

FINAL BILL REPORT

SSB 6327

C 226 L 16
Synopsis as Enacted

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).

Senate Committee on Health Care
House Committee on Health Care & Wellness

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. They are also required to develop a discharge plan for each identified patient, including specific care requirements and information on follow-up care. Patients must be provided information on long-term care options in the community and hospitals must coordinate with 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.

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: 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;

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- 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.

In addition to coordinating with patients, family, caregivers, and lay caregivers, hospitals and acute care facilities may coordinate with long-term care workers or home and community-based service providers. They must also inform the patient or surrogate decision maker if it is necessary to complete a valid disclosure authorization on health information privacy and security in order to allow disclosure of health care information to the individual or entity involved in the patient's care upon discharge. If a valid disclosure is obtained, the hospital may release the patient's information for care coordination or other specified purposes.

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.

Votes on Final Passage:

Senate	49	0	
House	56	41	(House amended)
Senate			(Senate refused to concur/asked House to recede)
House			(House insists on position/asks Senate to concur)
Senate			(Senate adheres to position)
House	98	0	(House receded/amended)
Senate	49	0	(Senate concurred)

Effective: June 9, 2016