

May 10, 2016
Human Services Interim Committee
Testimony Regarding Caregiver Legislation
Dan Hannaher, Health Policy Consortium

Chairman Hogan, and members of the Human Services Interim Committee, for the record my name is Dan Hannaher. I am Executive Director of the Health Policy Consortium and Legislative Affairs Director at Sanford Health.

I appreciate this opportunity to review issues around caregiving; the actions of the last legislative session, and the work of stakeholders and this committee since its assignment of the Caregiver Study.

During the 2015 Legislative session hospitals from across the state spoke in opposition to HB 1279. While well intentioned in its goal of reducing hospital readmissions, we detailed how the legislation was redundant, and a duplicative layering of regulation. During those debates, and subsequently with the work of this interim committee we have provided details surrounding the multifaceted work performed every day for the benefit of our patients, as well as the standards and expectations placed on hospitals.

In particular, we have shared the current regulatory standards and processes around Discharge Planning and Patient Rights. In January the Director of Case Management and Social Work at CHI St. Alexius provided the committee with detailed information on the regulations from the Federal government's Centers for Medicare and Medicaid Services (CMS) through their Conditions of Participation (CoP) as well as the Joint Commission's Standards for Accreditation (TJC). I would like to emphasize some of these rules by repeating them.

Hospital Discharge Planning Rules from CMS include:

- A. Patients have a written discharge plan developed.
- B. Patients have specific discharge instructions provided in writing.
- C. Patient's goals and preferences for their discharge plan are taken into account.
- D. Patient's caregivers/support person(s) are active partners in the discharge plan/care.

- E. Hospitals consider the availability and capability of the caregiver to provide home care.
- F. Discharge Planning begins within 24 hours of admission.
- G. Discharge Planning Process is completed prior to the discharge.
- H. Discharge instructions are presented in a way that the patient and the caregiver can understand.

All of these requirements must be documented in the patient's medical record.

It is our position that the goals of the **C.A.R.E.** legislation - to **C**aregiver **A**dvice **R**ecord and **E**nable, are already being met by the well-established rules of CMS and the Joint Commission standards. And I should add, by the State of North Dakota.

The North Dakota Department of Health Licensing Rules for Hospitals, (Chapter 33-07-01.1) provides that:

"Every patient must receive effective discharge planning consistent with identified Patient and family needs from the hospital. Discharge planning must be initiated in a timely manner. Patients, along with necessary medical information, must be transferred or referred to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care."

Additionally, the Department of Health provides as a resource a Survey Protocol of Regulations and Interpretive Guidelines for Hospitals which reflect again the rules established by CMS. Due to their length, portions related to Patient Rights and Discharge Policies are being provided to the committee electronically. (Attachments)

Madam Chairman and members of the committee, we are most appreciative of the efforts put forth to bring stakeholders together to openly and transparently discuss the issues surrounding caregiving, and the possible considerations made by other states and communities, to see if there is common ground on which to move forward. On issues related to the study conducted by Dr. Strommen and her team at NDSU, I'm very hopeful that we can. Families across North Dakota are being strained and are in need of more workplace flexibility, respite care, household care, transportation, local community support structures, independent living solutions, traditional Home and Community Based Services and more.

We look forward to partnering with all concerned on resolving those structural problems.

And within the hospital setting we will continue to strive toward improving all aspects of our patient services, including a flawless experience in how we provide discharge planning and care coordination. An added layer of regulation will simply not resolve perceived gaps in service quality. That is done by effective management and the dedicated work of health and healing performed across North Dakota every day.

Thank you for your time and consideration. I'm happy to answer any questions.