



SPONSOR: Sen. Poore & Rep. Harris  
Sens. Hansen, Hoffner; Reps. Baumbach, Hilovsky,  
Morrison

DELAWARE STATE SENATE  
152nd GENERAL ASSEMBLY

SENATE CONCURRENT RESOLUTION NO. 64

ESTABLISHING THE NON-ACUTE LONG-STAY PATIENT TASK FORCE TO STUDY AND MAKE FINDINGS  
AND RECOMMENDATIONS REGARDING THE NEEDS AND OPTIONS OF NON-ACUTE HOSPITAL PATIENTS  
IN NEED OF TRANSFER TO A LOWER ACUITY CARE SETTING.

1 WHEREAS, inpatient stays at hospitals are designed to address the acute medical needs of admitted patients; and

2 WHEREAS, when a patient's health status is no longer acute, they are more effectively and efficiently served by  
3 lower acuity care providers, and their health care needs are best served by discharge from the acute medical care setting; and

4 WHEREAS, a Long-Stay Patient is defined as a patient who has been in an acute medical hospital for 15 days or  
5 more and no longer has an acute medical need warranting hospitalization; and

6 WHEREAS, these individuals are awaiting discharge because access to a more appropriate care setting is  
7 unavailable and, as a result, are unable to transition out of the acute medical setting; and

8 WHEREAS various barriers such as lack of insurance coverage, delayed authorization, guardianship status, and  
9 more, are preventing transition to post-acute or behavioral health settings and preventing these patients from acute medical  
10 hospital discharge; and

11 WHEREAS, a 2023 survey conducted by the Delaware Healthcare Association revealed that there were 362  
12 Long-Stay Patients in Delaware hospitals as of January 31, 2023; and

13 WHEREAS, the survey further revealed that the longest Long-Stay Patient has been immovable from a Delaware  
14 hospital for 759 days – more than 2 years beyond their period of acute need; and

15 WHEREAS, it is not in the best health interests of non-acute patients to stay in acute medical hospitals beyond  
16 their period of need because prolonged hospital stays can increase individuals' risk of poor health outcomes, such as  
17 infection and immobility. In addition, prolonged hospital stays for non-acute patients can often result in patients being  
18 confined to smaller spaces compared to individuals who receive appropriate non-acute care at home or at long-term care  
19 facilities. Non-acute patients who remain in acute hospital placements are not afforded the opportunity for programing and  
20 interactions with other individuals in long-term care facilities; and

21 WHEREAS, the number of Long-Stay Patients remaining in hospitals unnecessarily increases health care costs  
22 and also means longer wait times for other patients in hospital emergency rooms as there is less bed availability.

23 NOW, THEREFORE:

24 BE IT RESOLVED by the Senate of the 152nd General Assembly of the State of Delaware, the House of  
25 Representatives concurring therein, that the Non-Acute Long-Stay Patient Task Force ("Task Force") is hereby  
26 created.

27 BE IT FURTHER RESOLVED that the Task Force shall study the needs and options of non-acute Long-Stay  
28 Patients in need of transfer to a more appropriate care setting. The Task Force will review the current barriers to discharge  
29 and any funding, legal, regulatory, and policy changes that would reduce these barriers. The Task Force shall specifically  
30 examine how best to do the following:

31 (1) Optimize the prior authorization process to include after hours and weekend efficiencies,  
32 standardization of processes, and holding insurance carriers and facilities accountable.

33 (2) Increase support for post-acute and behavioral health services, facilities, and staffing to accommodate  
34 Long-Stay patients to include building the workforce, increasing retention, and specialized education/training  
35 (geropsych, pediatric behavioral health).

36 (3) Review current fiscal and reimbursement dynamics impacting Long-Stay Patients awaiting discharge  
37 and include consideration of insurance coverage or supplemental coverage of Long-Stay and Behavioral Health  
38 Patients in acute care settings as well as complex geriatric patients in long-term care.

39 (4) Strengthen and expediate the guardianship process for those in need.

40 BE IT FURTHER RESOLVED that the Task Force comprises the following voting members:

41 (1) A State Senator from the majority caucus, appointed by the President Pro Temp of the Senate, who  
42 serves as Co-Chair.

43 (2) A State Representative from the majority caucus, appointed by the Speaker of the House of  
44 Representatives, who serves as Co-Chair.

45 (3) A State Senator from the minority caucus, appointed by the President Pro Tempore of the Senate.

46 (4) A State Representative from the minority caucus, appointed by the Speaker of the House of  
47 Representatives.

