

1.1 Senator moves to amend S.F. No. 2934 as follows:

1.2 Page 1, delete sections 1 to 3 and insert:

1.3 "Section 1. Minnesota Statutes 2024, section 144.586, subdivision 2, is amended to read:

1.4 Subd. 2. **Postacute care discharge planning.** (a) Each hospital, including hospitals
1.5 designated as critical access hospitals, must comply with the federal hospital requirements
1.6 for discharge planning which include:

1.7 (1) conducting a discharge planning evaluation that includes an evaluation of:

1.8 (i) the likelihood of the patient needing posthospital services and of the availability of
1.9 those services; and

1.10 (ii) the patient's capacity for self-care or the possibility of the patient being cared for in
1.11 the environment from which the patient entered the hospital;

1.12 (2) timely completion of the discharge planning evaluation under clause (1) by hospital
1.13 personnel so that appropriate arrangements for posthospital care are made before discharge,
1.14 and to avoid unnecessary delays in discharge;

1.15 (3) including the discharge planning evaluation under clause (1) in the patient's medical
1.16 record for use in establishing an appropriate discharge plan. The hospital must discuss the
1.17 results of the evaluation with the patient or individual acting on behalf of the patient. The
1.18 hospital must reassess the patient's discharge plan if the hospital determines that there are
1.19 factors that may affect continuing care needs or the appropriateness of the discharge plan;
1.20 and

1.21 (4) providing counseling, as needed, for the patient and family members or interested
1.22 persons to prepare them for posthospital care. The hospital must provide a list of available
1.23 Medicare-eligible home care agencies or skilled nursing facilities that serve the patient's
1.24 geographic area, or other area requested by the patient if such care or placement is indicated
1.25 and appropriate. Once the patient has designated their preferred providers, the hospital will
1.26 assist the patient in securing care covered by their health plan or within the care network.
1.27 The hospital must not specify or otherwise limit the qualified providers that are available
1.28 to the patient. The hospital must document in the patient's record that the list was presented
1.29 to the patient or to the individual acting on the patient's behalf.

1.30 (b) Each hospital, including hospitals designated as critical access hospitals, must
1.31 document in the patient's discharge plan any instances when a chemical, manual, or
1.32 mechanical restraint was used to manage the patient's behavior prior to discharge, including

2.1 the type of restraint, duration, and frequency. In cases where the patient is transferred to
2.2 any licensed or registered provider, the hospital must notify the provider of the type of
2.3 restraint, duration, and frequency of the restraint. Restraint has the meaning given in section
2.4 144G.08, subdivision 61a.

2.5 Sec. 2. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to
2.6 read:

2.7 Subd. 26a. **Imminent risk.** "Imminent risk" means an immediate and impending threat
2.8 to the health, safety, or rights of an individual.

2.9 **EFFECTIVE DATE.** This section is effective January 1, 2026.

2.10 Sec. 3. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to
2.11 read:

2.12 Subd. 54a. **Prone restraint.** "Prone restraint" means the use of manual restraint that
2.13 places a resident in a face-down position. Prone restraint does not include brief physical
2.14 holding of a resident who, during an emergency use of manual restraint, rolls into a prone
2.15 position, if the resident is restored to a standing, sitting, or side-lying position as quickly as
2.16 possible.

2.17 **EFFECTIVE DATE.** This section is effective January 1, 2026."

2.18 Page 2, delete section 4 and insert:

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

2.21 Subd. 61a. **Restraint.** "Restraint" means:

2.22 (1) chemical restraint, as that term is defined in section 245D.02, subdivision 3b;

2.23 (2) manual restraint, as that term is defined in section 245D.02, subdivision 15a;

2.24 (3) mechanical restraint, as that term is defined in section 245D.02, subdivision 15b; or

2.25 (4) any other form of restraint that results in limiting the free and normal movement of
2.26 body or limbs.

2.27 **EFFECTIVE DATE.** This section is effective January 1, 2026."

2.28 Page 2, line 18, delete the new language and insert "If a licensed assisted living facility
2.29 wants a portion of the licensed assisted living building to be utilized by an unlicensed entity
2.30 or a different license type not granted under chapter 144G, the licensed assisted living

facility must ensure there is at least a vertical two-hour fire barrier constructed in accordance with the National Fire Protection Association, Standard 101 (Life Safety Code) between any licensed assisted living areas and unlicensed entity areas of the building and between the licensed assisted living areas and any licensed areas subject to another license type."

