

# HOUSE BILL REPORT

## HB 2424

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to hospital discharge planning with lay caregivers.

**Brief Description:** Providing for hospital discharge planning with lay caregivers.

**Sponsors:** Representatives Tharinger, Johnson, Cody, Harris, Rodne, Riccelli, Jinkins, Walkinshaw, Moeller, Springer and McBride.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/19/16, 2/2/16 [DPS].

**Brief Summary of Substitute Bill**

- Requires hospital discharge policies and criteria to provide an opportunity for patients to designate a lay caregiver and include lay caregivers in discharge planning.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Cody, Chair; Riccelli, Vice Chair; Caldier, Clibborn, DeBolt, Jinkins, Moeller, Robinson, Rodne, Tharinger and Van De Wege.

**Minority Report:** Do not pass. Signed by 3 members: Representatives Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Short.

**Minority Report:** Without recommendation. Signed by 1 member: Representative Johnson.

**Staff:** Ariele Landstrom (786-7190).

**Background:**

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

Hospitals are required to establish and maintain a system for discharge planning. They also must establish written policies and procedures to:

- identify patients needing further nursing, therapy, or supportive care following discharge from the hospital;
- develop a documented discharge plan for each identified patient, including relevant patient history, specific care requirements, and the date any follow-up care is to be initiated; and
- coordinate with patient, family, caregiver, and appropriate members of the health care team.

A health care provider, an individual who assists a health care provider in the delivery of health care, or an agent and employee of a health care provider may not disclose health care information about a person to any other person without the patient's written authorization. A health care provider or facility may disclose health care information, except information related to sexually transmitted diseases, about a patient without the patient's authorization to the extent a recipient needs to know the information, if the disclosure is to a person who the provider or facility reasonably believes is providing health care to the patient.

Federal law allows hospitals to share information that is directly relevant to the involvement of a spouse, family member, friend, or other person identified by the patient, in the patient's care.

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### **Summary of Substitute Bill:**

"Lay caregiver" is defined as any individual designated as such by a patient who provides aftercare assistance to a patient living in the patient's residence.

Hospital discharge policies must ensure that a discharge plan is appropriate for a patient's physical condition, and emotional and social needs. If a lay caregiver is designated, the discharge policies must take into consideration the lay caregiver's abilities as disclosed to the hospital.

As part of a patient's individualized treatment plan, the discharge criteria must include the following:

- the details of the discharge plan;
- hospital staff assessment of the patient's ability for self-care after discharge;
- an opportunity for the patient to designate a lay caregiver;
- documentation of any lay caregiver's contact information;
- a description of aftercare tasks necessary to promote the patient's ability to stay at home;
- an opportunity for the patient and the lay caregiver, if designated, to participate in discharge planning;
- instruction or training provided to the patient and lay caregiver, if designated, on aftercare tasks; and
- notification to a lay caregiver, if designated, of the patient's discharge or transfer.

Hospitals are not required to adopt discharge policies or criteria that:

- delay a patient's discharge or transfer to another facility or to home; or
- require the disclosure of protected health information to a lay caregiver without obtaining a patient's consent as required by state and federal laws governing health information privacy and security.

**Substitute Bill Compared to Original Bill:**

The substitute bill:

- changes the definition of "lay caregiver" to mean any individual designated as such by a patient under this chapter who provides aftercare assistance to a patient in the patient's residence; and
- clarifies that as part of hospitals' requirement to establish written policies and procedures, coordination with a lay caregiver, if designated, is required.

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**Appropriation:** None.

**Fiscal Note:** Not requested.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) Caregivers play an important role in this state and are critical partners in providing support. Caregiving is a very important task that people provide for loved ones. Caregivers provide a multitude of services from managing multiple medications to providing wound care to operation of specialized medical equipment. The role of caregiver has expanded dramatically beyond the skills many family caregivers have. This can be very stressful because of the responsibility and lack of training. Caregivers do not know who to call for help and avoid readmissions. The discharge process is complicated. When older adults are released from the hospital, it's most often a family member or friend to implement the discharge plan. There are approximately 1.2 million caregivers in Washington and they provide \$10 billion of unpaid care. This bill is a strong statement about supporting caregivers using the existing system that is in place within the existing hospital structure to accomplish this. There is no fiscal impact because of the use of existing infrastructure. Lay caregivers keep loved ones out of costly institutions. If lay caregivers are better informed, notified, and instructed in aftercare tasks, there is a better chance of keeping loved ones at home.

(Opposed) None.

**Persons Testifying:** Representative Tharinger, prime sponsor; Cathy MacCaul and Mary Clogston, AARP Incorporated; and Bea-Alise Rector, Washington Department of Social and Health Services.

**Persons Signed In To Testify But Not Testifying:** None.