Sixty-fourth Legislative Assembly of North Dakota

## **HOUSE BILL NO. 1279**

Introduced by

Representatives Fehr, D. Anderson, Bellew, Hofstad, Seibel

A BILL for an Act to create and enact chapter 23-48 of the North Dakota Century Code, relating to a hospital patient's designation of a caretaker to assist with after-care. for an Act to provide for a legislative management study of home and community-based services in North Dakota.

## 4 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

5 **SECTION 1.** Chapter 23-48 of the North Dakota Century Code is created and enacted as 6 follows: 7 23-48-01. Definitions. 8 As used in this chapter: 9 "After-care" means assistance provided by a caregiver to a patient after the patient's 10 release from a hospital. The term may include assisting with behavioral health support-11 services, basic activities of daily living, instrumental activities of daily living, and 12 carrying out medical or nursing tasks, such as managing wound care, assisting in 13 administering medications, and operating medical equipment. 14 "Caregiver" means an individual duly designated as a caregiver by a patient under this 15 chapter, who provides after-care assistance to a patient in the patient's residence. The 16 term may include a relative, partner, friend, or neighbor or any individual who has a 17 significant relationship with the patient. 18 "Entry" means a patient's admission to a hospital for the purposes of medical care or 19 behavioral health care. 20 "Hospital" means a facility licensed under chapter 23-16. 21 "Release" means a patient's exit or discharge from a hospital to the patient's residence 22 following an inpatient admission.

1	6. "Residence" means a dwelling the patient considers to be the patient's home or
2	temporary home. The term does not include a rehabilitation facility, hospital, nursing
3	home, assisted living facility, or group home.
4	23-48-02. Designation of caregiver.
5	1. Within twenty-four hours following a patient's entry to a hospital and again before the
6	patient's release or transfer to another hospital or facility, the hospital shall provide
7	each patient or the patient's legal guardian with at least one opportunity to designate
8	at least one caregiver for purposes of this chapter.
9	a. If the patient is unconscious or otherwise incapacitated upon entry to a hospital,
10	within twenty-four hours following the patient's recovery of consciousness or
11	capacity the hospital shall provide such patient or the patient's legal guardian with
12	an opportunity to designate a caregiver for purposes of this chapter.
13	b. If the patient or the patient's legal guardian declines to designate a caregiver
14	under this section, the hospital shall document this in the patient's medical
15	<del>record.</del>
16	c. If the patient or the patient's legal guardian designates an individual as a
17	<del>caregiver:</del>
18	(1) The hospital shall request the written consent of the patient or the patient's
19	legal guardian to release medical information to the patient's caregiver,
20	following the hospital's established procedures for releasing personal health
21	information and in compliance with all federal and state laws. If the patient
22	or the patient's legal guardian declines to consent to release medical
23	information to the patient's caregiver, the hospital is not required under
24	section 23-48-03 to provide notice to the caregiver or to provide information
25	contained in the patient's discharge plan.
26	(2) The hospital shall record in the patient's record the patient's or legal
27	guardian's designation of caregiver; the relationship of the caregiver to the
28	patient; and the name, telephone number, and address of the caregiver.
29	d. A patient or legal guardian may elect to change a caregiver designation at any
30	time. If a patient or legal guardian notifies the hospital of a change in caretaker

1		designation, within twenty-four hours of such notification the hospital shall record
2		this change in the patient's medical record.
3	<u>2.</u>	A designation of a caregiver by a patient or a patient's legal guardian under this
4		section does not obligate an individual to perform any after-care tasks for a patient.
5	<u> 3.</u>	This section may not be construed to require a patient or a patient's legal guardian to
6		designate a caregiver.
7	<u>23-4</u>	18-03. Caregiver notice and instruction - Rules.
8	<u> 1.</u>	A hospital shall notify the patient's caregiver of the patient's release or transfer to
9		another hospital or facility. This notice may be provided after the patient's physician
10		issues a discharge order and may not be less than four hours before the patient's
11		actual release or transfer to such hospital or facility.
12	<u>2.</u>	Before a hospital transfers a patient to another hospital or facility, the transferring
13		hospital shall include in the patient's discharge plan the name and contact information
14		of the caregiver.
15	<u> 3.</u>	Before a patient's release from a hospital, the hospital shall consult with the caregiver
16		and the patient regarding the caregiver's capabilities and limitations and shall issue a
17		discharge plan that describes a patient's after-care needs at the patient's residence.
18		a. At a minimum, the discharge plan must include:
19		(1) The name and contact information of the caregiver;
20		(2) A description of all after-care tasks necessary to maintain the patient's
21		ability to live at the patient's residence, taking into account the capabilities
22		and limitations of the caregiver; and
23		(3) Contact information for any health care, community resources, and
24		long-term services and supports necessary to successfully carry out the
25		<del>patient's discharge plan.</del>
26		b. The hospital issuing the discharge plan shall provide a caregiver with instruction
27		in all after-care tasks described in the discharge plan.
28		(1) At a minimum, the instruction must include a demonstration of the after-care
29		tasks performed and at the time of the demonstration an opportunity for the
30		caregiver and patient to have questions answered about the after-care
31		<del>tasks.</del>

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29 30 (2) The hospital shall document in the patient's medical record the instruction required under this subsection, including, at a minimum, the date, time, and contents of the instruction.

The state health council may adopt rules to implement the provisions of this chapter, including rules to further define the content and scope of any instruction provided to a caregiver under this chapter.

## 23-48-04. Limitations.

- 1. This chapter may not be construed to interfere with the rights of an agent operating under a valid health care directive under chapter 23-06.5.
- To the extent the unique circumstances of a patient's care require the hospital to vary from complying with provisions of this chapter, that hospital shall document the variance and the efforts made by the hospital to comply with the provisions of this chapter.
- This chapter does not create a private right of action against a hospital, a hospital employee, or an individual with whom a hospital has a contractual relationship and does not supersede or replace exiting rights or remedies under any other provision of <del>law.</del>

SECTION 1. LEGISLATIVE MANAGEMENT STUDY. During the 2015-16 interim, the legislative management shall consider studying home and community-based services in this state. The study must include consideration of home and community-based services and support systems that relate to chronic injury or illness, rehabilitation and recovery, aged or disabled individuals, and the scope of the study must include consideration of access, availability, and delivery of services. The study must include input from stakeholders, including representatives of law enforcement, social and clinical service providers, advocacy organizations, tribal government, state and local agencies and institutions, and representatives of caregivers in this state. The legislative management may contract for consulting and coordination of study services to assist the legislative management in conducting the home and community-based study. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly.