## GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2017



## SENATE BILL DRS55054-MG-107A (03/18)

Short Title:	Clarify Hospital Patient Discharge Rights.	(Public)
Sponsors:	Senators Wade and Tucker (Primary Sponsors).	
Referred to:		

1		A BILL TO BE ENTITLED						
2	AN ACT CLARIFYING HOSPITAL PATIENT DISCHARGE RIGHTS AND REQUIRING							
3	HOSPITALS TO PROVIDE A DETAILED STATEMENT OF PATIENT DISCHARGE							
4	<b>RIGHTS AT</b>	THE TIME OF ADMISSION.						
5	The General Ass	embly of North Carolina enacts:						
6	<b>SECTION 1.</b> G.S. 131E-90 reads as rewritten:							
7	"§ 131E-90. Authority of administrator; refusal to leave after discharge.							
8	<u>(a)</u> The E	(a) The Except as provided in subsection (b) of this section, the case of a patient who						
9	refuses or fails to leave the hospital upon discharge by the attending physician shall be							
10	reviewed by two physicians licensed to practice medicine in this State, one of whom may be							
11	the attending physician. If in the opinion of the physicians, the patient should be discharged as							
12	cured or as no longer needing treatment or for the reason that treatment cannot benefit the							
13	patient's case or for other good and sufficient reasons, the patient's refusal to leave shall							
14	constitute a trespass. The patient shall be guilty of a Class 3 misdemeanor.							
15	(b) This section does not apply to patients who elect to exercise any of the applicable							
16	• •	eal rights described in G.S. 131E-90.1 during the pendency of the grievance or						
17		nal grievance or appeal decision is to discharge the patient and the patient						
18		b leave the hospital, the patient's refusal to leave shall constitute a trespass. The						
19	1 0	uilty of a Class 3 misdemeanor."						
20		FION 2. Part 4 of Article 5 of Chapter 131E of the General Statutes is						
21	~	ng a new section to read:						
22		atient discharge rights; detailed statement of rights due upon admission.						
23		hospital licensed under this Article shall, at the time of admission, provide to						
24		he patient's next of kin or other legally responsible representative a detailed						
25	-	ent rights with respect to transfer and discharge. The statement shall include						
26	-	atient of at least all of the following:						
27	<u>(1)</u>	When medically permissible, a patient may be transferred to another facility						
28		only after the patient or the patient's next of kin or other legally responsible						
29		representative has received complete information and an explanation						
30		concerning the needs for and alternatives to such a transfer. The facility to						
31		which the patient is to be transferred must first have accepted the patient for						
32		transfer.						
33	<u>(2)</u>	Except for medical reasons, the patient's own or another patient's welfare,						
34		nonpayment for the stay, or when the transfer or discharge is mandated						
35		under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security						
36		Act, each patient has the right not to be transferred or discharged from a						



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1		<u>facilit</u>	y with	out at least five days' advance writt	en notice of a transfer or			
2		discha	nrge in	order to ensure an orderly transfer	r or discharge, unless the			
3		attend	ing ph	ysician orders immediate transfer or	discharge. All transfer and			
4		discha	arge de	cisions and the reasons for these deci	sions shall be documented			
5				t's medical record. A patient or the pa				
6				onsible representative may dispute				
7		-	· -	specified in subdivision (3) or (4) o				
8			priate.					
9	<u>(3)</u>	The p	atient	has the right to file a complaint wi	th the Division of Health			
0				ulation Complaint Intake Unit about				
1		-		e hospital shall provide the patient w				
2				plaint by telephone, facsimile, or mail.				
3	<u>(4)</u>		-	o is a Medicare beneficiary has the rig	-			
4	<u> </u>	<u>a.</u>		explanation of the patient's hospit				
5		<u> </u>		care, including the right to receive N				
6			-	volved in any decisions about the p				
17				mation about who will pay for any ser	÷ •			
8		<u>b.</u>		mation in advance of the hospital fu	-			
9				to the patient, whenever possible.	<u>_</u>			
20		<u>c.</u>		explanation of the patient's discharg	e rights under Medicare.			
21		<u> </u>	-	ding an explanation of the hospital's				
22				nt and the patient's family in developing				
23		<u>d.</u>	1	xplanation of the process for filing w	• • •			
24				en grievance or appeal regarding pr	-			
25				ess for prompt resolution of that	-			
26			-	nation must do all of the following:				
27			<u>1.</u>	Inform the patient of the specific pr	ocedures to be followed in			
28				filing a grievance or appeal, which				
29				frames for review of the grievand	· · · · · · · · · · · · · · · · · · ·			
30				response and (ii) the hospital's				
31				patient with written notice of its				
32				name of the hospital contact person				
33				of the patient to investigate the gr	-			
34				grievance process, and the date of c	-			
35			<u>2.</u>	Inform the patient how to contact	<b>-</b>			
36				Organization (QIO) to appeal a pres				
37			<u>3.</u>	Inform the patient that, if a grievan				
38				the discharge date, the patient w				
39				paying for services received dur	-			
10				grievance or appeal, except for ch	• • •			
11				deductibles.	<u> </u>			
12	(b) No h	nospital	licens	ed under this Article shall violate	the rights described in			
13	subsection (a) of	-						
14				tion, "Quality Improvement Organiza	ation" or "QIO" means the			
15		federal Centers for Medicare and Medicaid Services contractor charged with reviewing the						
16		appropriateness and quality of care rendered to Medicare beneficiaries in the hospital setting."						
17				act becomes effective October 1, 2017				
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