HOUSE BILL NO. 5948

September 25, 2024, Introduced by Rep. Rheingans and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled "Public health code,"

by amending sections 20201 and 21734 (MCL 333.20201 and 333.21734), section 20201 as amended by 2016 PA 499 and section 21734 as amended by 2022 PA 187.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Sec. 20201. (1) A health facility or agency that provides
- 2 services directly to patients or residents and is licensed under
- 3 this article shall adopt a policy describing the rights and

- 1 responsibilities of patients or residents admitted to the health
- 2 facility or agency. Except for a licensed health maintenance
- 3 organization that is subject to chapter 35 of the insurance code of
- 4 1956, 1956 PA 218, MCL 500.3501 to 500.3573, the health facility or
- 5 agency shall post the policy at a public place in the health
- 6 facility or agency and shall provide the policy to each member of
- 7 the health facility or agency staff. Patients or residents shall
- 8 must be treated in accordance with the policy.
- **9** (2) The policy describing the rights and responsibilities of
- 10 patients or residents required under subsection (1) shall must
- 11 include, as a minimum, all of the following:
- 12 (a) A patient or resident shall must not be denied appropriate
- 13 care on the basis of race, religion, color, national origin, sex,
- 14 age, disability, marital status, sexual preference, or source of
- 15 payment.
- 16 (b) An individual who is or has been a patient or resident is
- 17 entitled to inspect, or receive for a reasonable fee, a copy of his
- 18 or her the individual's medical record upon request in accordance
- 19 with the medical records access act, 2004 PA 47, MCL 333.26261 to
- 20 333.26271. Except as otherwise permitted or required under the
- 21 health insurance portability and accountability act of 1996, Public
- 22 Law 104-191, or regulations promulgated under that act, 45 CFR
- 23 parts 160 and 164, a third party shall not be given a copy of the
- 24 patient's or resident's medical record without prior authorization
- 25 of the patient or resident.
- 26 (c) A patient or resident is entitled to confidential
- 27 treatment of personal and medical records, and may refuse their
- 28 release to a person outside the health facility or agency except as
- 29 required because of a transfer to another health care facility, as

- 1 required by law or third party payment contract, or as permitted or
 2 required under the health insurance portability and accountability
- 3 act of 1996, Public Law 104-191, or regulations promulgated under
- 4 that act, 45 CFR parts 160 and 164.

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- 5 (d) A patient or resident is entitled to privacy, to the 6 extent feasible, in treatment and in caring for personal needs with 7 consideration, respect, and full recognition of his or her the 8 patient's or resident's dignity and individuality.
- 9 (e) A patient or resident is entitled to receive adequate and 10 appropriate care, and to receive, from the appropriate individual 11 within the health facility or agency, information about his or her the patient's or resident's medical condition, proposed course of 12 13 treatment, and prospects for recovery, in terms that the patient or 14 resident can understand, unless medically contraindicated as 15 documented in the medical record by the attending physician, a physician's assistant with whom the physician has a practice 16 agreement, or an advanced practice registered nurse. 17
 - (f) A patient or resident is entitled to refuse treatment to the extent provided by law and to be informed of the consequences of that refusal. If a refusal of treatment prevents a health facility or agency or its staff from providing appropriate care according to ethical and professional standards, the relationship with the patient or resident may be terminated upon reasonable notice.
 - (g) A patient or resident is entitled to exercise his or her the patient's or resident's rights as a patient or resident and as a citizen, and to this end may present grievances or recommend changes in policies and services on behalf of himself or herself the patient or resident or others to the health facility or agency

- 1 staff, to governmental officials, or to another person of his or
- 2 her the patient's or resident's choice within or outside the health
- 3 facility or agency, free from restraint, interference, coercion,
- 4 discrimination, or reprisal. A patient or resident is entitled to
- 5 information about the health facility's or agency's policies and
- 6 procedures for initiation, review, and resolution of patient or
- 7 resident complaints.
- 8 (h) A patient or resident is entitled to information
- 9 concerning an experimental procedure proposed as a part of his or
- 10 her the patient's or resident's care and has the right to refuse to
- 11 participate in the experimental procedure without jeopardizing his
- 12 or her the patient's or resident's continuing care.
- 13 (i) A patient or resident is entitled to receive and examine
- 14 an explanation of his or her the patient's or resident's bill
- 15 regardless of the source of payment and to receive, upon request,
- 16 information relating to financial assistance available through the
- 17 health facility or agency.
- 18 (j) A patient or resident is entitled to know who is
- 19 responsible for and who is providing his or her the patient's or
- 20 resident's direct care, to receive information concerning his or
- 21 her the patient's or resident's continuing health needs and
- 22 alternatives for meeting those needs, and to be involved in his or
- 23 her—the patient's or resident's discharge planning, if appropriate.
- 24 (k) A patient or resident is entitled to associate and have
- 25 private communications and consultations with his or her the
- 26 patient's or resident's physician or a physician's assistant with
- 27 whom the physician has a practice agreement, with his or her the
- 28 patient's or resident's advanced practice registered nurse, with
- 29 his or her the patient's or resident's attorney, or with any other

