

**SENATE**  
**STATE OF MINNESOTA**  
**EIGHTY-NINTH SESSION**

**S.F. No. 679**

(SENATE AUTHORS: HAYDEN and Rosen)

DATE	D-PG	OFFICIAL STATUS
02/09/2015	243	Introduction and first reading
		Referred to Health, Human Services and Housing
04/07/2015		Comm report: To pass as amended and re-refer to Finance

1.1 A bill for an act  
 1.2 relating to health; providing patients with specific notices; amending Minnesota  
 1.3 Statutes 2014, section 144D.06; proposing coding for new law in Minnesota  
 1.4 Statutes, chapter 144.

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

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

1.8 Subdivision 1. **Observation stay notice.** (a) Within 24 hours of placing a patient  
 1.9 in observation status, a hospital, as defined under section 144.50, subdivision 2, must  
 1.10 provide oral and written notice to the patient that the hospital has done so. The oral and  
 1.11 written notices must include:

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

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

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

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

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

1.23 (b) The hospital shall document the date and time in the patient's record that the  
 1.24 notice 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 that include, but may not be limited to:

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 the patient 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 unnecessary delays in discharge are avoided;

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 person 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 patients have designated their preferred providers, the  
2.25 hospital will assist patients in securing care covered by their health plan or within their  
2.26 care network. The hospital must not specify or otherwise limit the qualified providers  
2.27 that are available to the patient.

2.28 The hospital must document in the patient's record that the list was presented to the  
2.29 patient or to the individual acting on the patient's behalf.

2.30 Sec. 2. Minnesota Statutes 2014, section 144D.06, is amended to read:

2.31 **144D.06 OTHER LAWS.**

2.32 In addition to registration under this chapter, a housing with services establishment  
2.33 must comply with chapter 504B and shall obtain and maintain all other licenses, permits,  
2.34 registrations, or other governmental approvals required of it ~~in addition to registration~~

3.1 ~~under this chapter. A housing with services establishment is subject to the provisions of~~  
3.2 ~~section 325F.72 and chapter 504B. with the following exceptions:~~

3.3 (1) a housing with services establishment with a special care unit under section  
3.4 325F.72 is subject to the lodging requirements. By January 15, 2016, the commissioner  
3.5 shall submit a report to the chairs and ranking minority members of the legislative  
3.6 committees having jurisdiction over health and human services regarding any additional  
3.7 regulation related to the physical plant of special care units necessary to protect residents  
3.8 with dementia; and

3.9 (2) housing with services establishments and portions of the establishment's building  
3.10 that are not subject to section 325F.72 are, beginning August 1, 2015, not subject to the  
3.11 lodging license requirements under chapter 157 and related rules.