State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 445

01/29/2015 Authored by Kelly
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

A bill for an act

relating to health; providing patients with specific notices; proposing coding for new law in Minnesota Statutes, chapter 144.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[144.586] REQUIREMENTS FOR CERTAIN NOTICES AND DISCHARGE PLANNING.**

Subdivision 1. **Observation stay notice.** (a) Each hospital, as defined under section 144.50, subdivision 2, shall provide oral and written notice to each patient that the hospital places in observation status of such placement not later than 24 hours after such placement. The oral and written notices must include:

(1) a statement that the patient is not admitted to the hospital but is under observation status;

(2) a statement that observation status may affect the patient's Medicare, Medicaid, or private insurance coverage for (i) hospital services, including medications and pharmaceutical supplies, or (ii) home or community-based care or care at a skilled nursing facility upon the patient's discharge; and

(3) a recommendation that the patient contact his or her health insurance provider or the Office of the Ombudsman for Long-Term Care or Office of the Ombudsman for State Managed Health Care Programs or the Beneficiary and Family Centered Care Quality Improvement Organization to better understand the implications of placement in observation status.

(b) The written notice required in paragraph (a) shall be signed and dated by the patient receiving the notice or an individual designated by the patient such as the patient's

legal guardian, conservator, or other authorized representative, and a copy of the signed written notice shall be retained by the hospital.

Subd. 2. **Postacute care discharge planning.** Each hospital, including hospitals designated as critical access hospitals, must comply with the federal hospital requirements for discharge planning which include:

(1) conducting a discharge planning evaluation that includes an evaluation of (i) the likelihood of the patient needing posthospital services and of the availability of those services; and (ii) the patient's capacity for self-care or the possibility of the patient being cared for in the environment from which he or she entered the hospital;

(2) timely completion of the discharge planning evaluation under item (1) by hospital personnel so that appropriate arrangements for posthospital care are made before discharge, and to avoid unnecessary delays in discharge;

(3) including the discharge planning evaluation under item (1) in the patient's medical record for use in establishing an appropriate discharge plan. The hospital must discuss the results of the evaluation with the patient or individual acting on behalf of the patient. The hospital must reassess the patient's discharge plan if the hospital determines that there are factors that may affect continuing care needs or the appropriateness of the discharge plan;

(4) providing counseling, as needed, for the patient and family members or interested persons to prepare them for posthospital care. The hospital must include in the discharge plan a list of home health agencies or skilled nursing facilities that are available to the patient, participating in the Medicare program, and serve the geographic area in which the patient resides, or in the case of a skilled nursing facility, in the geographic area requested by the patient. Home health agencies must request to be listed by the hospital as available. This list must only be presented to patients for whom home health care or posthospital extended care services are indicated and appropriate as determined by the discharge planning evaluation. For patients enrolled in managed care organizations, the hospital must indicate the availability of home health and posthospital extended care services through individuals and entities that have a contract with the managed care organizations. The hospital must document in the patient's medical record that the list was presented to the patient or to the individual acting on the patient's behalf; and

(5) informing the patient or the patient's family, as part of the discharge planning process, of their freedom to choose among participating Medicare providers of posthospital care services and respecting, when possible, patient and family preferences when those preferences are expressed. The hospital must not specify or otherwise limit the qualified providers that are available to the patient.