- 1 individual of his or her the patient's or resident's choice and to
- 2 send and receive personal mail unopened on the same day it is
- 3 received at the health facility or agency, unless medically
- 4 contraindicated as documented in the medical record by the
- 5 attending physician, a physician's assistant with whom the
- 6 physician has a practice agreement, or an advanced practice
- 7 registered nurse. A patient's or resident's civil and religious
- 8 liberties, including the right to independent personal decisions
- 9 and the right to knowledge of available choices, shall must not be
- 10 infringed and the health facility or agency shall encourage and
- 11 assist in the fullest possible exercise of these rights. A patient
- 12 or resident may meet with, and participate in, the activities of
- 13 social, religious, and community groups at his or her the patient's
- 14 or resident's discretion, unless medically contraindicated as
- 15 documented in the medical record by the attending physician, a
- 16 physician's assistant with whom the physician has a practice
- 17 agreement, or an advanced practice registered nurse.
- 18 (l) A patient or resident is entitled to be free from mental
- 19 and physical abuse. and
- 20 (m) Except as otherwise provided in this subdivision, a
- 21 patient or resident is entitled to be free from physical and
- 22 chemical restraints, except those restraints authorized in writing
- 23 by the attending physician, by a physician's assistant with whom
- 24 the physician has a practice agreement, or by an advanced practice
- 25 registered nurse, for a specified and limited time or as are
- 26 necessitated by an emergency to protect the patient or resident
- 27 from injury to self or others, in which case the restraint may only
- 28 be applied by a qualified professional who shall set forth in
- 29 writing the circumstances requiring the use of restraints and who

- 1 shall promptly report the action to the attending physician,
- 2 physician's assistant, or advanced practice registered nurse who
- 3 authorized the restraint. In case of a chemical restraint, the
- 4 physician, or the advanced practice registered nurse who authorized
- 5 the restraint, shall must be consulted within 24 hours after the
- 6 commencement of the chemical restraint. Subject to subsection (7),
- 7 if the health facility or agency is a hospital, the patient is
- 8 entitled to be free from restraint or seclusion, except that a
- 9 hospital may use restraint or seclusion as authorized under 42 CFR
- 10 482.13.
- (n) (m) A patient or resident is entitled to be free from
- 12 performing services for the health facility or agency that are not
- 13 included for therapeutic purposes in the plan of care.
- 14 (o) (n)—A patient or resident is entitled to information about
- 15 the health facility or agency rules and regulations affecting
- 16 patient or resident care and conduct.
- (p) (o) A patient or resident is entitled to adequate and
- 18 appropriate pain and symptom management as a basic and essential
- 19 element of his or her the patient's or resident's medical
- 20 treatment.
- 21 (3) The following additional requirements for the policy
- 22 described in subsection (2) apply to licensees under parts 213 and
- **23** 217:
- 24 (a) The policy shall must be provided to each nursing home
- 25 patient or home for the aged resident upon admission, and the staff
- 26 of the facility shall must be trained and involved in the
- 27 implementation of the policy.
- 28 (b) Each nursing home patient may associate and communicate
- 29 privately with persons of his or her the patient's choice.

- 1 Reasonable, regular visiting hours, which shall must be not less
- 2 than 8 hours per day, and which shall must take into consideration
- 3 the special circumstances of each visitor, shall must be
- 4 established for patients to receive visitors. A patient may be
- 5 visited by the patient's attorney or by representatives of the
- 6 departments named in section 20156, during other than established
- 7 visiting hours. Reasonable privacy shall must be afforded for
- 8 visitation of a patient who shares a room with another patient.
- 9 Each patient shall must have reasonable access to a telephone. A
- 10 married nursing home patient or home for the aged resident is
- 11 entitled to meet privately with his or her the patient's spouse in
- 12 a room that ensures privacy. If both spouses are residents in the
- 13 same facility, they are entitled to share a room unless medically
- 14 contraindicated and documented in the medical record by the
- 15 attending physician, a physician's assistant with whom the
- 16 physician has a practice agreement, or an advanced practice
- 17 registered nurse.
- 18 (c) A nursing home patient or home for the aged resident is
- 19 entitled to retain and use personal clothing and possessions as
- 20 space permits, unless to do so would infringe upon the rights of
- 21 other patients or residents, or unless medically contraindicated as
- 22 documented in the medical record by the attending physician, a
- 23 physician's assistant with whom the physician has a practice
- 24 agreement, or an advanced practice registered nurse. Each nursing
- 25 home patient or home for the aged resident shall must be provided
- 26 with reasonable space. At the request of a patient, a nursing home
- 27 shall provide for the safekeeping of personal effects, money, and
- 28 other property of a patient in accordance with section 21767,
- 29 except that a nursing home is not required to provide for the

