

**SENATE APPROPRIATIONS COMMITTEE
FISCAL NOTE**

BILL NO. House Bill 1329

PRINTER NO. 2973

AMOUNT

No Fiscal Impact

FUND

General Fund

DATE INTRODUCED

June 12, 2015

PRIME SPONSOR

Representative English

DESCRIPTION AND PURPOSE OF BILL

House Bill 1329 establishes the Caregiver Advise, Record, and Enable (CARE) Act which requires hospitals to allow patients to designate a caregiver prior to discharge from the facility.

A “lay caregiver” is defined as an individual with a significant relationship to a patient and who is designated by the patient and accepts the role of a lay caregiver and provides after-care assistance to the patient living in the patient’s residence.

Defines “after-care assistance” as assistance provided by a lay caregiver to a patient following the patient’s discharge from a hospital and which is also related to the patient’s condition at the time of discharge, including assisting with basic and instrumental activities of daily living and any other tasks determined to be appropriate by the discharging physician.

Requires hospitals to provide a patient or patient’s legal guardian with the opportunity to appoint a lay caregiver prior to their discharge from the hospital, or in the case of a patient who is unconscious or incapacitated, to designate a lay caregiver if the patient recovers consciousness or capacity. Permits a patient to change the lay caregiver at any time. The designation or change in designation of a lay caregiver shall be noted in the patient’s medical chart.

If the patient or their legal guardian declines to designate a lay caregiver, the hospital shall document the decision in the patient’s medical record.

If a patient designates a lay caregiver, the hospital shall request the written consent of the patient to release medical information to the patient’s designated lay caregiver in compliance with the Health Insurance Portability and Accountability Act (HIPAA). If the patient declines to consent to release medical information to the designated lay caregiver, the hospital is not required to provide notice to the lay caregiver or to provide information contained in the patient’s discharge plan. Requires the hospital to record the patient’s designation of caregiver; the relationship of the caregiver to the patient; and the name, telephone number, and address of the caregiver in the patient’s medical record.

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Authorizes a patient to designate a caregiver in an advance directive. Nothing in this act shall be construed to interfere with the rights of an agent operating under a valid advanced directive.

If the patient is a minor child and the parents are divorced, the parent with legal custody of the patient shall have the authority to designate a lay caregiver. If the parents share legal custody, then they shall jointly designate the caregiver.

Hospital Responsibilities:

Requires a hospital to notify a patient's designated lay caregiver of discharge orders and inform the caregiver of the discharge plan which describes the patient's after-care assistance needs. The discharge plan shall be issued based on the severity of the patient's condition and the urgency of after-care assistance.

The discharge plan shall include the name and contact information of the caregiver; a description of all after-care assistance tasks necessary to maintain the patient's ability to reside at home; contact information for any health care, community resources, long-term care services and support services; and contact information for any hospital employee who can respond to questions about the discharge plan.

Instructions for Caregivers:

Requires the hospital issuing the discharge plan to provide lay caregivers with instructions in all after-care tasks described in the discharge plan.

Liability:

A hospital, hospital employee, or any consultants or contractors with whom a hospital has a contractual relationship shall not be held liable for the services rendered or not rendered by the lay caregiver to the patient at the residence.

Study:

Requires the Legislative Budget and Finance Committee to conduct a study no later than three years after the effective date regarding the impact of this act on certain patient outcomes, including hospital readmissions. The study should be submitted to the General Assembly no later than five years after the effective date.

This act shall take effect in 12 months.

FISCAL IMPACT:

Because House Bill 1329 does not require any commercial health insurance policy or government program to provide for after-care assistance provided by a lay caregiver, there will be no fiscal impact to the Commonwealth.