

Summary of Changes for SB 72

SB 72 vsn P (original) to vsn F CSSB 72(HSS)

(provided by Senator Giessel's office)

In summation, the original version of SB 72 went from itemizing /mandating very specific actions that the hospital would be required to do in its patient discharge plan to mandating that *the hospital* write and keep records of the discharge plan using best practices outlined in CMS (Centers for Medicare and Medicaid Services).

We did this because not all hospitals run the same, each is its own individual entity; some hospitals already provide and follow well-documented discharge plans, others do not. It is for those that SB 72 is needed. Giving the hospitals a broader mandate in SB 72 allows each one to develop their own discharge plan system that meet the mandates of SB 72 and also the federal CMS guidelines.

The bill went from 7 pages to 3 because of this simplification in language in the bill; **but these mandates remain constant throughout all versions of the bill :**

- **The patient is given the opportunity to designate a caregiver, with his or her consent, to provide aftercare to the patient following discharge from a hospital**
- **The designated caregiver is notified of the patient's discharge or transfer to another facility as soon as practicable**
- **The hospital shall consult with the designated caregiver and offer training to the caregiver for aftercare medical and nursing tasks**
- **The hospital shall adopt and maintain written discharge policies**

SB 72 (HSS) to SB 72 (L&C)

There were some small wordsmithing language changes in this version that came from a collaborative effort with ASHNHA and the Nurses' Association, none of which changed the tone or intent of the legislation whatsoever. Those changes are listed below:

Changes from CS for SB 72 (HSS) to CS SB 72 (L&C)

1. Deletes the word “lay” in these places: Page 1, lines 8, 11 14 and on Page 2, lines 1, 3, 7, 18

Explanation: Eliminates use of term “lay caregiver” as a defined term (which we’ve deleted from the definitions) and uses the term we’re using which is “designated caregiver.”

2. Page 1, line 9: Delete “in the patient’s home” and Insert “in a private residence”

Explanation: Patients may not always receive aftercare in their home, but perhaps in a sibling’s or child’s home.

3. Page 2, lines 8-9: After “patient”, delete “.” and insert “,” and the following new language:

“including professional follow-up as specified in the discharge plan.”

Explanation: The purpose of the addition is to explicitly acknowledge that often follow up will be required by the patient’s primary care provider or a specialized care provider.

4. Page 2, line 29 deletes “an instruction contractor” and adds:

“ a person who contracts with the hospital to provide instruction to a designated caregiver”

Explanation: reworded this sentence so we would not have to define “instruction contractor”

5. Page 3, line 7 deletes “individual” and inserts “patient”

6. Page 3, line 16 deletes the word “lay” and adds “in a private residence” after the word “patient”

Explanation: This clarifies that the caregiving will not be occurring in a healthcare *facility*

7. Page 3, line 22-24 adds the definition of “private residence”:

“ private residence does not include a rehabilitative facility, a hospital, a nursing home, an assisted living facility, a group home or another licensed health care facility.”

8. On page 3, lines 20-21 of version F

Delete the definition of “lay caregiver”

Explanation: Keeping this in as a definition is confusing and redundant with definition of “designated lay caregiver” in this same section. There’s no need to define the term.