



Ohio Legislative Service Commission

Bill Analysis

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Sub. H.B. 470*

131st General Assembly

(As Reported by S. Rules and Reference)

Reps. Schuring, Bishoff, Brown, T. Johnson, Anielski, Antonio, Arndt, Baker, Barnes, Boyd, Craig, Curtin, Derickson, Dovilla, Grossman, Hambley, Lepore-Hagan, McClain, M. O'Brien, Patterson, Ramos, Rezabek, Rogers, Scherer, Sears, Slesnick, Sweeney, Young

Sens. Cafaro, Brown, Tavares

BILL SUMMARY

CERTIFICATE OF NEED

- Permits a licensed nursing home to add 20 or fewer long-term care beds without obtaining a certificate of need if all of the beds being added are to be used solely for palliative care and the nursing home does not participate in Medicare or Medicaid.

HOSPITAL AFTER-CARE AND DISCHARGE PLANNING

- Requires hospitals to give a patient or the patient's guardian the option of designating a lay caregiver for the patient (a person who provides after-care to the patient in the patient's residence after discharge).
- Specifies a hospital's duties once a lay caregiver designation has been made, including the duty to create a discharge plan and review the plan with the patient's lay caregiver (in addition to the patient or guardian) if determined appropriate by the discharging health care professional.
- Requires a discharge plan to include a live demonstration of each task to be performed under the plan if the discharging health care professional determines a live demonstration would be appropriate.

* This analysis was prepared before the report of the Senate Rules and Reference Committee appeared in the Senate Journal. Note that the list of co-sponsors and the legislative history may be incomplete.

- Specifies how a lay caregiver designation may be revoked.
- Grants a discharging health care professional immunity from criminal prosecution, civil liability, and professional disciplinary action for an event or occurrence that allegedly arises out of the professional's determination that a patient's lay caregiver should or should not participate in the review of the patient's discharge plan.
- Specifies that it is the General Assembly's intent that the bill not be construed to create a right of action against a hospital or a hospital employee, agent, or contractor, among other statements of statutory intent.
- Authorizes the Ohio Department of Health to adopt rules as necessary to implement the bill's provisions.

MEMORY CARE UNITS

- Requires the Director of Aging and the Director of Health to jointly develop recommendations regarding the establishment of standards and procedures for the operation of memory care units, as well as quality-of-care metrics for such units.

CRIMINAL PENALTY – ASSISTING SUICIDE

- Generally prohibits a person from knowingly causing another to commit or attempt to commit suicide by either providing the physical means to do so or participating in a physical act by which the person commits or attempts to commit suicide.

CONTENT AND OPERATION

CERTIFICATE OF NEED

Exemption from certificate of need requirement regarding palliative care

The bill permits a licensed nursing home to add 20 or fewer long-term care beds without obtaining a certificate of need from the Department of Health if all of the beds being added are to be used solely for palliative care and the nursing home does not participate in Medicare or Medicaid. A nursing home that reaches 20 added long-term care beds may not add more long-term care beds under this provision. A certificate of need must be obtained before the added beds may continue to be used if the nursing home is sold or certification to participate in Medicare or Medicaid is granted for the nursing home or the part of the nursing home that includes the added beds.¹

¹ R.C. 3702.512 (primary), 3702.511, and 3702.53.

HOSPITAL AFTER-CARE AND DISCHARGE PLANNING

Lay caregiver designation for hospital inpatients

Offer to patient or patient's guardian

The bill requires a hospital to offer a patient who is at least 55 years of age, or the patient's guardian, an opportunity to designate a lay caregiver for the patient. If the patient is not unconscious or otherwise incapacitated at the time of admission, the offer must be made after the patient's admission. If the patient is unconscious or otherwise incapacitated at the time of admission, the offer must be made after the patient regains consciousness or capacity and before the patient's discharge.²

The bill defines a "lay caregiver" as an adult designated in accordance with the bill to provide after-care to a patient.³ "After-care" means assistance provided by a lay caregiver to a patient in the patient's residence after the patient's discharge from a hospital and includes only the caregiving needs of the patient at the time of discharge.⁴ A patient's residence may be either the dwelling that a patient or the patient's guardian considers to be the patient's home or the dwelling of a relative or other individual who has agreed to temporarily house the patient following discharge and who has communicated this fact to hospital staff. It excludes hospitals and other institutional settings.⁵

Hospital duties if lay caregiver designation is made

If a patient or guardian makes a lay caregiver designation, a hospital must do both of the following:⁶

--To the extent the information is available, record in the patient's medical record the lay caregiver's name, address, telephone number, electronic mail address, and relationship to the patient; and

--Request from the patient or guardian consent to disclose the patient's medical information to the lay caregiver in accordance with hospital policy and state and federal law.

² R.C. 3727.71.

³ R.C. 3727.70(F).

⁴ R.C. 3727.70(B).

⁵ R.C. 3727.70(H).

⁶ R.C. 3727.72(A).



If a patient or guardian declines to make a lay caregiver designation, the hospital must note that decision in the patient's medical record. The bill provides that under those circumstances, the hospital will have no other obligation regarding a lay caregiver designation.⁷

Notification regarding discharge

A hospital that intends to discharge a patient, or transfer a patient to another hospital or facility, must notify the patient's lay caregiver of that intent as soon as practicable. This requirement does not apply if the patient or guardian has not given consent to disclose the patient's medical information to the lay caregiver.⁸

Revocation

Under the bill, a patient or guardian may revoke a lay caregiver designation at any time before the patient's discharge by communicating that intent to hospital staff. After revocation, a new lay caregiver designation may be completed in accordance with the bill.⁹

Significance of the existence or absence of a lay caregiver designation

The bill specifies that (1) its provisions do not require a patient or guardian to make a lay caregiver designation, (2) the existence of a lay caregiver designation does not obligate any individual to perform after-care, and (3) the existence or absence of a lay caregiver designation does not affect the provision of health care to the patient.¹⁰

Discharge plan

Content; timing

The bill requires a hospital that intends to discharge a patient to create a discharge plan and review that plan with the patient or the patient's guardian. The plan must be created in accordance with state and federal law and hospital policy. The review must be done as soon as practicable and be conducted in accordance with the bill (see "**Review**," below).¹¹

⁷ R.C. 3727.72(B).

