

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 2934

(SENATE AUTHORS: HOFFMAN)

DATE03/24/2025D-PGIntroduction and first reading
Referred to Human ServicesOFFICIAL STATUS

1.1A bill for an act

1.2relating to health; updating assisted living provisions; amending Minnesota Statutes

1.32024, sections 144G.08, by adding subdivisions; 144G.10, subdivisions 1, 1a, 5;

1.4144G.16, subdivision 3; 144G.81, subdivision 1; proposing coding for new law

1.5in Minnesota Statutes, chapter 144G; repealing Minnesota Statutes 2024, section

1.6144G.9999, subdivisions 1, 2, 3.

1.7BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8Section 1. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision

1.9to read:

1.10Subd. 12a. **Chemical restraint.** "Chemical restraint" has the meaning given in section

1.11245D.02, subdivision 3b.

1.12Sec. 2. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to

1.13read:

1.14Subd. 36a. **Manual restraint.** "Manual restraint" has the meaning given in section

1.15245D.02, subdivision 15a.

1.16Sec. 3. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to

1.17read:

1.18Subd. 36b. **Mechanical restraint.** "Mechanical restraint" has the meaning given in

1.19section 245D.02, subdivision 15b. Mechanical restraint includes use of an auxiliary device

1.20to ensure a person does not unfasten a seat belt in a vehicle. Mechanical restraint does not

1.21include:

1.22(1) use of a seat belt as required under section 169.686; or

2.1 (2) use of a child passenger restraint system as required under section 245A.18,
2.2 subdivision 1.

2.3 Sec. 4. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to
2.4 read:

2.5 Subd. 61a. **Restraint.** "Restraint" has the meaning given in section 245D.02, subdivision
2.6 28.

2.7 Sec. 5. Minnesota Statutes 2024, section 144G.10, subdivision 1, is amended to read:

2.8 Subdivision 1. **License required.** (a)(1) Beginning August 1, 2021, no assisted living
2.9 facility may operate in Minnesota unless it is licensed under this chapter.

2.10 (2) No facility or building on a campus may provide assisted living services until
2.11 obtaining the required license under paragraphs (c) to (e).

2.12 (b) The licensee is legally responsible for the management, control, and operation of the
2.13 facility, regardless of the existence of a management agreement or subcontract. Nothing in
2.14 this chapter shall in any way affect the rights and remedies available under other law.

2.15 (c) Upon approving an application for an assisted living facility license, the commissioner
2.16 shall issue a single license for each building that is operated by the licensee as an assisted
2.17 living facility and is located at a separate address, except as provided under paragraph (d)
2.18 or (e). Each licensed assisted living facility building must have a two-hour fire barrier as
2.19 defined by NFPA 101 between any licensed and unlicensed areas of the building and between
2.20 any licensed areas subject to another license type not granted under chapter 144G.

2.21 (d) Upon approving an application for an assisted living facility license, the commissioner
2.22 may issue a single license for two or more buildings on a campus that are operated by the
2.23 same licensee as an assisted living facility. An assisted living facility license for a campus
2.24 must identify the address and licensed resident capacity of each building located on the
2.25 campus in which assisted living services are provided.

2.26 (e) Upon approving an application for an assisted living facility license, the commissioner
2.27 may:

2.28 (1) issue a single license for two or more buildings on a campus that are operated by the
2.29 same licensee as an assisted living facility with dementia care, provided the assisted living
2.30 facility for dementia care license for a campus identifies the buildings operating as assisted
2.31 living facilities with dementia care; or

(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.

Sec. 6. Minnesota Statutes 2024, section 144G.10, subdivision 1a, is amended to read:

Subd. 1a. **Assisted living director license required.** Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports and be affiliated as the director of record with the board.

Sec. 7. Minnesota Statutes 2024, section 144G.10, subdivision 5, is amended to read:

Subd. 5. **Protected title; restriction on use.** (a) Effective January 1, 2026, no person or entity may use the phrase "assisted living," whether alone or in combination with other words and whether orally or in writing, to: advertise; market; or otherwise describe, offer, or promote itself, or any housing, service, service package, or program that it provides within this state, unless the person or entity is a licensed assisted living facility that meets the requirements of this chapter. A person or entity entitled to use the phrase "assisted living" shall use the phrase only in the context of its participation that meets the requirements of this chapter.

(b) Effective January 1, 2026, the licensee's name for ~~a new~~ an assisted living facility may not include the terms "home care" or "nursing home."

Sec. 8. Minnesota Statutes 2024, section 144G.16, subdivision 3, is amended to read:

Subd. 3. **Licensure; termination or extension of provisional licenses.** (a) If the provisional licensee is in substantial compliance with the survey, the commissioner shall issue a facility license.

(b) If the provisional licensee is not in substantial compliance with the initial survey, the commissioner shall either: (1) not issue the facility license and terminate the provisional license; or (2) extend the provisional license for a period not to exceed 90 calendar days and apply conditions necessary to bring the facility into substantial compliance. If the provisional licensee is not in substantial compliance with the survey within the time period of the extension or if the provisional licensee does not satisfy the license conditions, the commissioner may deny the license.

(c) The owners and managerial officials of a provisional licensee whose license is denied are ineligible to apply for an assisted living facility license under this chapter for one year following the facility's closure date.

