

# SENATE BILL REPORT

## SSB 6327

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As Amended by House, March 4, 2016

**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: 1/26/16, 2/04/16 [DPS].

Passed Senate: 2/16/16, 49-0.

Passed House: 3/04/16, 56-41.

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### 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.

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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.*

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 Substitute Bill:** 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.

**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.

**House Amendment(s):** 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.