⁸ R.C. 3727.74.

⁹ R.C. 3727.73.

¹⁰ R.C. 3727.77.

¹¹ R.C. 3727.75(A).

The bill authorizes a discharge plan to include (1) a description of the tasks that are necessary to facilitate the patient's transition from the hospital to the patient's residence and (2) contact information for the health care providers or providers of community or long-term care services that the hospital and the patient or guardian believe are necessary for successful implementation of the discharge plan.¹² If a lay caregiver designation is made and the discharging health care professional has determined that the lay caregiver is to have a role in the discharge plan, the bill permits the plan to include:¹³

--The lay caregiver's name, address, telephone number, electronic mail address, and relationship to the patient, if available;

--A description of all after-care tasks to be performed by the lay caregiver, taking into account the lay caregiver's capability to perform such tasks; and

--Any other information the hospital believes is necessary for successful implementation of the discharge plan.

The bill defines a "discharging health care professional" as a health care professional who is authorized under existing law to admit a patient to a hospital and has assumed responsibility for directing the creation of the patient's discharge plan.¹⁴

Review

A hospital that has created a discharge plan must review the plan with the patient or the patient's guardian. If a lay caregiver has been designated for the patient, the discharging health care professional has determined that the lay caregiver's participation in the review would be appropriate, and the lay caregiver is available within a reasonable amount of time, the hospital must arrange for the lay caregiver to also participate in the review.¹⁵ In addition, the review must be conducted in a manner that is culturally sensitive to each individual who participates in the review. In accordance with state and federal law and if appropriate, the hospital must arrange for an interpreter to be present during the instruction.¹⁶

¹² R.C. 3727.75(B)(1).

¹³ R.C. 3727.75(B)(2).

¹⁴ R.C. 3727.70(D).

¹⁵ R.C. 3727.75(A).

¹⁶ R.C. 3727.76(A).

A review of a discharge plan must include the following components:¹⁷

--If the discharging health care professional determines that it is appropriate, a live demonstration of each task described in the discharge plan performed by a hospital employee or an individual under contract with the hospital to provide the instruction;

--An opportunity for each participant to ask questions and receive responses; and

--Any other component the hospital believes is necessary to ensure that each participant receives adequate instruction on the tasks described in the discharge plan.

The hospital must document information concerning the instruction provided in the patient's medical record. The information must include the date and time the instruction was provided and a description of the instruction content.¹⁸ The bill also specifies that it is the General Assembly's intent that execution of the components described above not unreasonably delay a patient's discharge.¹⁹

Discharging health care professional immunity

The bill specifies that a discharging health care professional is immune from criminal prosecution, civil liability, and professional disciplinary action for an event or occurrence that allegedly arises out of the professional's determination that a patient's lay caregiver should or should not participate in the review of the patient's discharge plan.²⁰

Rulemaking

The bill authorizes the Ohio Department of Health to adopt rules as necessary to implement the bill's provisions. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.).²¹

Statutory intent

The bill specifies that it is the General Assembly's intent that the bill's provisions not be construed to do any of the following:²²

¹⁷ R.C. 3727.76(B).

¹⁸ R.C. 3727.76(C).

¹⁹ R.C. 3727.76(B)(2).

²⁰ R.C. 3727.75(C).

²¹ R.C. 3727.79.

--Interfere with the authority of a patient's attorney-in-fact under a durable attorney for health care or a patient's proxy under a declaration for mental health treatment;

--Create a right of action against a hospital or an employee, agent, or contractor of the hospital;

--Create a liability for a hospital or an employee, agent, or contractor of the hospital;

--Limit, impair, or supersede any right or remedy that a person has under any other statute, rule, regulation, or Ohio common law; or

--Alter the obligations of an insurer under a health insurance policy, contract, or plan.

MEMORY CARE UNITS

The bill requires the Director of Aging and the Director of Health to jointly develop recommendations regarding the establishment of standards and procedures for the operation of memory care units in Ohio, as well as quality-of-care metrics to be used in measuring the performance of such units. The directors must submit the recommendations to the General Assembly not later than six months after the bill's effective date.²³

CRIMINAL PENALTY – ASSISTING SUICIDE

Assisting suicide

The bill generally prohibits a person from knowingly causing another to commit or attempt to commit suicide by either providing the physical means by which the person commits or attempts to commit suicide or participating in a physical act by which the person commits or attempts to commit suicide.²⁴ Whoever violates this

²² R.C. 3727.78.

²³ Section 3.

²⁴ R.C. 3795.04(A).



prohibition is guilty of assisting suicide, a third degree felony.²⁵ The penalty for assisting suicide includes a prison term of 12, 18, 24, 30, 36, 42, 48, 54, or 60 months.²⁶

HISTORY

ACTION	DATE
Introduced	02-17-16
Reported, H. Health & Aging	05-18-16
Passed House (92-5)	05-25-16
Reported, S. Health & Human Services	11-30-16
Reported, S. Rules & Reference	---

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²⁵ R.C. 3795.04(B).

²⁶ R.C. 2929.14(A)(3)(a).

