
A BILL FOR AN ACT

RELATING TO DISCHARGE PLANNING.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that Hawaii's population
2 of older adults continues to increase. In 2012, Hawaii had the
3 highest percentage of residents over the age of eighty-five in
4 the United States, and this population is projected to grow to
5 sixty-five per cent over the next twenty years. These
6 individuals are the most likely to need long-term supports and
7 services and will likely rely on family and friends as their
8 caregivers due to financial and resource constraints. Hawaii's
9 aging population growth will require an increasing number of
10 caregivers for assistance. The AARP Public Policy Institute
11 estimated the number of family caregivers to be 154,000 in 2013.
12 To help successfully address the challenges of an increasing
13 population of older adults and others who have significant needs
14 for long-term care and support, all partners must come together
15 to create a network of supports and services that help
16 caregivers support their loved ones at home and in the
17 community.



1 The legislature further finds that while strong home- and
2 community-based resources, such as respite, non-medical
3 transportation services, and home-delivered meals, are important
4 to help caregivers and their loved ones, medical supports are
5 also important. Coordination among primary care providers along
6 with preventive care will enable many seniors and other
7 individuals with chronic or debilitating conditions to stay in
8 their homes longer. However, in the event of an acute episode,
9 hospitals must provide assistance to patients and their
10 caregivers in order to prepare them for discharge and help them
11 transition back to their home.

12 The legislature also finds that all hospitals must comply
13 with comprehensive guidelines mandated by the federal government
14 related to discharge planning and transitions of care. Among
15 other things, hospitals must assess and consider the unique
16 preferences and needs of patients and their caregivers when
17 developing a discharge plan. Hospitals are also responsible for
18 helping to arrange after-care services, including setting up
19 appointments with the patient's primary care physician,
20 specialists, or other special services. For a successful
21 transition from hospital to home setting, the patient requires



1 discharge, including but not limited to assisting with basic
2 activities of daily living, instrumental activities of daily
3 living, and other tasks determined to be appropriate by the
4 discharging physician or other health care professional licensed
5 pursuant to chapter 453 or 457.

6 "Caregiver" means any individual duly designated by a
7 patient to provide after-care to the patient in the patient's
8 residence. The term includes but is not limited to a relative,
9 spouse, partner, friend, or neighbor who has a significant
10 relationship with the patient.

11 "Contact information" means name, phone number, electronic
12 mail address, and address of residence, where available.

13 "Discharge" means a patient's exit or release from a
14 hospital to the patient's residence following any medical care
15 or treatment rendered to the patient following an inpatient
16 admission.

17 "Entry" means a patient's entrance into a hospital for the
18 purpose of receiving inpatient medical care.

19 "Hospital" means a facility licensed under section
20 321-14.5, excluding children's hospitals and specialty
21 hospitals.



1 "Patient" means an individual admitted to a hospital for
2 inpatient treatment.

3 "Residence" means a dwelling that the patient considers to
4 be the patient's home and shall not include any residential
5 facility, treatment facility, or home licensed or certified by
6 the department of health under chapter 321, or a private
7 residence used for commercial purposes to care for dependent
8 individuals.

9 § -2 Designation of a caregiver. (a) Each hospital
10 shall adopt and maintain a written discharge policy or policies
11 that include the following components:

- 12 (1) Each patient is provided an opportunity to designate a
13 caregiver, to be included in the patient's electronic
14 health record;
- 15 (2) Each patient and the patient's designated caregiver
16 are given the opportunity to participate in the
17 discharge planning;
- 18 (3) Each patient and the patient's designated caregiver
19 are given the opportunity to receive instruction,
20 prior to discharge, related to the patient's after-
21 care needs; and



1 (4) Each patient's caregiver is notified of the patient's
2 discharge or transfer. A hospital shall make
3 reasonable attempts to notify the patient's caregiver
4 of the patient's discharge to the patient's residence
5 as soon as practicable. In the event that the
6 hospital is unable to contact the designated
7 caregiver, the lack of contact shall not interfere
8 with, delay, or otherwise affect the medical care
9 provided to the patient or an appropriate discharge of
10 the patient.

11 (b) The discharge policy or policies shall specify the
12 requirements for documenting:

13 (1) The caregiver who is designated by the patient; and

14 (2) The caregiver's contact information.

15 (c) The discharge policy or policies shall also
16 incorporate one of the following:

17 (1) Standards for accreditation adopted by the Joint
18 Commission or other nationally recognized hospital
19 accreditation organizations; or

20 (2) The conditions of participation for hospitals adopted
21 by the Centers for Medicare and Medicaid Services.



1 (d) This section does not require hospitals to adopt
2 discharge policies that would:

3 (1) Delay a patient's discharge or transfer to another
4 facility; or

5 (2) Require the disclosure of protected health information
6 without obtaining the patient's consent as required by
7 state and federal laws governing health information
8 privacy and security.

9 § -3 Non-interference with existing health care

10 directives. Nothing in this chapter shall be construed to
11 interfere with the rights of an agent operating under a valid
12 health care directive under section 327E-3 or confer upon the
13 caregiver any authority to make health care decisions on behalf
14 of the patient unless the caregiver is designated as an agent in
15 a health care directive under section 327E-3.

16 § -4 Limitation of liability. (a) Nothing in this
17 chapter shall be construed to give rise to a private cause of
18 action against a hospital, hospital employee, or a consultant or
19 contractor that has a contractual relationship with a hospital.

20 (b) A hospital, hospital employee, or a consultant or
21 contractor that has a contractual relationship with a hospital



1 shall not be held liable for the services rendered or not
2 rendered by a caregiver to a patient at the patient's residence.

3 § -5 Preservation of coverage. Nothing in this chapter
4 shall be construed to remove the obligation of a third-party
5 payer to cover a health care item or service that the third-
6 party payer is obligated to provide to a patient under the terms
7 of a valid agreement, insurance policy, plan, or certification
8 of coverage or health maintenance organization contract."

9 SECTION 3. This Act shall take effect on July 1, 2017.



Report Title:

Hospital Discharge Planning; Caregiver Designation; Health Care

Description:

Requires hospitals to adopt and maintain discharge policies, consistent with recent updates to federal regulations, to support families by ensuring that all patients in an inpatient hospital have an opportunity to designate a caregiver who shall be notified prior to the discharge or transfer of the patient, that the patient and the designated caregiver are involved in the discharge planning process, and that the patient and caregiver are provided a consistent level of instructional support, both written and oral, prior to discharge to facilitate the patient's transition to the home setting regardless of which facility the patient is in. Takes effect 7/1/2017. (SD2)

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