

SENATE  
STATE OF MINNESOTA  
NINETY-FOURTH SESSION

S.F. No. 1861

(SENATE AUTHORS: HAUSCHILD)

DATE	D-PG	OFFICIAL STATUS
02/24/2025	491	Introduction and first reading Referred to Health and Human Services

1.1A bill for an act

1.2relating to health; modifying license conditions for certain hospital swing beds;

1.3amending Minnesota Statutes 2024, section 144.562, subdivision 3.

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

1.5Section 1. Minnesota Statutes 2024, section 144.562, subdivision 3, is amended to read:

1.6Subd. 3. **Approval of license condition.** (a) The commissioner of health shall approve

1.7a license condition for swing beds if the hospital meets all of the criteria of this subdivision.

1.8(b) The hospital must meet the eligibility criteria in subdivision 2.

1.9(c) The hospital must be in compliance with the Medicare conditions of participation

1.10for swing beds under Code of Federal Regulations, title 42, section 482.66.

1.11(d) Except as provided in paragraph (h), the hospital must agree, in writing, to limit the

1.12length of stay of a patient receiving services in a swing bed to not more than 40 days, or

1.13the duration of Medicare eligibility, unless the commissioner of health approves a greater

1.14length of stay in an emergency situation. To determine whether an emergency situation

1.15exists, the commissioner shall require the hospital to provide documentation that continued

1.16services in the swing bed are required by the patient; that no skilled nursing facility beds

1.17are available within 25 miles from the patient's home, or in some more remote facility of

1.18the resident's choice, that can provide the appropriate level of services required by the

1.19patient; and that other alternative services are not available to meet the needs of the patient.

1.20If the commissioner approves a greater length of stay, the hospital shall develop a plan

1.21providing for the discharge of the patient upon the availability of a nursing home bed or

1.22other services that meet the needs of the patient. Permission to extend a patient's length of

2.1 stay must be requested by the hospital at least ten days prior to the end of the maximum  
2.2 length of stay.

2.3 (e) Except as provided in paragraph (h), the hospital must agree, in writing, to limit  
2.4 admission to a swing bed only to (1) patients who have been hospitalized and not yet  
2.5 discharged from the facility, or (2) patients who are transferred directly from an acute care  
2.6 hospital.

2.7 (f) The hospital must agree, in writing, to report to the commissioner of health by  
2.8 December 1, 1985, and annually thereafter, in a manner required by the commissioner (1)  
2.9 the number of patients readmitted to a swing bed within 60 days of a patient's discharge  
2.10 from the facility, (2) the hospital's charges for care in a swing bed during the reporting  
2.11 period with a description of the care provided for the rate charged, and (3) the number of  
2.12 beds used by the hospital for transitional care and similar subacute inpatient care.

2.13 (g) The hospital must agree, in writing, to report statistical data on the utilization of the  
2.14 swing beds on forms supplied by the commissioner. The data must include the number of  
2.15 swing beds, the number of admissions to and discharges from swing beds, Medicare  
2.16 reimbursed patient days, total patient days, and other information required by the  
2.17 commissioner to assess the utilization of swing beds.

2.18 (h) The conditions and limitations in paragraphs (d) and (e) do not apply to any hospital  
2.19 located in Cook County that:

2.20 (1) is designated as a critical access hospital under section 144.1483, clause (9), and  
2.21 United States Code, title 42, section 1395i-4; and

2.22 (2) has an attached nursing home.

2.23 Any swing bed located in a hospital described in this paragraph may be used to provide  
2.24 nursing facility services without requiring a prior hospital stay. The services provided are  
2.25 covered medical assistance services under chapter 256B and eligible for medical assistance  
2.26 reimbursement under chapter 256R.