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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 3511

02/12/2024

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The bill was read for the first time and referred to the Committee on Health Finance and Policy

- 1.1

A bill for an act
- 1.2

relating to health; establishing requirements for medication regimen reviews and
- 1.3

reviews of medication practices at assisted living facilities; modifying requirements
- 1.4

for resident records; requiring medication regimen review reports; amending
- 1.5

Minnesota Statutes 2022, sections 144G.43, subdivision 3; 144G.71, by adding
- 1.6

subdivisions.
- 1.7

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.8

Section 1. Minnesota Statutes 2022, section 144G.43, subdivision 3, is amended to read:
- 1.9

Subd. 3. **Contents of resident record.** Contents of a resident record include the following
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for each resident:
- 1.11

(1) identifying information, including the resident's name, date of birth, address, and
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telephone number;
- 1.13

(2) the name, address, and telephone number of the resident's emergency contact, legal
- 1.14

representatives, and designated representative;
- 1.15

(3) names, addresses, and telephone numbers of the resident's health and medical service
- 1.16

providers, if known;
- 1.17

(4) health information, including medical history, allergies, and when the provider is
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managing medications, treatments or therapies that require documentation, and other relevant
- 1.19

health records;
- 1.20

(5) the resident's advance directives, if any;
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(6) copies of any health care directives, guardianships, powers of attorney, or
- 1.22

conservatorships;

2.1 (7) the facility's current and previous assessments ~~and~~ service plans, and medication
2.2 regimen reviews;

2.3 (8) all records of communications pertinent to the resident's services;

2.4 (9) documentation of significant changes in the resident's status and actions taken in
2.5 response to the needs of the resident, including reporting to the appropriate supervisor or
2.6 health care professional;

2.7 (10) documentation of incidents involving the resident and actions taken in response to
2.8 the needs of the resident, including reporting to the appropriate supervisor or health care
2.9 professional;

2.10 (11) documentation that services have been provided as identified in the service plan;

2.11 (12) documentation that the resident has received and reviewed the assisted living bill
2.12 of rights;

2.13 (13) documentation of complaints received and any resolution;

2.14 (14) a discharge summary, including service termination notice and related
2.15 documentation, when applicable; and

2.16 (15) other documentation required under this chapter and relevant to the resident's
2.17 services or status.

2.18 Sec. 2. Minnesota Statutes 2022, section 144G.71, is amended by adding a subdivision to
2.19 read:

2.20 Subd. 2a. **Medication regimen review for residents requesting or receiving medication**
2.21 **management services.** (a) An assisted living facility must have a pharmacist conduct
2.22 medication regimen reviews for each resident who requests or is receiving medication
2.23 management services at the facility. A medication regimen review must be conducted each
2.24 time the resident experiences a significant change in condition and at least quarterly.

2.25 (b) In a medication regimen review, the pharmacist must identify any current or potential
2.26 medication-related problems, including but not limited to:

2.27 (1) the lack of clinical indication for the use of a medication;

2.28 (2) the use of a subtherapeutic dose of a medication;

2.29 (3) a medication administered in an excessive dosage, including duplicate therapy;

2.30 (4) a medication administered for an excessive duration;

3.1 (5) an adverse reaction to medication; and

3.2 (6) any medication interactions.

3.3 (c) After a medication regimen review, the pharmacist conducting the review must
3.4 provide the facility's director of health services with a written report of findings from the
3.5 review and any medication-related problems. The director of health services must provide
3.6 the medication regimen review report to the resident's attending provider. The director of
3.7 health services and the resident's attending provider must sign the report and accept or reject
3.8 the report and any problems noted in the report by the attending provider's next visit to the
3.9 resident, or sooner if indicated by the pharmacist who conducted the review.

3.10 Sec. 3. Minnesota Statutes 2022, section 144G.71, is amended by adding a subdivision to
3.11 read:

3.12 Subd. 2b. **Medication regimen review for residents not requesting or receiving**
3.13 **medication management services.** (a) An assisted living facility must offer a medication
3.14 regimen review to each resident who does not request or is not receiving medication
3.15 management services at the facility. A medication regimen review must be offered when
3.16 the resident is admitted to the facility and each time the resident experiences a significant
3.17 change in condition. The facility must document the resident's decision in the resident record.

3.18 (b) If a resident consents to a medication regimen review, the review must be conducted
3.19 according to subdivision 2a, paragraphs (b) and (c).

3.20 Sec. 4. Minnesota Statutes 2022, section 144G.71, is amended by adding a subdivision to
3.21 read:

3.22 Subd. 24. **Annual reviews of facility medication practices.** At least annually, an assisted
3.23 living facility that provides medication management services must have a pharmacist or
3.24 nurse conduct an on-site review of the facility's medication storage, medication setup, and
3.25 medication administration practices. The pharmacist or nurse conducting the review must
3.26 provide the results of the review and any recommendations for improvements to the facility's
3.27 director of health services.