1 safekeeping of a property that would impose an unreasonable burden
2 on the nursing home.

(d) A nursing home patient or home for the aged resident is entitled to the opportunity to participate in the planning of his or her the patient's or resident's medical treatment. The attending physician, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse, shall fully inform the nursing home patient of the patient's medical condition unless medically contraindicated as documented in the medical record by a physician, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse. Each nursing home patient shall must be afforded the opportunity to discharge himself or herself the patient from the nursing home.

- (e) A home for the aged resident may be transferred or discharged only for medical reasons, for his or her the resident's welfare or that of other residents, or for nonpayment of his or her the resident's stay, except as provided by title XVIII or title XIX. A nursing home patient may be transferred or discharged only as provided in sections 21773 to 21777. A nursing home patient or home for the aged resident is entitled to be given reasonable advance notice to ensure orderly transfer or discharge. Those actions shall must be documented in the medical record.
- (f) A nursing home patient or home for the aged resident is entitled to be fully informed before or at the time of admission and during stay of services available in the facility, and of the related charges including any charges for services not covered under title XVIII, or not covered by the facility's basic per diem rate. The statement of services provided by the facility shall must

be in writing and shall—include those required to be offered on an
as-needed basis.

- (g) A nursing home patient or home for the aged resident is 3 entitled to manage his or her the patient's or resident's own 4 5 financial affairs, or to have at least a quarterly accounting of 6 personal financial transactions undertaken in his or her the 7 patient's or resident's behalf by the facility during a period of 8 time the patient or resident has delegated those responsibilities to the facility. In addition, a patient or resident is entitled to 9 10 receive each month from the facility an itemized statement setting 11 forth the services paid for by or on behalf of the patient and the services rendered by the facility. The admission of a patient to a 12 13 nursing home does not confer on the nursing home or its owner, 14 administrator, employees, or representatives the authority to 15 manage, use, or dispose of a patient's property.
 - (h) A nursing home patient or a person authorized by the patient in writing may inspect and copy the patient's personal and medical records. The records shall must be made available for inspection and copying by the nursing home within a reasonable time, not exceeding 1 week, after the receipt of a written request.

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- (i) If a nursing home patient desires treatment by a licensed member of the healing arts, the treatment shall must be made available unless it is medically contraindicated, and the medical contraindication is justified in the patient's medical record by the attending physician, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse.
- (j) A nursing home patient has the right to have his or her the patient's parents, if a minor, or his or her the patient's

- 1 spouse, next of kin, or patient's representative, if an adult, stay
- 2 at the facility 24 hours a day if the patient is considered
- 3 terminally ill by the physician responsible for the patient's care,
- 4 a physician's assistant with whom the physician has a practice
- 5 agreement, or an advanced practice registered nurse.
- 6 (k) Each nursing home patient shall must be provided with
- 7 meals that meet the recommended dietary allowances for that
- 8 patient's age and sex and that may be modified according to special
- 9 dietary needs or ability to chew.
- 10 (l) Each nursing home patient has the right to receive
- 11 representatives of approved organizations as provided in section
- **12** 21763.
- 13 (4) A nursing home, its owner, administrator, employee, or
- 14 representative shall not discharge, harass, or retaliate or
- 15 discriminate against a patient because the patient has exercised a
- 16 right protected under this section.
- 17 (5) In the case of a nursing home patient, the rights
- 18 enumerated in subsection (2)(c), (g), and (k) and subsection
- 19 (3)(d), (g), and (h) may be exercised by the patient's
- 20 representative.
- 21 (6) A nursing home patient or home for the aged resident is
- 22 entitled to be fully informed, as evidenced by the patient's or
- 23 resident's written acknowledgment, before or at the time of
- 24 admission and during stay, of the policy required by this section.
- 25 The policy shall must provide that if a patient or resident is
- 26 adjudicated incompetent and not restored to legal capacity, the
- 27 rights and responsibilities set forth in this section shall must be
- 28 exercised by a person designated by the patient or resident. The
- 29 health facility or agency shall provide proper forms for the

