

**SENATE  
STATE OF MINNESOTA  
NINETY-FIRST SESSION**

**S.F. No. 3887**

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DATE	D-PG	OFFICIAL STATUS
03/02/2020	5127	Introduction and first reading Referred to Health and Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to health; modifying postacute care discharge planning; amending

1.3 Minnesota Statutes 2018, section 144.586, subdivision 2.

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

1.5 Section 1. Minnesota Statutes 2018, section 144.586, subdivision 2, is amended to read:

1.6 Subd. 2. **Postacute care discharge planning.** Each hospital, including hospitals

1.7 designated as critical access hospitals, must comply with the federal hospital requirements

1.8 for discharge planning which include:

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

1.10 (i) the likelihood of the patient needing posthospital services and of the availability of

1.11 those services; and

1.12 (ii) the patient's capacity for self-care or the possibility of the patient being cared for in

1.13 the environment from which the patient entered the hospital;

1.14 (2) timely completion of the discharge planning evaluation under clause (1) by hospital

1.15 personnel so that appropriate arrangements for posthospital care are made before discharge,

1.16 and to avoid unnecessary delays in discharge;

1.17 (3) including the discharge planning evaluation under clause (1) in the patient's medical

1.18 record for use in establishing an appropriate discharge plan. The hospital must discuss the

1.19 results of the evaluation with the patient or individual acting on behalf of the patient. The

1.20 hospital must reassess the patient's discharge plan if the hospital determines that there are

1.21 factors that may affect continuing care needs or the appropriateness of the discharge plan;

1.22 and

2.1 (4) providing counseling, as needed, for the patient and family members or interested  
2.2 persons to prepare them for posthospital care. The hospital must provide: (i) a list of available  
2.3 Medicare-eligible home care agencies or skilled nursing facilities that serve the patient's  
2.4 geographic area, or other area requested by the patient if such care or placement is indicated  
2.5 and appropriate; and (ii) information regarding the option of a family member to be  
2.6 reimbursed for providing certain home care services under medical assistance. Once the  
2.7 patient has designated their preferred providers, the hospital will assist the patient in securing  
2.8 care covered by their health plan or within the care network. The hospital must not specify  
2.9 or otherwise limit the qualified providers that are available to the patient. The hospital must  
2.10 document in the patient's record that the list was presented to the patient or to the individual  
2.11 acting on the patient's behalf.