



SPONSOR: Sen. Poore & Rep. Seigfried
Sens. Ennis, Hansen, Lockman, Sokola, Delcollo; Reps.
Baumbach, Bentz, Brady, Griffith, Jaques, K. Johnson,
Mitchell, Osienski, Michael Smith

DELAWARE STATE SENATE
150th GENERAL ASSEMBLY

SENATE CONCURRENT RESOLUTION NO. 30

ESTABLISHING THE NON-ACUTE PATIENT MEDICAL GUARDIANSHIP TASK FORCE TO STUDY AND MAKE FINDINGS AND RECOMMENDATIONS REGARDING THE NEEDS AND OPTIONS OF NON-ACUTE HOSPITAL PATIENTS IN NEED OF MEDICAL GUARDIANSHIP SERVICES.

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

2 WHEREAS, when a patient's health status is no longer acute, whether they are best served by in-home health care
3 or long-term care, their health interests are best served by discharge from a hospital; and

4 WHEREAS, some hospital patients who need assistance in making healthcare and financial decisions require
5 either a guardian or medical decision maker to act in their best interests; and

6 WHEREAS, some patients do not have the financial means to afford a guardian or are dependent upon a family
7 member to act as a decision maker; and

8 WHEREAS, the Office of Public Guardian does not have the financial resources to provide guardians to all
9 hospital patients in financial need in order to make transition of care decisions on a timely basis; and

10 WHEREAS, some family care-givers actively or effectively abandon relatives at hospitals by failing to engage in
11 communications and or actions with hospital discharge planners, resulting in the continued hospitalization of non-acute
12 patients whose health status is not served by extended stays in hospitals; and

13 WHEREAS, a study examining the two-year period ending in 2017 of patients abandoned at Delaware hospitals
14 revealed that 115 Extended Stay patients were in Delaware hospitals a total of 11,398 days; and

15 WHEREAS, the study further revealed that these non-acute patients remained in Delaware hospitals an average of
16 110.7 days beyond their period of acute need; and

17 WHEREAS, the study further revealed that the longest length of stay by a single non-acute patient in a Delaware
18 hospital was 581 days beyond his or her period of acute need; and

19 WHEREAS, the study further revealed that, over the two-year period, three Delaware hospitals experienced stays
20 by non-acute patients in excess of one year; and

21 WHEREAS, it is not in the best health interests of non-acute patients to stay in hospitals beyond their period of
22 acute need because hospital stays can expose individuals to increased risk of infection, will result in patients being confined

to a smaller space than often afforded individuals who receive appropriate non-acute care at home or at a long-term care facility, will deny such patients the opportunity for programming and interactions available to individuals in long-term care facilities, and often mean that such patients do not venture out-of-doors for extended periods of time; and

WHEREAS, the reduction in daily bed space of 11,398 beds over the two-year study period means those beds were not available to individuals having acute health needs who were admitted to hospitals but often endured waits in hallways or other spaces until an in-patient bed became available.

NOW, THEREFORE:

BE IT RESOLVED by the Senate of the 150th General Assembly of the State of Delaware, the House of Representatives concurring therein, that the Non-Acute Patient Medical Guardianship Task Force (“Task Force”) is hereby created.

BE IT FURTHER RESOLVED that that the Task Force shall study the needs and options of non-acute hospital patients in need of medical guardianship services, including funding, legal, regulatory, and policy changes that would allow for medical guardians to be immediately available when a non-acute patient is in need of guardianship in order to transition from an acute care setting to an appropriate location and level of care and report its findings and recommendations.

BE IT FURTHER RESOLVED that the Task Force is composed of the following voting members:

(1) A State Senator from the majority caucus, appointed by the President Pro Tem of the Senate, who serves as Co-Chair;

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

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

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

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

a. The Secretary of the Department of Health and Social Services;

b. The Director of the Office of Management and Budget;

c. The Controller General;

d. The Director of the Division of Medicaid and Medical Assistance;

e. The Executive Director of the Delaware Health Care Facilities Association;

f. The Executive Director of the Delaware Disabilities Council;

g. The Chancellor of the Court of Chancery;

h. The Public Guardian;

53 i. The chairperson of the Elder Law Section of the Delaware State Bar Association;

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

55 Association;

56 (7) A designee appointed by the Delaware Chapter of the American Association of Retired Persons; and

57 (8) Three members of the public, one from each county, appointed by the Governor, representing consumers.

58 BE IT FURTHER RESOLVED that members serving by virtue of position who are granted the ability to designate

59 another individual to attend a Task Force meeting must provide the designation in writing to the Co-Chairs. An individual

60 attending a meeting for a member serving by virtue of position has the same duties and rights as the member serving by

61 virtue of position.

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

63 BE IT FURTHER RESOLVED that:

64 (1) Official action by the Study Group, including making findings and recommendations, requires the approval of

65 a quorum of the Study Group.

66 (2) The Study Group may adopt rules necessary for its operation. If the Task Force does not adopt rules or if the

67 adopted rules do not govern a given situation, *Mason's Manual of Legislative Procedure* controls.

68 BE IT FURTHER RESOLVED that the Senate Democratic Caucus is responsible for providing reasonable

69 necessary support staff and materials for the Task Force.

70 BE IT FURTHER RESOLVED that the Co-Chairs of the Task Force shall be responsible for guiding the

71 administration of the Task Force by, at a minimum, doing all of the following:

72 (1) Notifying the individuals listed in lines 38 through 57 of the formation of the Task Force and the need to

73 appoint a member, if applicable;

74 (2) Setting a date, time, and place for the initial organizational meeting;

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

76 and reports;

77 (4) Sending to the President Pro Tempore of the Senate, the Speaker of the House of Representatives, and the

78 Director of the Division of Research of Legislative Council, after the first meeting of the Task Force, a list of the members

79 of the Task Force and the person who appointed them;

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

81 Council; and

(6) Ensuring that the final report of the Task Force is 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 Task Force must hold its first meeting no later than June 1, 2019.

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

(1) Setting a date, time, and place for the initial organizational meeting.

(2) Notifying the individuals listed in lines 38 through 57 of the formation of the Study Group and the need to appoint a member.

(2) Supervising the preparation and distribution of meeting notices, agendas, minutes, correspondence, and reports of the Study Group.

(3) 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 Study Group, a list of the members of the Study Group and the person who appointed them.

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

(5) Ensuring that the final report of the Study Group is 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 report containing a summary of the Task Force's work regarding the issues assigned to it in lines 33 through 36 of this Resolution, including any findings and recommendations, and submit the report 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, 2020.

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 Patient Medical Guardianship Task Force to study and make findings and recommendations regarding the needs and options of non-acute hospital patients in need of medical guardianship services. A recent study concluding in 2017 found that hospital patients who did not have acute medical needs were often abandoned in hospitals. These patients often lack financial means to pay for a guardian to make medical decisions. The Office of Public Guardian does not have sufficient resources to intervene to make timely medical decisions for such non-acute patients. In addition to harming these non-acute patients with prolonged hospital stays, patients with acute medical needs are not timely and adequately served because hospital beds are occupied by such non-acute patients. This concurrent resolution establishes a task force to study and make recommendations on these issues.

Author: Senator Poore