



HOUSE COMMITTEE ON APPROPRIATIONS

FISCAL NOTE

HOUSE BILL NO. 1329

PRINTERS NO. 1883

PRIME SPONSOR: English

COST / (SAVINGS)

FUND	FY 2014/15	FY 2015/16
General Fund	\$0	\$0

SUMMARY: House Bill 1329, Printer's Number 1883, the Caregiver Advise, Record and Enable (CARE) Act, requires hospitals to allow patients to designate a caregiver prior to discharge from the facility. This legislation is effective in 12 months.

ANALYSIS: This legislation requires hospitals to provide a patient or patient's legal guardian with the opportunity to appoint at least one lay caregiver prior to their discharge. If the patient is unconscious or incapacitated, the hospital shall provide an opportunity to the patient or legal guardian to designate a caregiver if the patient recovers consciousness or capacity. Any designation, change in designation or declination to assign a caregiver by the patient or legal guardian shall be noted in the patient's medical chart. A patient may designate a lay caregiver in an advanced directive.

If a lay caregiver is designated, the hospital shall provide a written consent to release medical information to the caregiver in accordance with state and federal law, including the Health Insurance Portability and Accountability Act (HIPPA). If the patient or legal guardian declines release of medical information to the designated lay caregiver, the hospital is not required to notify the lay caregiver or provide information that may be included in the discharge plan.

As soon as possible prior to a patient's discharge from a hospital to the residence, the hospital must consult with the designated lay caregiver and issue a discharge plan describing the patient's after-care assistance need, if any, at the residence. This consultation and issuance of the discharge plan shall be based on the severity of the patient's condition, the setting in which the care is being delivered, and the urgency and need of after-care assistance. The plan shall include the following at a minimum:

- Name and contact information of the lay caregiver;
- Description of after-care assistance tasks necessary to maintain the patient's ability to stay home; and
- Contact information for any appropriate health care, community resources, long term care services and supports, including contact information for a hospital employee who can respond to questions regarding the discharge plan.

The hospital issuing the discharge plan must provide lay caregivers with instructions in all after-care tasks described in the discharge plan. Training and instructions may be conducted in person or through video technology at the discretion of the lay caregiver and using nontechnical language, to the extent possible, and at a minimum include:

- A live or recorded demonstration of the tasks performed by an individual designated by the hospital and presented in a culturally competent manner and in accordance with language access services
- An opportunity for the lay caregiver and patient to ask questions about the after-care tasks
- Answers to questions provided in a culturally competent manner and in accordance with language access services

The hospital, any hospital employees or any consultants or contractors with whom the hospital has a contractual relationship shall not be held liable for services rendered or not rendered by the lay caregiver to the patient at the residence. In addition, the lay caregiver shall not be reimbursed by a government/commercial payer for any after-care assistance. However, nothing in the act shall disrupt or reduce reimbursement obligations already established by an insurance company, professional health service corporation, hospital plan corporation, general medical service corporation, health maintenance organization, health benefits plan or government waiver program.

A study by the Joint State Government Commission (JSGC) shall be conducted no later than three years after the bill's effective date. The study shall include patient outcomes, including hospital readmissions. JSGC shall gather input from key stakeholders, including patients, lay caregivers, physicians, nurses and hospitals. A report shall be presented to the General Assembly no later than five years after the effective date.

FISCAL IMPACT: This legislation requires hospitals to provide information and direction to lay caregivers prior to a patient's discharge from a hospital to a residence and will have no adverse impact on Commonwealth funds.

PREPARED BY: Ann Bertolino
House Appropriations Committee (R)

DATE: June 30, 2015

Estimates are calculated using the best information available. Actual costs and revenue impact incurred may vary from estimates.