Page 2, delete lines 19 and 20

Page 3, lines 8 and 16, strike "2026" and insert "2027"

Page 4, line 1, after "IN" insert "EMERGENCY MANUAL"

Page 4, line 5, after "(1)" insert "types of behaviors," and after "techniques" insert a comma

Page 4, line 8, delete "manual"

Page 4, line 12, delete "when" and insert "in which"

Page 4, line 14, delete everything after "(6)" and insert "strategies for respecting and supporting each resident's cultural preferences."

Page 4, line 15, after "staff" insert "who may apply an emergency manual restraint"

Page 4, delete subdivision 4 and insert:

"Subd. 4. Verification and documentation of orientation and training. For staff who may apply a restraint, the assisted living facility shall retain evidence in the employee record of each staff person having completed the orientation and training required under this section.

EFFECTIVE DATE. This section is effective January 1, 2026."

Page 5, delete section 11 and insert:

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

Subdivision 1. Use of restraints prohibited. Restraints are prohibited except as described in subdivisions 2 and 4.

Subd. 2. Emergency use of manual restraints. 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 is the least restrictive intervention to address the risk. The manual restraint must be imposed for the least amount of time necessary and removed when there is no longer imminent risk of physical harm to the resident or other persons in the facility. The use of a manual restraint under this subdivision must:

(1) take into consideration the rights, health, and welfare of the resident;

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

(3) allow the resident to be free from prone restraint.

Subd. 3. Documentation and notification of use of emergency manual restraints. (a)

The resident's legal representative must be notified within 12 hours of any use of an emergency manual restraint and of the circumstances that prompted the use of an emergency manual restraint. Notification and the use of an emergency manual restraint must be documented. If known, the advanced practice registered nurse, physician, or physician assistant must be notified within 12 hours of any use of an emergency manual restraint.

(b) On a form developed by the commissioner, the facility must notify the commissioner and the ombudsperson for long-term care within seven calendar days of the use of any emergency manual restraint. The commissioner will monitor reported uses of emergency manual restraints to detect overuse or unauthorized, inappropriate, or ineffective use of emergency manual restraints. The form must include:

(1) the name and date of birth of the resident;

(2) the date and time of the use of the emergency manual restraint;

(3) the names of staff and any residents who were involved in the incident leading up to the emergency use of manual restraint;

(4) a description of the incident, including the length of time the restraint was applied, and who was present before and during the incident leading up to the emergency use of manual restraint;

(5) a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety that identifies when, how, and how long the alternative measures were attempted before the emergency manual restraint was implemented;

(6) a description of the mental, physical, and emotional condition of the resident who was manually restrained, and of other persons involved in the incident leading up to, during, and following the manual restraint;

(7) whether there was any injury to the resident who was manually restrained or other persons involved in the incident, including staff, before or as a result of the use of manual restraint; and

(8) whether there was a debriefing following the incident with the staff, and, if not contraindicated, with the resident who was manually restrained and other persons who were

5.1 involved in or who witnessed the manual restraint, and the outcome of the debriefing. If the
5.2 debriefing was not conducted at the time the incident report was made, the report should
5.3 identify whether a debriefing is planned and whether there is a plan for mitigating use of
5.4 emergency manual restraints in the future.

5.5 (c) A copy of the report submitted under paragraph (b) must be maintained in the
5.6 resident's record.

5.7 (d) A copy of the report submitted under paragraph (b) must be sent to the resident's
5.8 waiver case manager within seven calendar days of the use of any emergency manual
5.9 restraints. Any use of emergency manual restraints on people served under chapter 256S
5.10 and section 256B.49 must be documented by the case manager in the resident's support
5.11 plan, as defined in sections 256B.49, subdivision 15, and 256S.10.

5.12 Subd. 4. **Ordered treatment.** Any use of a restraint, other than the use of an emergency
5.13 manual restraint to address an imminent risk, must be the least restrictive option and comply
5.14 with the requirements for an ordered treatment under section 144G.72.

5.15 **EFFECTIVE DATE.** This section is effective January 1, 2026."

5.16 Amend the title accordingly