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Date: (Filing No. S-)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
SENATE
126TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to S.P. 179, L.D. 447, Bill, “An Act To Increase Patient Choice in Health Care Facilities and Health Care Settings”

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

Sec. 1. 22 MRSA §1831, as enacted by PL 1997, c. 337, §1, is amended to read:

§1831. Patient referrals

1. Provision of information. In order to provide for informed patient or resident decisions, a hospital or nursing facility shall provide ~~lists~~ a standardized list of licensed providers of care and services and available physicians for all patients or residents prior to discharge for whom home health care, hospice care, acute rehabilitation care, a hospital swing bed as defined in section 328, subsection 15 or nursing care is needed. The list must include a clear and conspicuous notice of the rights of the patient or resident regarding choice of providers.

A. For all patients or residents requiring home health care or hospice care, 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 nursing facility care or a hospital swing bed, the list must include all ~~nursing~~ appropriate facilities that request to be listed that serve the area in which the patient or resident resides or wishes to reside and the physicians available within those facilities that request to be listed.

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

COMMITTEE AMENDMENT

1 program under section 5107-A. Rules adopted under this section are routine technical
2 rules pursuant to Title 5, chapter 375, subchapter ~~H-A~~ 2-A.

3 **Sec. 2. Rules regarding the responsibilities of medical directors in**
4 **nursing facilities.** The Department of Health and Human Services shall amend its rules
5 regarding licensure of nursing facilities, Rule Chapter 110, chapter 16, to require that the
6 responsibilities of a facility's medical director include ongoing guidance in the
7 development and implementation of resident care policies, including review and revision
8 of existing policies as required in the guidelines for nursing facilities issued by the United
9 States Department of Health and Human Services, Centers for Medicare and Medicaid
10 Services. The rules must require all facilities, including those that are corporately owned,
11 to be able to demonstrate that the development, review and approval of resident care
12 policies or procedures provide opportunity for medical director input. Rules adopted
13 pursuant to this section are routine technical rules as defined by the Maine Revised
14 Statutes, Title 5, chapter 375, subchapter 2-A.'

15 **SUMMARY**

16 This amendment replaces the bill. The amendment adds hospital swing beds, acute
17 rehabilitation care and hospice providers to the list of providers covered by the Maine
18 Revised Statutes, Title 22, section 1831. The amendment requires distribution of a
19 standardized list of licensed providers and physicians in the relevant settings and notice
20 of patient rights and of how to contact the long-term care ombudsman program. The
21 amendment requires the Department of Health and Human Services to amend its rules on
22 medical directors in nursing facilities to include among the responsibilities of the medical
23 director ongoing guidance in the development and implementation of resident care
24 policies, including review and revision of existing policies. The amended rules must
25 require that the facility, including a facility that is corporately owned, be able to show
26 that its development, review and approval of resident care policies or procedures include
27 the opportunity for the medical director's input.

28 **FISCAL NOTE REQUIRED**

29 **(See attached)**