

SENATE BILL REPORT

SB 6327

As Reported by Senate Committee On:
Health Care, February 4, 2016

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

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

Sponsors: Senators Bailey, Keiser, Nelson, Conway, Mullet and Dammeier.

Brief History:

Committee Activity: Health Care: 1/26/16, 2/04/16 [DPS].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: That Substitute Senate Bill No. 6327 be substituted therefor, and the substitute bill do pass.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Cleveland, Ranking Minority Member; Angel, Bailey, Baumgartner, Brown, Conway, Frockt, Keiser, Parlette and Rivers.

Staff: Kathleen Buchli (786-7488)

Background: Hospitals and acute care facilities are required by statute to establish written policies and procedures to identify patients needing further nursing, therapy, or supportive care following discharge from the hospital; and to develop a discharge plan for each identified patient, including specific care requirements and information on follow-up care. The hospital is required to provide patients information on long-term care options in the community and coordinate with the case management agencies and long-term care providers to ensure transition to the appropriate home, community residential, or nursing facility care if necessary.

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 certain health care information 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 reasonably believes is providing health care to the patient.

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.

Federal law allows hospitals to share health care information with a spouse, family member, friend, or other person identified by the patient, if the information is directly relevant to the patient's care.

Summary of Bill (Recommended Substitute): Hospitals must adopt and maintain written discharge policies. The discharge policies must ensure the discharge plan is appropriate for the patient's physical condition, and emotional and social needs. If a lay caregiver is involved, the discharge plan must take into consideration the lay caregiver's abilities. Lay caregivers are designated by the patient and will provide aftercare assistance to a patient in the patient's home.

The discharge plan must include:

- 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;
- an opportunity for the patient to authorize disclosure of medical information to the patient's designated lay caregiver;
- documentation of any designated lay caregiver's contact information;
- description of aftercare tasks, including instructions or training to the patient or lay caregiver on aftercare tasks;
- an opportunity for the patient and lay caregiver to participate in discharge planning; and
- notification to a lay caregiver of the patient's discharge.

Hospitals are not required to adopt discharge policies that delay a patient's discharge or that require the disclosure of protected health information to a lay caregiver without obtaining a patient's consent. If a hospital is unable to contact a lay caregiver, the lack of contact may not interfere with the discharge of a patient.

EFFECT OF CHANGES MADE BY HEALTH CARE COMMITTEE (Recommended Substitute): Lay caregivers may provide aftercare assistance to a patient in the patient's home. The term "lay caregiver" does not include long-term care workers. If a hospital is unable to contact a lay caregiver, the lack of contact may not interfere with the discharge of a patient.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: PRO: There are challenges for families in getting caregiver support. This will provide support to caregivers. It should be clarified that this is a short-term option and separate from long-term care programs. Long-term care workers should be excluded from the definition of lay caregivers. It should be

clarified that care giving takes place in the patient's home. This bill will allow a patient to designate a caregiver and allow the caregiver to be contacted before discharge.

Other: We want to ensure that this does not delay discharge of the patient.

Persons Testifying on Original Bill: PRO: Cathy MacCaul, Advocacy Director, AARP Washington; Mary Clogston, AARP Washington; Lani Todd, SEIU 775; Peggy Quan, AARP; Bea Rector, Department of Social and Health Services.

OTHER: Lisa Thatcher, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying on Original Bill: No one.