

AN ACT concerning regulation.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 1. Short title. This Act may be cited as the Caregiver Advise, Record, and Enable Act.

Section 5. Definitions. As used in this Act:

"After care" means clinical assistance to a patient provided by a caregiver in the patient's residence following the patient's discharge from an inpatient hospital stay that is related to the patient's condition at the time of discharge, as determined appropriate by the discharging physician or other health care professional. Clinical assistance may include activities of daily living or medication management.

"Caregiver" means any individual designated by a patient to provide after care to a patient. A designated caregiver may include, but is not limited to, a relative, spouse, partner, friend, or neighbor.

"Discharge" means a patient's release from a hospital to the patient's residence following an inpatient admission.

"Hospital" means a hospital that provides general acute care that is either licensed under the Hospital Licensing Act or operated under the University of Illinois Hospital Act.

"Legal representative" means a personal representative

having designated legal status, including an agent designated through a power of attorney.

"Patient" means an individual admitted to a hospital as an inpatient. "Patient" does not include a pediatric patient or a patient who is not capable of designating a caregiver due to a health care condition or other circumstances, as determined by the health care provider.

"Residence" means a dwelling that the patient considers to be the patient's home. "Residence" does not include a rehabilitation facility, hospital, nursing home, assisted living establishment, group home licensed by the Department of Public Health or the Department of Human Services, or a State-operated facility.

Section 10. Opportunity to designate a caregiver.

(a) A hospital shall provide each patient or, if applicable, the patient's legal representative with an opportunity to designate a caregiver following the patient's admission into the hospital as an inpatient and prior to the patient's discharge to the patient's residence or transfer to another facility.

(b) In the event that a patient is unconscious or otherwise incapacitated, the hospital shall provide the patient or the patient's legal representative with an opportunity to designate a caregiver within a timeframe deemed appropriate by the attending physician or other licensed health care provider.

(c) If a patient or legal representative declines to designate a caregiver pursuant to this Act, the hospital shall document this declination in the patient's medical record and has no further responsibilities under this Act.

(d) If a patient or the patient's legal representative designates an individual as a caregiver under this Act, the hospital shall record the patient's designation of caregiver, the relationship of the designated caregiver to the patient, and the name, telephone number, and address of the patient's designated caregiver in the patient's medical record.

(e) A patient may elect to change his or her designated caregiver at any time, and the hospital must record this change in the patient's medical record and thereafter treat the newly named person as the designated caregiver.

(f) A designation of a caregiver by a patient or the patient's legal representative does not obligate any individual to provide any after care for the patient.

(g) This Section shall not be construed to require a patient or a patient's legal representative to designate an individual as a caregiver under this Act.

Section 15. Notice to designated caregiver. A hospital shall notify a patient's designated caregiver of the patient's discharge or transfer to another hospital or facility licensed by the Department of Public Health as soon as possible prior to the patient's actual discharge or transfer and, in any event,

upon issuance of a discharge order by the patient's attending physician, unless the patient indicates he or she does not wish the designated caregiver to be so notified. In the event the hospital is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge or transfer of the patient.

Section 20. Instruction to designated caregiver.

(a) As soon as possible prior to a patient's discharge from a hospital to the patient's residence, the hospital shall consult with the designated caregiver and issue a discharge plan that describes a patient's after care needs, if any, at the patient's residence. The consultation and issuance of a discharge plan shall occur on a schedule that takes into consideration the severity of the patient's condition and the urgency of the need for caregiver services. In the event the hospital is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient. At a minimum, the discharge plan shall include:

(1) A description of the after care deemed appropriate by the discharging physician or other health care professional.

(2) Contact information for any health care, clinical

community resources, and long-term services and supports that may be helpful in carrying out the patient's discharge plan, and contact information for an individual designated by the hospital who can respond to questions about the discharge plan.

(b) The hospital issuing the discharge plan must make an effort to provide or arrange for the designated caregiver to receive instructions in after care described in the discharge plan. Training and instructions for caregivers may be conducted in person or through video technology. Any training or instructions to a caregiver shall be provided in non-technical language, to the extent possible. At a minimum, this instruction shall include:

(1) A live or recorded demonstration of the tasks performed by an individual designated by the hospital who is authorized to perform the after care and is able to perform the demonstration in a culturally competent manner, in accordance with the hospital's requirements to provide language access services under State and federal law and in accordance with the hospital's procedures for providing education to patients and family caregivers.

(2) An opportunity for the caregiver to ask questions about the after care.

(3) Answers provided in a culturally competent manner and in accordance with State and federal law.

(c) In the event the designated caregiver cannot be

reached, is not available, or is not willing to receive the instruction, the lack of contact or instruction shall not interfere with, delay, or otherwise affect an appropriate discharge of the patient.

Section 25. Non-interference with health care directives. Nothing in this Act shall be construed to interfere with the rights of an agent operating under a valid health care directive or valid power of attorney.

Section 30. No private right of action. Nothing in this Act shall be construed to create a private right of action against a hospital, a hospital affiliate, a hospital employee, or a consultant or contractor with whom a hospital has a contractual relationship solely for providing instruction to a designated caregiver, as described in Section 20 of this Act.

A hospital, a hospital affiliate, a hospital employee, or a consultant or contractor with whom a hospital has a contractual relationship shall not be held liable, except for willful or wanton misconduct, for services rendered or not rendered by the caregiver to the patient.

Nothing in this Act shall delay the discharge of a patient or the transfer of a patient from a hospital to another facility.

Section 99. Effective date. This Act takes effect 180 days after becoming law.