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State of Minnesota
HOUSE OF REPRESENTATIVES
NINETIETH SESSION

H. F. No. 1940

03/01/2017 Authored by Kiel
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to health; modifying the hospice bill of rights; amending Minnesota Statutes
1.3 2016, section 144A.751, subdivision 1.

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

1.5 Section 1. Minnesota Statutes 2016, section 144A.751, subdivision 1, is amended to read:

1.6 Subdivision 1. **Statement of rights.** An individual who receives hospice care has the
1.7 right to:

1.8 (1) receive written information about rights in advance of receiving hospice care or
1.9 during the initial evaluation visit before the initiation of hospice care, including what to do
1.10 if rights are violated;

1.11 (2) receive care and services according to a suitable hospice plan of care and subject to
1.12 accepted hospice care standards and to take an active part in creating and changing the plan
1.13 and evaluating care and services;

1.14 (3) be told in advance of receiving care about the services that will be provided, the
1.15 disciplines that will furnish care, the frequency of visits proposed to be furnished, other
1.16 choices that are available, and the consequence of these choices, including the consequences
1.17 of refusing these services;

1.18 (4) be told in advance, whenever possible, of any change in the hospice plan of care and
1.19 to take an active part in any change;

1.20 (5) refuse services or treatment;

2.1 (6) know, in advance, any limits to the services available from a provider, and the
2.2 provider's grounds for a termination of services;

2.3 (7) know in advance of receiving care whether the hospice services may be covered by
2.4 health insurance, medical assistance, Medicare, or other health programs in which the
2.5 individual is enrolled;

2.6 (8) receive, upon request, a good faith estimate of the reimbursement the provider expects
2.7 to receive from the health plan company in which the individual is enrolled. A good faith
2.8 estimate must also be made available at the request of an individual who is not enrolled in
2.9 a health plan company. This payment information does not constitute a legally binding
2.10 estimate of the cost of services;

2.11 (9) know that there may be other services available in the community, including other
2.12 end of life services and other hospice providers, and know where to go for information
2.13 about these services;

2.14 (10) choose freely among available providers and change providers after services have
2.15 begun, within the limits of health insurance, medical assistance, Medicare, or other health
2.16 programs;

2.17 (11) have personal, financial, and medical information kept private and be advised of
2.18 the provider's policies and procedures regarding disclosure of such information;

2.19 (12) be allowed access to records and written information from records according to
2.20 sections 144.291 to 144.298;

2.21 (13) be served by people who are properly trained and competent to perform their duties;

2.22 (14) be treated with courtesy and respect and to have the patient's property treated with
2.23 respect;

2.24 (15) voice grievances regarding treatment or care that is, or fails to be, furnished or
2.25 regarding the lack of courtesy or respect to the patient or the patient's property;

2.26 (16) be free from physical and verbal abuse;

2.27 (17) reasonable, advance written notice of changes in services or charges, including at
2.28 least ~~ten~~ 30 calendar days' advance written notice of the termination of a service by a
2.29 provider, except in cases where:

2.30 (i) the recipient of services engages in conduct that alters the conditions of employment
2.31 between the hospice provider and the individual providing hospice services, or creates an
2.32 abusive or unsafe work environment for the individual providing hospice services; or

3.1 (ii) an emergency for the informal caregiver or a significant change in the recipient's
 3.2 condition has resulted in service needs that exceed the current service provider agreement
 3.3 and that cannot be safely met by the hospice provider; or

3.4 ~~(iii) the recipient is no longer certified as terminally ill;~~

3.5 (18) written information with any termination of hospice services about the right to
 3.6 receive advocacy services from the Office of Ombudsman for Long-Term Care with the
 3.7 current office contact information, telephone number, and e-mail address. Every notice will
 3.8 have the following statement:

3.9 "You, as a recipient of hospice, have a right to receive advocacy services from the Office
 3.10 of Ombudsman for Long-Term Care about this termination of hospice services. The Office
 3.11 of Ombudsman for Long-Term Care provides advocacy services at no charge, can answer
 3.12 questions, and can assist you through the process of this termination of hospice services.
 3.13 To initiate these advocacy services, please contact the Office of Ombudsman for Long-Term
 3.14 Care.";

3.15 ~~(18)~~ (19) a coordinated transfer when there will be a change in the provider of services;

3.16 ~~(19)~~ (20) know how to contact an individual associated with the provider who is
 3.17 responsible for handling problems and to have the provider investigate and attempt to resolve
 3.18 the grievance or complaint;

3.19 ~~(20)~~ (21) know the name and address of the state or county agency to contact for
 3.20 additional information or assistance;

3.21 ~~(21)~~ (22) assert these rights personally, or have them asserted by the hospice patient's
 3.22 family when the patient has been judged incompetent, without retaliation; and

3.23 ~~(22)~~ (23) have pain and symptoms managed to the patient's desired level of comfort.