- 1 patient or resident to provide for the designation of this person
- 2 at the time of admission.
- 3 (7) For purposes of subsection (2) (m), 42 CFR 482.13 is
- 4 incorporated by reference as it exists on the effective date of the
- 5 2024 amendatory act that added this subsection. If the regulation
- 6 described in this subsection is revised after the effective date of
- 7 the 2024 amendatory act that added this subsection, the department
- 8 shall take notice of the revision and shall promulgate rules to
- 9 incorporate the revision by reference.
- 10 (8) (7) This section does not prohibit a health facility or
- 11 agency from establishing and recognizing additional patients'
- 12 rights.
- 13 (9) $\frac{(8)}{}$ As used in this section:
- 14 (a) "Advanced practice registered nurse" means that term as
- 15 defined in section 17201.
- 16 (b) "Patient's representative" means that term as defined in
- **17** section 21703.
- 18 (c) "Practice agreement" means an agreement described in
- **19** section 17047, 17547, or 18047.
- 20 (d) "Title XVIII" means title XVIII of the social security
- 21 act, 42 USC 1395 to 1395 lll.
- (e) "Title XIX" means title XIX of the social security act, 42
- 23 USC 1396 to $\frac{1396w-5.1396w-8}{.}$
- **24** Sec. 21734. (1) Notwithstanding section $\frac{20201(2)(l)}{r}$
- 25 20201(2)(m), a nursing home shall give each resident who uses a
- 26 hospital-type bed or the resident's legal guardian, patient
- 27 advocate, or other legal representative the option of having bed
- 28 rails. A nursing home shall offer the option to new residents on
- 29 admission and to other residents on request. On the receipt of a

- 1 request for bed rails, the nursing home shall inform the resident
- 2 or the resident's legal guardian, patient advocate, or other legal
- 3 representative of alternatives to and the risks involved in using
- 4 bed rails. A resident or the resident's legal guardian, patient
- 5 advocate, or other legal representative has the right to request
- 6 and consent to bed rails for the resident. A nursing home shall
- 7 provide bed rails to a resident only on the receipt of a signed
- 8 consent form authorizing bed rail use and a written order from the
- 9 resident's attending physician that contains statements and
- 10 determinations regarding medical symptoms and that specifies the
- 11 circumstances under which bed rails are to be used. For purposes of
- 12 this subsection, "medical symptoms" includes the following:
- 13 (a) A concern for the physical safety of the resident.
- 14 (b) Physical or psychological need expressed by a resident. A
- 15 resident's fear of falling may be the basis of a medical symptom.
- 16 (2) A nursing home that provides bed rails under subsection
- 17 (1) shall do all of the following:
- 18 (a) Document that the requirements of subsection (1) have been
- **19** met.
- 20 (b) Monitor the resident's use of the bed rails.
- 21 (c) In consultation with the resident, resident's family,
- 22 resident's attending physician, and individual who consented to the
- 23 bed rails, periodically reevaluate the resident's need for the bed
- 24 rails.
- 25 (3) The department shall maintain clear and uniform peer-
- 26 reviewed, evidence-based, best-practice resources to be used in
- 27 determining what constitutes each of the following:
- 28 (a) Acceptable bed rails for use in a nursing home in this
- 29 state. The department shall consider the recommendations of the

- 1 hospital bed safety work group established by the United States
- 2 Food and Drug Administration, if those are available, in
- 3 determining what constitutes an acceptable bed rail.
- 4 (b) Proper maintenance of bed rails.
- 5 (c) Properly fitted mattresses.
- 6 (d) Other hazards created by improperly positioned bed rails,7 mattresses, or beds.
- 8 (4) The department shall maintain the peer-reviewed, evidence-9 based, best-practice resources under subsection (3) in consultation 10 with the long-term care stakeholders work group established under 11 section 20155(18).
- 12 (5) A nursing home that complies with subsections (1) and (2)
 13 and the peer-reviewed, evidence-based, best-practices resources
 14 maintained under this section in providing bed rails to a resident
 15 is not subject to administrative penalties imposed by the
 16 department based solely on providing the bed rails. This subsection
 17 does not preclude the department from citing specific state or
- 18 federal deficiencies for improperly maintained bed rails,
- 19 improperly fitted mattresses, or other hazards created by
- 20 improperly positioned bed rails, mattresses, or beds.