

HOUSE BILL REPORT

SSB 6327

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: Senate Committee on Health Care (originally sponsored by Senators Bailey, Keiser, Nelson, Conway, Mullet and Dammeier).

Brief History:

Committee Activity:

Health Care & Wellness: 2/23/16, 2/26/16 [DPA].

Brief Summary of Substitute Bill (As Amended by Committee)

- Requires hospital discharge policies and criteria to provide an opportunity for patients to designate a lay caregiver and include lay caregivers in discharge planning.
- Requires hospitals and acute care facilities to coordinate with lay caregivers, long-term care workers, and home and community-based service providers.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 8 members: Representatives Cody, Chair; Riccelli, Vice Chair; Clibborn, Jinkins, Moeller, Robinson, Tharinger and Van De Wege.

Minority Report: Do not pass. Signed by 6 members: Representatives Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, DeBolt, Johnson and Short.

Staff: Ariele Landstrom (786-7190).

Background:

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.

Summary of Amended 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.

As part of a hospital's and acute care facilities' duty to establish written policies and procedures, they must:

- coordinate with lay caregivers, long-term care workers, and home and community-based service providers, such as adult family homes, assisted living facilities, and home care agencies; and
- inform the patient or the patient's surrogate decision maker if it is necessary to complete a valid disclosure authorization in order to allow disclosure of health care information, including the discharge plan, to an individual or entity that will be involved in the patient's care upon discharge, including lay caregivers, long-term care workers, and home and community-based service providers such as adult family homes, assisted living facilities, or home care agencies.

If a valid disclosure authorization is obtained, the hospital may release information as designated by the patient for care coordination or other specified purposes.

Amended Bill Compared to Substitute Bill:

The amended bill requires hospitals and acute care facilities, as part of their duty to establish written policies and procedures, to: (1) coordinate with a long-term care worker and a home and community-based service provider; and (2) inform a patient or the patient's surrogate decision maker if it is necessary to complete a disclosure authorization in order to allow disclosure of health care information, including the discharge plan, to an individual or entity that will be involved in the patient's care upon discharge. The amended bill also provides that if a valid disclosure authorization is obtained, the hospital may release information as designated by the patient for care coordination or other specified purposes.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date of Amended 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 may not know how to treat and take care of family members' medical needs at home. There needs to be a better system; more instruction when people are discharged from the hospital, especially to the lay caregivers so that they will know how to do what needs to be done at home. There is support for the amendment to allow long-term care providers to be a part of the process if the patient gives his or her authorization.

(Opposed) None.

Persons Testifying: Senator Bailey, prime sponsor; and Lani Todd, Service Employees International Union, Local 775.

Persons Signed In To Testify But Not Testifying: None.