



S.F. No. 1918 – Modifying various requirements related to nursing homes, home care, hospice care, assisted living, and health care directives.

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S.F. No. 1918 modifies various requirements related to nursing homes, home care, hospice care, assisted living, and health care directives.

Nursing Homes

Section 1 (amends Minn. Stat. § 144.6502, subd. 3; