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I N S E N A T E

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Introduced by Sens. HANNON, SKELOS, SERINO, ADDABBO, AMEDORE, AVELLA, CARLUCCI, CROCI, DeFRANCISCO, FLANAGAN, FUNKE, GALLIVAN, GRIFFO, KENNEDY, KRUEGER, LANZA, LARKIN, LATIMER, LAVALLE, MARCHIONE, MARTINS, MONTGOMERY, MURPHY, NOZZOLIO, O'MARA, PANEPINTO, PARKER, RITCHIE, ROBACH, SEWARD, SQUADRON, VALESKY -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading -- passed by Senate and delivered to the Assembly, recalled, vote reconsidered, restored to third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the public health law, in relation to identification of caregivers

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. The public health law is amended by adding a new article  
2 29-CCCC to read as follows:  
3 ARTICLE 29-CCCC  
4 CARE ACT (CAREGIVER ADVISE, RECORD AND ENABLE ACT)  
5 SECTION 2994-HH. SHORT TITLE.  
6 2994-II. DEFINITIONS.  
7 2994-JJ. CAREGIVER; OPPORTUNITY TO IDENTIFY.  
8 2994-KK. NOTICE TO IDENTIFIED CAREGIVER.  
9 2994-LL. INSTRUCTION TO IDENTIFIED CAREGIVER.  
10 2994-MM. EFFECT ON OTHER RIGHTS.  
11 S 2994-HH. SHORT TITLE. THIS ARTICLE SHALL BE KNOWN AND MAY BE CITED  
12 AS THE "CARE ACT".  
13 S 2994-II. DEFINITIONS. WHEN USED IN THIS ARTICLE, THE FOLLOWING  
14 WORDS OR PHRASES SHALL HAVE THE FOLLOWING MEANINGS:

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

LBD03921-08-5

1 1. "HOSPITAL" SHALL MEAN ANY "GENERAL HOSPITAL" AS DEFINED IN SECTION  
2 TWENTY-EIGHT HUNDRED ONE OF THIS CHAPTER.

3 2. "AFTER-CARE" SHALL MEAN ANY ASSISTANCE PROVIDED BY A CAREGIVER TO A  
4 PATIENT UNDER THIS ARTICLE AFTER THE PATIENT'S DISCHARGE FROM A HOSPITAL  
5 THAT IS RELATED TO THE PATIENT'S CONDITION AT THE TIME OF DISCHARGE.  
6 SUCH ASSISTANCE SHALL INCLUDE, BUT IS NOT LIMITED TO, ASSISTING WITH  
7 BASIC ACTIVITIES OF DAILY LIVING (ADLS), INSTRUMENTAL ACTIVITIES OF  
8 DAILY LIVING (IADLS), AND OTHER TASKS AS DETERMINED TO BE APPROPRIATE BY  
9 THE DISCHARGING PHYSICIAN.

10 3. "CAREGIVER" SHALL MEAN ANY INDIVIDUAL DULY IDENTIFIED AS A CAREGIV-  
11 ER BY A PATIENT UNDER THIS ARTICLE WHO PROVIDES AFTER-CARE ASSISTANCE TO  
12 A PATIENT LIVING IN HIS OR HER RESIDENCE. AN IDENTIFIED CAREGIVER SHALL  
13 INCLUDE, BUT IS NOT LIMITED TO, A RELATIVE, PARTNER, FRIEND OR NEIGHBOR  
14 WHO HAS A SIGNIFICANT RELATIONSHIP WITH THE PATIENT.

15 4. "DISCHARGE" SHALL MEAN A PATIENT'S EXIT OR RELEASE FROM A HOSPITAL  
16 TO THE PATIENT'S RESIDENCE FOLLOWING AN INPATIENT ADMISSION.

17 5. "ENTRY" SHALL MEAN A PATIENT'S ADMISSION INTO A HOSPITAL FOR THE  
18 PURPOSES OF RECEIVING INPATIENT CARE.

19 6. "PATIENT" SHALL MEAN A PATIENT EIGHTEEN YEARS OF AGE OR OLDER.

20 7. "RESIDENCE" SHALL MEAN A DWELLING THAT THE PATIENT CONSIDERS TO BE  
21 HIS OR HER HOME. A "RESIDENCE" FOR THE PURPOSES OF THIS ARTICLE SHALL  
22 NOT INCLUDE ANY REHABILITATION FACILITY, HOSPITAL, NURSING HOME,  
23 ASSISTED LIVING FACILITY, GROUP HOME OR OTHER RESIDENTIAL HEALTH CARE  
24 FACILITY AS DEFINED IN SECTION TWENTY-EIGHT HUNDRED ONE OF THIS CHAPTER  
25 OR ANY INPATIENT FACILITY REGULATED BY THE OFFICE OF MENTAL HEALTH.

26 S 2994-JJ. CAREGIVER; OPPORTUNITY TO IDENTIFY. 1. A HOSPITAL SHALL  
27 PROVIDE EACH PATIENT OR, IF APPLICABLE, THE PATIENT'S LEGAL GUARDIAN  
28 WITH AT LEAST ONE OPPORTUNITY TO IDENTIFY AT LEAST ONE CAREGIVER UNDER  
29 THIS ARTICLE FOLLOWING THE PATIENT'S ENTRY INTO A HOSPITAL AND PRIOR TO  
30 THE PATIENT'S DISCHARGE OR TRANSFER TO ANOTHER FACILITY. THE HOSPITAL  
31 SHALL INFORM THE PATIENT THAT THE PURPOSE OF PROVIDING THE CAREGIVER'S  
32 IDENTITY IS TO INCLUDE THAT CAREGIVER IN DISCHARGE PLANNING AND SHARING  
33 OF POST-DISCHARGE CARE INFORMATION OR INSTRUCTION.

34 (A) IN THE EVENT THAT THE PATIENT IS UNCONSCIOUS OR OTHERWISE INCAPAC-  
35 ITATED UPON HIS OR HER ENTRY INTO A HOSPITAL, THE HOSPITAL SHALL PROVIDE  
36 SUCH PATIENT OR HIS/HER LEGAL GUARDIAN WITH AN OPPORTUNITY TO IDENTIFY A  
37 CAREGIVER FOLLOWING THE PATIENT'S RECOVERY OF HIS OR HER CONSCIOUSNESS  
38 OR CAPACITY.

39 (B) IN THE EVENT THAT THE PATIENT OR THE PATIENT'S LEGAL GUARDIAN  
40 DECLINES TO IDENTIFY A CAREGIVER UNDER THIS ARTICLE, THE HOSPITAL SHALL  
41 PROMPTLY DOCUMENT THIS IN THE PATIENT'S MEDICAL RECORD.

42 (C) THE HOSPITAL SHALL RECORD THE PATIENT'S IDENTIFICATION OF A CARE-  
43 GIVER IF GIVEN BY THE PATIENT OR LEGAL GUARDIAN, THE RELATIONSHIP OF THE  
44 IDENTIFIED CAREGIVER TO THE PATIENT, AND THE NAME, TELEPHONE NUMBER, AND  
45 ADDRESS OF THE PATIENT'S IDENTIFIED CAREGIVER IN THE PATIENT'S MEDICAL  
46 RECORD.

47 (D) A PATIENT MAY ELECT TO CHANGE HIS OR HER IDENTIFIED CAREGIVER AT  
48 ANY TIME, AND THE HOSPITAL MUST RECORD THIS CHANGE IN THE PATIENT'S  
49 MEDICAL RECORD.

50 (E) (I) THE HOSPITAL SHALL PROMPTLY REQUEST THE WRITTEN CONSENT OF THE  
51 PATIENT OR THE PATIENT'S LEGAL GUARDIAN TO RELEASE MEDICAL INFORMATION  
52 TO THE PATIENT'S DESIGNATED CAREGIVER FOLLOWING THE HOSPITAL'S ESTAB-  
53 LISHED PROCEDURE FOR RELEASING PERSONAL HEALTH INFORMATION AND IN  
54 COMPLIANCE WITH ALL STATE AND FEDERAL LAWS, INCLUDING THE FEDERAL HEALTH  
55 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 AS AMENDED, AND  
56 RELATED REGULATIONS.

1 (II) IF THE PATIENT OR THE PATIENT'S LEGAL GUARDIAN DECLINES TO  
2 CONSENT TO RELEASE MEDICAL INFORMATION TO THE PATIENT'S DESIGNATED CARE-  
3 GIVER, THE HOSPITAL SHALL NOT BE REQUIRED TO PROVIDE NOTICE TO THE CARE-  
4 GIVER UNDER SECTION TWENTY-NINE HUNDRED NINETY-FOUR-KK OF THIS ARTICLE  
5 OR PROVIDE INFORMATION CONTAINED IN THE PATIENT'S DISCHARGE PLAN UNDER  
6 SECTION TWENTY-NINE HUNDRED NINETY-FOUR-LL OF THIS ARTICLE.

7 2. AN IDENTIFICATION OF A CAREGIVER BY A PATIENT OR A PATIENT'S LEGAL  
8 GUARDIAN UNDER THIS SECTION DOES NOT OBLIGATE ANY INDIVIDUAL TO PERFORM  
9 ANY AFTER-CARE TASKS FOR ANY PATIENT.

10 3. THIS SECTION SHALL NOT BE CONSTRUED TO REQUIRE A PATIENT OR A  
11 PATIENT'S LEGAL GUARDIAN TO IDENTIFY ANY INDIVIDUAL AS A CAREGIVER AS  
12 DEFINED BY THIS ARTICLE.

13 S 2994-KK. NOTICE TO IDENTIFIED CAREGIVER. A HOSPITAL SHALL NOTIFY THE  
14 PATIENT'S IDENTIFIED CAREGIVER OF THE PATIENT'S DISCHARGE OR TRANSFER TO  
15 ANOTHER HOSPITAL OR FACILITY LICENSED BY THE DEPARTMENT OR THE OFFICE OF  
16 MENTAL HEALTH AS SOON AS THE DATE AND TIME OF DISCHARGE OR TRANSFER CAN  
17 BE ANTICIPATED PRIOR TO THE PATIENT'S ACTUAL DISCHARGE OR TRANSFER TO  
18 SUCH FACILITY. IN THE EVENT THE HOSPITAL IS UNABLE TO CONTACT THE  
19 DESIGNATED CAREGIVER, THE LACK OF CONTACT SHALL NOT INTERFERE WITH,  
20 DELAY, OR OTHERWISE AFFECT THE MEDICAL CARE PROVIDED TO THE PATIENT OR  
21 AN APPROPRIATE DISCHARGE OF THE PATIENT. THE HOSPITAL SHALL PROMPTLY  
22 DOCUMENT THE ATTEMPT IN THE PATIENT'S MEDICAL RECORD.

23 S 2994-LL. INSTRUCTION TO IDENTIFIED CAREGIVER. 1. AS SOON AS POSSI-  
24 BLE AND NOT LATER THAN TWENTY-FOUR HOURS PRIOR TO A PATIENT'S DISCHARGE  
25 FROM A HOSPITAL, THE HOSPITAL SHALL CONSULT WITH THE IDENTIFIED CAREGIV-  
26 ER ALONG WITH THE PATIENT REGARDING THE CAREGIVER'S CAPABILITIES AND  
27 LIMITATIONS AND ISSUE A DISCHARGE PLAN THAT DESCRIBES A PATIENT'S  
28 AFTER-CARE NEEDS AT HIS OR HER RESIDENCE. IN THE EVENT THE HOSPITAL IS  
29 UNABLE TO CONTACT THE DESIGNATED CAREGIVER, THE LACK OF CONTACT SHALL  
30 NOT INTERFERE WITH, DELAY, OR OTHERWISE AFFECT THE MEDICAL CARE PROVIDED  
31 TO THE PATIENT OR AN APPROPRIATE DISCHARGE OF THE PATIENT. THE HOSPITAL  
32 SHALL PROMPTLY DOCUMENT THE ATTEMPT IN THE PATIENT'S MEDICAL RECORD. AT  
33 MINIMUM, A DISCHARGE PLAN SHALL INCLUDE:

34 (A) THE NAME AND CONTACT INFORMATION OF THE CAREGIVER IDENTIFIED UNDER  
35 THIS ARTICLE;

36 (B) A DESCRIPTION OF ALL AFTER-CARE TASKS RECOMMENDED BY THE DISCHARG-  
37 ING PHYSICIAN, TAKING INTO ACCOUNT THE CAPABILITIES AND LIMITATIONS OF  
38 THE CAREGIVER; AND

39 (C) CONTACT INFORMATION FOR HEALTH CARE, COMMUNITY RESOURCES, AND  
40 LONG-TERM SERVICES AND SUPPORTS NECESSARY TO SUCCESSFULLY CARRY OUT THE  
41 PATIENT'S DISCHARGE PLAN.

42 2. THE HOSPITAL ISSUING THE DISCHARGE PLAN MUST OFFER CAREGIVERS WITH  
43 INSTRUCTION IN ALL AFTER-CARE TASKS DESCRIBED IN THE DISCHARGE PLAN.

44 (A) AT MINIMUM, SUCH INSTRUCTION SHALL INCLUDE:

45 (I) A LIVE OR RECORDED DEMONSTRATION OF THE TASKS PERFORMED BY A  
46 HOSPITAL EMPLOYEE AUTHORIZED TO PERFORM THE AFTER-CARE TASK, PROVIDED IN  
47 A CULTURALLY COMPETENT MANNER AND IN ACCORDANCE WITH THE HOSPITAL'S  
48 REQUIREMENTS TO PROVIDE LANGUAGE ACCESS SERVICES UNDER STATE AND FEDERAL  
49 LAW;

50 (II) AN OPPORTUNITY FOR THE CAREGIVER AND PATIENT TO ASK QUESTIONS  
51 ABOUT THE AFTER-CARE TASKS; AND

52 (III) ANSWERS TO THE CAREGIVER'S AND PATIENT'S QUESTIONS PROVIDED IN A  
53 CULTURALLY COMPETENT MANNER AND IN ACCORDANCE WITH THE HOSPITAL'S  
54 REQUIREMENTS TO PROVIDE LANGUAGE ACCESS SERVICES UNDER STATE AND FEDERAL  
55 LAW.

1 (B) ANY INSTRUCTIONS REQUIRED UNDER THIS ARTICLE SHALL BE DOCUMENTED  
2 IN THE PATIENT'S MEDICAL RECORD, INCLUDING, AT MINIMUM, THE DATE, TIME,  
3 AND CONTENTS OF THE INSTRUCTION.

4 3. THE DEPARTMENT IS AUTHORIZED TO PROMULGATE REGULATIONS TO IMPLEMENT  
5 THE PROVISIONS OF THIS ARTICLE, INCLUDING BUT NOT LIMITED TO, REGU-  
6 LATIONS TO FURTHER DEFINE THE CONTENT AND SCOPE OF ANY INSTRUCTION  
7 PROVIDED TO CAREGIVERS UNDER THIS ARTICLE.

8 S 2994-MM. EFFECT ON OTHER RIGHTS. 1. NOTHING IN THIS ARTICLE SHALL BE  
9 CONSTRUED TO INTERFERE WITH THE RIGHTS OF AN AGENT OPERATING UNDER A  
10 VALID HEALTH CARE DIRECTIVE CREATED UNDER SECTION TWENTY-NINE HUNDRED  
11 EIGHTY-TWO OF THIS CHAPTER.

12 2. NOTHING IN THIS ARTICLE SHALL BE CONSTRUED TO CREATE A NEW PRIVATE  
13 RIGHT OF ACTION NOT OTHERWISE EXISTING IN LAW AGAINST A HOSPITAL OR ANY  
14 OF ITS DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES OR AGENTS, OR ANY  
15 CONTRACTORS WITH WHOM A HOSPITAL HAS A CONTRACTUAL RELATIONSHIP.

16 3. A HOSPITAL, ANY OF ITS DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES OR  
17 AGENTS, OR ANY CONTRACTORS WITH WHOM A HOSPITAL HAS A CONTRACTUAL  
18 RELATIONSHIP SHALL NOT BE HELD LIABLE, PROVIDED IT HAS COMPLIED WITH  
19 THIS ARTICLE AND ACTED REASONABLY AND IN GOOD FAITH, FOR THE SERVICES  
20 RENDERED OR NOT RENDERED BY THE CAREGIVER TO THE PATIENT AT THE  
21 PATIENT'S RESIDENCE.

22 S 2. This act shall take effect on the one hundred eightieth day after  
23 it shall have become a law.