48 (5) The following members serving by virtue of position, or a designee appointed by the member:

49 a. The Insurance Commissioner.

50 b. The Secretary of the Department of Health and Social Services.

51 c. The Director of the Division of Medicaid and Medical Assistance.

52 d. The Director of the Division of Substance Abuse and Mental Health.

- e. The Director of the Division of Health Care Quality.
- f. The Executive Director of the Delaware Disabilities Council.
- g. The Chancellor of the Court of Chancery.
- h. The Public Guardian.
- i. The chairperson of the Elder Law Section of the Delaware State Bar Association.

(6) A designee from one hospital in each county, appointed by the President of the Delaware Healthcare Association.

(7) Two designees from the long-term care industry, appointed by the Executive Director of the Delaware Health Care Facilities Association.

(8) One designee appointed by the Delaware Chapter of the American Association of Retired Persons.

(9) One member of the public with expertise in Delaware Medicaid.

(10) Two members of the public, appointed by the Governor, representing consumers.

(11) Two members representing Post-Acute Facilities in Delaware.

(12) Two members representing Behavioral Health Facilities in Delaware

BE IT FURTHER RESOLVED that members serving by virtue of position who are granted the ability to designate another individual to attend a Task Force meeting must provide the designation in writing to the Co-Chairs. An individual attending a meeting for a member serving by virtue of position has the same duties and rights as the member serving by virtue of position.

BE IT FURTHER RESOLVED that a quorum of the Task Force shall be a majority of its members.

BE IT FURTHER RESOLVED that the Task Force shall schedule its first meeting on or before September 13, 2023.

BE IT FURTHER RESOLVED that:

(1) Official action by the Task Force, including making findings and recommendations, requires the approval of a quorum of the Task Force.

(2) The Task Force may adopt rules necessary for its operation. If the Task Force does not adopt rules or if the adopted rules do not govern a given situation, *Mason's Manual of Legislative Procedure* controls

BE IT FURTHER RESOLVED that the Senate Democratic Caucus is responsible for providing reasonable necessary support staff and materials for the Task Force.

BE IT FURTHER RESOLVED that the Co-Chairs of this Task Force are responsible for guiding the administration of the Task Force by doing, at a minimum, all of the following:

(1) Setting a date, time, and place for the initial organizational meeting, which shall occur on or before September 13, 2023.

(2) Notifying the individuals who are members of the Task Force and, if applicable, notifying a person of the need to nominate or appoint a member.

(3) Supervising the preparation and distribution of meeting notices, agendas, minutes, correspondence, and recommendations of the Task Force.

(4) Sending to the President Pro Tempore of the Senate, the Speaker of the House of Representatives, and the Director of the Division of Research of Legislative Council, after the first meeting of the Task Force, a list of the members of the Task Force and the person who appointed them.

(5) Providing meeting notices, agendas, and minutes to the Director of the Division of Research of Legislative Council.

(6) Ensuring that the final recommendations of the Task Force are submitted to the President Pro Tempore of the Senate and the Speaker of the House of Representatives, with copies to all members of the General Assembly, the Governor, the Director, and the Librarian of the Division of Research of Legislative Council, and the Delaware Public Archives.

BE IT FURTHER RESOLVED that the Co-Chairs must compile a summary of the Task Force's work, including any findings and recommendations, and submit it to the General Assembly, the Governor, and the Director, and the Librarian of the Division of Research of Legislative Council no later than June 1, 2024.

BE IT FURTHER RESOLVED that this Senate Concurrent Resolution expires on the date the Task Force submits its finding and recommendations.

#### SYNOPSIS

This concurrent resolution establishes the Non-Acute Long-Stay Patient Task Force to study and make findings and recommendations regarding the needs and options of non-acute Long-Stay hospital patients in need of transition to a more appropriate care setting. Long-Stay is defined as patients that have been in the hospital for 15 days or more and no longer have an acute medical need warranting hospitalization. These individuals are awaiting transition because access to a more appropriate care setting is unavailable. This means there are individuals in acute medical hospital beds that no longer need to be, but various barriers such as lack of insurance coverage, delayed authorization or guardianship, barriers to admission into behavioral health facilities or long-term care, and more, are preventing them from acute medical hospital discharge. This unnecessarily increases health care costs and can have a negative impact on the patients who are missing out on getting the specialized care they need at a more appropriate care facility. This also means longer wait times for other patients in hospital emergency rooms as there is less bed availability. This concurrent resolution establishes a task force to study and make recommendations on these issues.

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