4.1 Sec. 9. **[144G.65] TRAINING IN RESTRAINTS.**

4.2 Subdivision 1. **Training.** The licensee must ensure that staff who may apply an
4.3 emergency manual restraint complete a minimum of four hours of training from qualified
4.4 individuals prior to assuming these responsibilities. Training must include:

4.5 (1) de-escalation techniques and their value;

4.6 (2) principles of person-centered planning and service delivery as identified in section
4.7 245D.07, subdivision 1a;

4.8 (3) what constitutes the use of a manual restraint;

4.9 (4) staff responsibilities related to prohibited procedures under section 144G.85,
4.10 subdivision 4; why the procedures are not effective for reducing or eliminating symptoms
4.11 or interfering behavior; and why the procedures are not safe;

4.12 (5) the situations when staff must contact 911 services in response to an imminent risk
4.13 of harm to the resident or others; and

4.14 (6) cultural competence.

4.15 Subd. 2. **Annual refresher training.** The licensee must ensure that staff complete two
4.16 hours of refresher training on an annual basis covering each of the training areas in
4.17 subdivision 1.

4.18 Subd. 3. **Implementation.** The assisted living facility must implement all orientation
4.19 and training topics in this section.

4.20 Subd. 4. **Verification; documentation; orientation and training.** The assisted living
4.21 facility must document in each employee's record completion of the orientation and training
4.22 required in this section.

4.23 Sec. 10. Minnesota Statutes 2024, section 144G.81, subdivision 1, is amended to read:

4.24 Subdivision 1. **Fire protection and physical environment.** An assisted living facility
4.25 with a dementia care ~~that has a secured dementia care unit license~~ must meet the requirements
4.26 of section 144G.45 and the following additional requirements:

4.27 (1) ~~a hazard vulnerability~~ an assessment or of safety risk risks must be performed on
4.28 and around the property. The ~~hazards indicated~~ safety risks identified by the facility on the
4.29 assessment must be ~~assessed and~~ mitigated to protect the residents from harm. The mitigation
4.30 efforts must be documented in the facility's records; and

(2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.

Sec. 11. **[144G.85] USE OF RESTRAINTS.**

Subdivision 1. **Restraints.** Residents must be free from any chemical, manual, and mechanical restraints imposed for purposes of discipline or caregiver convenience, and that are not required to treat the resident's medical symptoms.

Subd. 2. **Protective measures.** (a) If a resident exhibits behavior which becomes a threat to the health or safety of the resident or others, the nurse or person in charge, if other than a nurse, must take temporary, emergency measures to protect the resident and other persons in the facility. Emergency use of a manual restraint is permitted only when immediate intervention is needed to protect the resident or others from imminent risk of physical harm and it is the least restrictive intervention to address the immediate risk of harm. The restraint must be removed when there is no longer imminent risk of physical harm to the resident or other persons in the facility.

(b) The resident's legal representative or interested family member must be notified when temporary emergency measures are taken. Notification and the temporary emergency measures must be documented. The advanced practice registered nurse, physician, or physician assistant must be notified within 12 hours.

Subd. 3. **Procedures prohibited.** The licensee is prohibited from using chemical restraints, manual restraints, mechanical restraints, time out, seclusion, or any other aversive or deprivation procedure as a substitute for adequate staffing, as punishment, or for staff convenience.

Subd. 4. **Ordered treatment.** Any use of restraints, other than an emergency use to address an imminent risk, must comply with the requirements of section 144G.72 for an ordered treatment.

Subd. 5. **Permitted application.** The use of restraints must:

(1) protect the rights, health, and welfare of the resident;

(2) not apply back or chest pressure while a resident is in a prone, supine, or side-lying position;

(3) allow residents to be free from "prone restraint," meaning the use of manual restraint that places a resident in a face-down position. Prone restraint does not include brief physical holding of a resident who, during an emergency use of manual restraint, rolls into a prone

6.1 position, if the resident is restored to a standing, sitting, or side-lying position as quickly as
6.2 possible.

6.3 Sec. 12. **REPEALER.**

6.4 Minnesota Statutes 2024, section 144G.9999, subdivisions 1, 2, and 3, are repealed.

144G.9999 RESIDENT QUALITY OF CARE AND OUTCOMES IMPROVEMENT TASK FORCE.

Subdivision 1. **Establishment.** The commissioner shall establish a Resident Quality of Care and Outcomes Improvement Task Force to examine and make recommendations, on an ongoing basis, on how to apply proven safety and quality improvement practices and infrastructure to settings and providers that provide long-term services and supports.

Subd. 2. **Membership.** The task force shall include representation from:

(1) nonprofit Minnesota-based organizations dedicated to patient safety or innovation in health care safety and quality;

(2) Department of Health staff with expertise in issues related to safety and adverse health events;

(3) consumer organizations;

(4) direct care providers or their representatives;

(5) organizations representing long-term care providers and home care providers in Minnesota;

(6) the ombudsman for long-term care or a designee;

(7) national patient safety experts; and

(8) other experts in the safety and quality improvement field.

The task force shall have at least one public member who either is or has been a resident in an assisted living setting and one public member who has or had a family member living in an assisted living setting. The membership shall be voluntary except that public members may be reimbursed under section 15.059, subdivision 3.

Subd. 3. **Recommendations.** The task force shall periodically provide recommendations to the commissioner and the legislature on changes needed to promote safety and quality improvement practices in long-term care settings and with long-term care providers. The task force shall meet no fewer than four times per year. The task force shall be established by July 1, 2020.