



March 26, 2025

To: Chair Hoffman and Members of the Human Services Committee

From: Alzheimer's Association, MN/ND Chapter, AARP Minnesota, Mid-MN Legal Aid, Minnesota Elder Justice Center, Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities

Re: Support for Senator Hoffman's bill SF 2934

Chair Hoffman and Members of the Committee:

Our organizations are writing in support of Senator Hoffman's bill (**SF 2934**) which provides guidance to providers on the use of chemical, mechanical, and manual restraints.

The Elder Care and Vulnerable Adult Protection Act of 2019 achieved multiple milestones – creation of a license for assisted living facilities (Minnesota being one of the last states in the nation to do so), an establishment of a Bill of Rights for Assisted Living, and expansion of the Office of Ombudsman for Long-Term Care. One mutual goal that was not achieved was the establishment of statutory language to guide providers in determining appropriate and inappropriate use of restraints as well as a process for reporting if a restraint was used. After almost four years, we are gratified to see language that provides this support to providers and residents in SF 2934.

The Consumer Advocates Coalition greatly appreciates the on-going collaboration with the Long-Term Care Imperative, Residential Providers of Minnesota, the Department of Health, and the Department of Human Services to identify the language presented in this bill. Thank you, Senator Hoffman, for your leadership on this complex issue.

Since assisted living licensure was implemented in 2021, the law has been silent on restraint usage in assisted living facilities. This lack of direction has created concerns for all parties, including the use of a mechanical restraint such as bed rails and the use of a chemical restraint such as medication used with people who have dementia.

Bed rail usage has been a challenge for residents and providers to navigate. A documented process to provide informed choice and consent for a resident who finds a bed rail supportive has been lacking in uniformity and consistency. Lines 5.23 – 5.25 provide this needed process by identifying a pathway for bed rails to be an ordered treatment. The bill balances this resident need with lines 5.4 – 5.6 by indicating a restraint cannot be used for staff convenience.

Residents in an assisted living facility reported to advocates that the bed rails they had been using successfully for months were suddenly removed by the provider. No assessment or informed choice and consent process was utilized and the doctor's order the residents had for bed rails were ignored. This bill gives residents the right to utilize bed rails with a doctor's order and provides the facility with guidance on how to best support residents in a person-centered way.

Guidance for chemical restraints also benefit from this language. The definition of a chemical restraint identified in 245D.02 (lines 1.10 – 1.11 in the bill) provides guardrails for ensuring any prescription provided to a resident is therapeutic in nature and, again, not for staff convenience.

Families contact advocates to express concerns about visiting residents in memory care units who are sleepy, inattentive, and lethargic in a manner that is consistent with their personality. Multiple families from one assisted living facility with a secured memory care unit reported residents were receiving, without anyone's knowledge or consent, hand massages with medicated cream that caused the symptoms of a chemical restraint.

The current absence of any language surrounding restraints is concerning as providers have widely varying interpretations of how to respond to escalating situations to achieve and maintain safety. Advocates have heard from law enforcement that some assisted living providers are uncertain of how to respond in these situations. We are deeply concerned that we don't know what we don't know surrounding the emergency use of manual restraint as there are currently no training, documentation, or reporting requirements. We appreciate that SF 2934 includes reporting requirements and includes that all staff who may apply an emergency manual restraint receive training on de-escalation techniques and their value, principles of person-centered planning and service delivery, cultural competence, situations where staff must contact 911 services in response to an imminent risk of harm, and prohibited practices, including why such practices are not safe and are not effective at reducing or eliminating symptoms or interfering behavior.

These concerns need to be addressed. SF 2934 takes a significant step forward to ensuring inappropriate restraint usage does not occur in assisted living while maintaining residents' ability to receive the person-centered therapeutic-goal oriented care they deserve.

Thank you in advance for your support of this important legislation.

AARP Minnesota

Alzheimer's Association, MN/ND Chapter

Mid-MN Legal Aid

Minnesota Elder Justice Center

Office of Ombudsman for Long-Term Care

Office of Ombudsman for Mental Health and Developmental Disabilities