

SENATE BILL No. 68

AN ACT concerning health and healthcare; relating to hospitals; enacting the
Kansas lay caregiver act.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) This section shall be known and may be cited as the Kansas lay caregiver act.

(b) As used in this section:

(1) “Aftercare” means assistance that:

(A) Is provided by a caregiver to an eligible patient after discharge of the patient from a hospital;

(B) is related to the condition of the patient at the time of discharge; and

(C) does not require professional licensure pursuant to chapter 65 of the Kansas Statutes Annotated, and amendments thereto, in order to perform the assistance.

(2) “Caregiver” means an individual who:

(A) Is 16 years of age or older;

(B) has a significant relationship with the patient, including, but not limited to, next of kin, partner, friend or neighbor;

(C) provides aftercare to an individual; and

(D) is identified by the patient, or the patient’s legal guardian, as a person who is involved with the healthcare of the patient.

(3) “Discharge” means the release of a patient from hospital care to the residence or another location identified by the patient or legal guardian as the temporary residence of the patient following an inpatient admission.

(4) “Hospital” means the same as defined by K.S.A. 65-425, and amendments thereto.

(5) “Legal guardian” means an individual who is appointed by a court to make decisions regarding the healthcare of a patient.

(6) “Patient” means an individual who has been admitted to a hospital for inpatient care.

(7) “Residence” means the dwelling that the patient considers to be the home of the patient, but does not include any rehabilitative facility, hospital, nursing home, assisted living facility, group home or any other healthcare facility licensed by the department of health and environment.

(c) (1) A hospital shall provide each patient, or the patient’s legal guardian, with an opportunity to designate a caregiver following the patient’s admission into the hospital and prior to the discharge of the patient.

(2) Prior to discharge, a patient may elect to change the patient’s designated caregiver in the event that the original designated caregiver becomes unavailable, unwilling or unable to care for the patient.

(3) Nothing in this section shall be construed to require an individual that has been designated as a caregiver by a patient to accept the role of caregiver.

(4) Nothing in this section shall be construed to require a patient to designate a caregiver.

(5) A hospital shall be deemed to have complied in full with the requirements of this subsection if the patient or the patient’s legal guardian:

(A) Declines to designate a caregiver when given the opportunity; or

(B) objects to the disclosure of medical information to the caregiver regarding the patient.

(d) (1) If a patient has designated a caregiver, the hospital shall notify the designated caregiver concerning the discharge or transfer of the patient to another licensed facility as soon as practicable prior to discharge or transfer.

(2) In the event that the hospital is unable to contact the designated caregiver, such lack of contact shall not interfere with, delay or otherwise affect the medical care or appropriate discharge provided to the patient, consultation with the caregiver or discharge instructions.

(3) As soon as practicable prior to the discharge of the patient, the hospital shall attempt to consult with the designated caregiver to prepare the caregiver to provide aftercare for the patient. The hospital shall provide the designated caregiver and the patient an opportunity to ask questions during the consultation.

(4) At or before discharge, the hospital shall:

(A) Provide the caregiver with any discharge instructions for the patient, including any aftercare needs of the patient; and

(B) educate the caregiver concerning the aftercare of the patient in a manner that is consistent with current accepted practices, based on the learning needs of the caregiver and that allows the caregiver the opportunity to ask questions about any aftercare tasks.

(5) In the event that the hospital is unable to contact the designated caregiver, such lack of contact shall not interfere with, delay or otherwise affect an appropriate discharge of the patient.

(e) This section shall not be construed to:

(1) Confer upon a caregiver any authority to make healthcare decisions on behalf of a patient;

(2) create a private right of action against a hospital, hospital employee or duly authorized agent of the hospital for any acts or omissions pursuant to this section, including any acts or omissions by a caregiver;

(3) remove the obligation of a third-party payer to cover a healthcare item or service that the third-party payer is obligated to provide to a patient under the terms of a valid agreement, insurance policy, plan, certification of coverage or health maintenance organization contract; or

(4) provide grounds for any adverse licensure action or other disciplinary action against any hospital by the department of health and environment, against any licensee of the state board of healing arts or against any licensee of the board of nursing.

Sec. 2. This act shall take effect and be in force from and after July 1, 2018, and its publication in the statute book.

I hereby certify that the above BILL originated in the SENATE, and passed that body

President of the Senate.

Secretary of the Senate.

Passed the HOUSE _____

Speaker of the House.

Chief Clerk of the House.

APPROVED _____

Governor.