

PLEASE NOTE: Legislative Information *cannot* perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

An Act To Increase Patient Choice in Health Care Facilities and Health Care Settings

Amend the bill by striking out everything after the title and before the summary and inserting the following:

Be it enacted by the People of the State of Maine as follows:

~~Sec. 1. 22 MRSA §1833~~ is enacted to read:

§ 1833. Information disclosure and patient choice

~~The following provisions apply to hospitals, nursing facilities, hospice providers, home health agencies and physicians licensed in the State in order to improve disclosure of information to patients and increase patients' choices.~~

~~**1. Discharge from hospitals.** — A hospital that is preparing to discharge a patient to a nursing facility, hospice provider or home health agency shall provide to the patient or to a representative of the patient information on the nursing facilities, hospice providers and home health agencies available to the patient that are able to serve the patient's needs. The information must include which physicians provide health care services in each nursing facility, hospice provider and home health agency and any business connections between those entities and the physicians.~~

~~**2. Nursing facility, hospice provider and home health agency information.** — A nursing facility, hospice provider or home health agency that accepts patients upon discharge from a hospital shall on a regular basis provide information to the hospital on physicians that provide health care services in the nursing facility, hospice provider or home health agency and whether the physicians are accepting new patients. The information must include the health care qualifications of the physicians and any business connections the physicians have with each nursing facility, hospice provider, home health agency or hospital, including ownership of the physicians' practices.~~

~~**3. Physician information.** — A physician who accepts new patients upon discharge from a hospital and admission to a nursing facility, hospice provider or home health agency shall on a regular basis provide information to the hospital, nursing facility, hospice provider or home health agency regarding whether the physician is accepting new patients. The information must include the health care qualifications of the physician and any business connections the physician has with each nursing facility, hospice provider, home health agency or hospital, including ownership of the physician's practice.~~

§1831. Patient referrals

1. Provision of information. In order to provide for informed patient or resident decisions, a hospital, skilled nursing facility or nursing facility shall provide a standardized lists of licensed providers and available physicians of care and services for all patients or residents prior to discharge for whom home health care and/or hospice or skilled nursing home, hospital swing bed, acute rehab, or

nursing care is needed. The list shall include a clear and conspicuous notice alerting the patient to their rights regarding their choice of providers.

A. For all patients or residents requiring home health care and/or hospice, the list must include all licensed home health care and hospice providers that request to be listed and any branch offices, including addresses and phone numbers, that serve the area in which the patient or resident resides.

B. For all patients or residents requiring swing bed or nursing facility care, the list must include all nursing facilities that request to be listed and the physicians available within that facility that serve the area in which the patient or resident resides or wishes to reside.

C. The hospital or nursing facility shall disclose to the patient or resident any direct or indirect financial interest the hospital or nursing facility has in the nursing facility or home health care provider.

2. Rulemaking. The department shall establish by rule guidelines necessary to carry out the purposes of this section including but not limited to the standardized list referenced in subsection 1 and contact information for the Long Term Care Ombudsman Program for assistance with questions or concerns. Rules adopted under this section are routine technical rules pursuant to Title 5, chapter 375, subchapter II-A.

Sec. 2. Rules regarding the responsibilities of medical directors in nursing facilities. The Department of Health and Human Services shall amend its rules regarding licensure of nursing facilities, Rule Chapter 110, chapter 16, to require that the responsibilities of a facility's medical director ~~includes ongoing guidance in the development and implementation of resident care policies, including review and revision of existing policies and protocols that guide clinical decision making meet the requirements~~ include ongoing guidance in the development and implementation of resident care policies, including review and revision of existing policies as required in ~~of~~ the guidelines for nursing facilities issued by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. Facilities, including those that are corporately owned, should be able to demonstrate that the development, review and approval of resident care policies or procedures provided opportunity for medical director input. Rules adopted pursuant to this section are routine technical rules as defined by the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Sec. 3. Standardized protocol; improved discharge planning. Resolved: That the Department of Health and Human Services Division of Licensing and Certification shall convene a working group prior to promulgating rules referenced in Sec. 1 including but not limited to representatives of the hospitals, nursing facilities, skilled nursing facilities, acute rehab, hospice, home health, medical directors, and the Long Term Care Ombudsman Program.

SUMMARY

This amendment changes the bill by adding hospital swing beds, skilled nursing, acute rehab, and hospice providers to the list of providers stipulated in 22 MRSA §1831 Patient Referrals. It amends 22 MRSA §1831 Patient Referrals by requiring a standardized list of licensed providers and physicians who accept patients in those settings. It further requires that the standardized list include a clear and conspicuous notice alerting the patient to their rights regarding their choice of providers and contact information for the Long Term Care Ombudsman Program. ~~requires the disclosure of information to a patient who is being discharged from a hospital to a nursing facility, hospice provider or home health agency regarding the patient's health care options. It requires information sharing among physicians, nursing facilities, hospice providers, home health agencies and hospitals to facilitate this disclosure. It~~

~~requires the information to include business connections among hospitals, nursing facilities, hospice providers and home health agencies and physicians.~~ The bill also requires the Department of Health and Human Services to amend its rules on medical directors in nursing facilities ~~to make the rules consistent with federal requirements and designates the rules as routine technical rules~~ to include ongoing guidance in the development and implementation of resident care policies, including review and revision of existing policies and that facilities and that the facility should be able to show that its development, review and approval of resident care policies or procedures included the medical director's input including in corporate settings. It also requires the Department of Health and Human Services to convene a working group prior to promulgating rules referenced in Sec. 1 including but not limited to representatives of the hospitals, hospital swing beds, nursing facilities, skilled nursing facilities, acute rehab, hospice, home health, medical directors, and the Long Term Care Ombudsman Program