New York State’s CARE Act: Basic Facts for Hospital Patients and Caregivers

New York State’s CARE (Caregiver Advise, Record, and Enable) Act is a new law about discharge from the hospital. It is intended to help patients and their caregivers plan a safe transition from hospital to home.

More than 30 states now have laws like the CARE Act. It was developed by AARP, a group focused on helping older adults and family caregivers.

If you are, or may be, a hospital patient, here’s what the CARE Act requires:

- Someone from the hospital staff must ask you if you want to name a caregiver. The caregiver can be a family member, friend, or someone else who agrees to help plan your discharge from the hospital and assist with your care at home. The caregiver can help with tasks like setting up appointments, making sure you have and take the right medicines, and getting medical supplies.

- You do not have to name anyone as your caregiver. While in the hospital, you can change your mind and name someone else.

- You will be asked to sign a paper saying that you agree that the hospital staff can share your medical information with the caregiver.

- The hospital does not have to delay your discharge because you have not named a caregiver.

The CARE Act doesn’t cover everything you need to know. Here are some other points to keep in mind:

- It is hard to know ahead of time how much help you will need from the caregiver.

- The caregiver should be willing and able to help. If the person you name does not live with you, he or she should live close enough to help when needed.
If you are a caregiver or might be named a caregiver by your family member or friend in the hospital, here’s what the CARE Act says:

- If the patient has named you as a caregiver, you do not have to agree; and you do not have to give a reason for saying no.

- If you agree to be named as a caregiver, and the patient signs a written form, hospital staff can share information with you about the patient’s diagnosis, treatment, and plans for follow up care.

- Hospital staff must include you in making plans for the patient’s discharge from the hospital to home.

- Hospital staff must inform you as soon as possible about when the patient will be discharged. But this may not be known until 24 hours before the patient goes home.

The CARE Act doesn’t cover everything you need to know as a caregiver. Keep these points in mind:

- Being named as a caregiver does not add any financial responsibilities (costs you have to pay) for the patient’s hospital bill or medical care, other than those that now exist.

- As early as possible, ask about referrals to home health care services, which can give you follow up instructions about managing medications, giving injections, and doing wound care.

- Hospital staff must talk to you about all the tasks you will need to do once the patient is home. This instruction should start at least one or two days before the patient is discharged from the hospital.

- Make sure you have a phone number to call if you have any questions or problems when the patient is home.

- The information you learn from hospital staff is a great start. But it’s only a start. If you find that you cannot provide all the needed care at home, ask for help from your family member’s doctor or a local community agency that can provide services such as transportation or home delivered meals.

To learn more:


Acknowledgment. United Hospital Fund developed this guide with the generous support of The Fan Fox and Leslie R. Samuels Foundation, Inc.