in 2006 from about 4500 hospices nationwide.

The new rule was published in the Federal Register on June 5, 2008, and is available online in PDF format at: <http://edocket.access.gpo.gov/2008/pdf/08-1305.pdf>
(If you do not have the free PDF reader installed on your computer, download it [here](#).)

For a detailed summary of the new regulation from the Center for Medicare Advocacy, [click here](#).