



Substitute Senate Bill No. 290

Public Act No. 15-32

AN ACT CONCERNING PATIENT-DESIGNATED CAREGIVERS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-504c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) For purposes of this section and section 2 of this act:

(1) "Caregiver" means any individual who a patient designates as a caregiver to provide post-discharge assistance to the patient in the patient's home in the community. The term caregiver includes, but is not limited to, a relative, spouse, partner, friend or neighbor who has a significant relationship with the patient. For the purposes of this section and section 2 of this act, the term caregiver shall not include any individual who receives compensation for providing post-discharge assistance to the patient.

(2) "Home" means the dwelling that the patient considers to be the patient's home in the community. The term home shall not include, and the provisions of this act shall not apply to, a discharge to any rehabilitation facility, hospital, nursing home, assisted living facility, group home or any other setting that was not the patient's home in the community immediately preceding the patient's inpatient admission.

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(3) "Hospital" has the same meaning as provided in section 19a-490.

(4) "Post-discharge assistance" means nonprofessional care provided by a designated caregiver to a patient following the patient's discharge from an inpatient admission to a hospital in accordance with the written discharge plan of care signed by the patient or the patient's representative, including, but not limited to, assisting with basic activities of daily living, instrumental activities of daily living and carrying out support tasks, such as assisting with wound care, administration of medications and use of medical equipment.

(b) The Department of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to set minimum standards for hospital discharge planning services. Such standards shall include, but not necessarily be limited to, requirements for (1) a written discharge plan prepared in consultation with the patient, or the patient's family or representative, and the patient's physician, and (2) a procedure for advance notice to the patient of the patient's discharge and provision of a copy of the discharge plan to the patient prior to discharge.

(c) Whenever a hospital refers a patient's name to a nursing home as part of the hospital's discharge planning process, or when a hospital patient requests such a referral, the hospital shall make a copy of the patient's hospital record available to the nursing home and shall allow the nursing home access to the patient for purposes of care planning and consultation.

(d) Whenever a hospital's discharge planning indicates that an inpatient will be discharged to the patient's home, the hospital shall allow the patient to designate a caregiver at, or prior to, the time that a written copy of the discharge plan is provided to the patient. A patient is not required to designate any individual as a caregiver and any individual designated as a caregiver under this section is not obligated

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to perform any post-discharge assistance for the patient.

(e) If an inpatient designates a caregiver pursuant to subsection (d) of this section prior to receiving written discharge instructions, the hospital shall:

(1) Record the patient's designation of caregiver, the relationship of the designated caregiver to the patient, and the name, telephone number and address of the patient's designated caregiver in the discharge plan.

(2) Make reasonable attempts to notify the patient's designated caregiver of the patient's discharge to the patient's home as soon as practicable. In the event the hospital is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient.

(3) Prior to discharge, provide caregivers with instructions in all post-discharge assistance tasks described in the discharge plan. Training and instructions for caregivers may be conducted in person or through video technology, as determined by the hospital to effectively provide the necessary instruction. Any training or instructions provided to a caregiver shall be provided in nontechnical language, to the extent possible. At a minimum, this instruction shall include: (A) A live or recorded demonstration of the tasks performed by an individual designated by the hospital who is authorized to perform the post-discharge assistance task and is able to perform the demonstration in a culturally competent manner and in accordance with the hospital's requirements to provide language access services under state and federal law; (B) an opportunity for the caregiver to ask questions about the post-discharge assistance tasks; and (C) answers to the caregiver's questions provided in a culturally competent manner and in accordance with the hospital's requirements to provide

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language access services under state and federal law.

(4) Document in the patient's medical record any training for initial implementation of the discharge plan provided to the patient, the patient's representative or the designated caregiver. Any instruction required under subdivision (3) of this subsection shall be documented in the patient's medical record, including, at a minimum, the date, time and contents of the instruction.

Sec. 2. (NEW) (*Effective October 1, 2015*) (a) Nothing in section 19a-504c of the general statutes, as amended by this act, or this section shall be construed to create a private right of action against a hospital, a hospital employee, or any consultants or contractors with whom a hospital has a contractual relationship.

(b) A hospital, a hospital employee, or any consultants or contractors with whom a hospital has a contractual relationship shall not be held liable, in any way, for the services rendered or not rendered by the caregiver to the patient at the patient's home.

(c) Nothing in section 19a-504c of the general statutes, as amended by this act, or this section shall be construed to obviate the obligation of an insurance company, health service corporation, hospital service corporation, medical service corporation, health maintenance organization or any other entity issuing health benefits plans to provide coverage required under a health benefits plan.

(d) (1) An individual designated as caregiver pursuant to subsection (d) of section 19a-504c of the general statutes, as amended by this act, shall not be reimbursed by any government or commercial payer for post-discharge assistance that is provided pursuant to section 19a-504c of the general statutes, as amended by this act.

(2) Nothing in section 19a-504c of the general statutes, as amended by this act, or this section shall be construed to impact, impede or

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otherwise disrupt or reduce the reimbursement obligations of an insurance company, health service corporation, hospital service corporation, medical service corporation, health maintenance organization or any other entity issuing health benefits plans.

(3) Nothing in section 19a-504c of the general statutes, as amended by this act, or this section shall delay the discharge of a patient or the transfer of a patient from a hospital to another facility.

(4) Nothing in section 19a-504c of the general statutes, as amended by this act, or this section shall affect, nor take precedence over, any advance directive, conservatorship or other proxy health care rights as may be delegated by the patient or applicable by law.

Approved June 5, 2015