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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 445

01/29/2015 Authored by Kelly, Loeffler and Johnson, C.,
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
03/19/2015 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to health; providing patients with specific notices; proposing coding for
1.3 new law in Minnesota Statutes, chapter 144.

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

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

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

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

1.13 (2) a statement that observation status may affect the patient's Medicare coverage for:

1.14 (i) hospital services, including medications and pharmaceutical supplies; or

1.15 (ii) home or community-based care or care at a skilled nursing facility upon the
1.16 patient's discharge; and

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

1.22 (b) The hospital shall document the date in the patient's record that the notice
1.23 required in paragraph (a) was provided to the patient, the patient's designated

2.1 representative such as the patient's health care agent, legal guardian, conservator, or
2.2 another person acting as the patient's representative.

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

2.6 (1) conducting a discharge planning evaluation that includes an evaluation of:

2.7 (i) the likelihood of the patient needing posthospital services and of the availability
2.8 of those services; and

2.9 (ii) the patient's capacity for self-care or the possibility of the patient being cared for
2.10 in the environment from which he or she entered the hospital;

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

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

2.20 (4) providing counseling, as needed, for the patient and family members or interested
2.21 persons to prepare them for posthospital care. The hospital must provide a list of available
2.22 Medicare eligible home care agencies or skilled nursing facilities that serve the patient's
2.23 geographic area, or other area requested by the patient if such care or placement is
2.24 indicated and appropriate. Once the patient has designated their preferred providers, the
2.25 hospital will assist the patient in securing care covered by their health plan or within the
2.26 care network. The hospital must not specify or otherwise limit the qualified providers that
2.27 are available to the patient. The hospital must document in the patient's record that the list
2.28 was presented to the patient or to the individual acting on the patient's behalf.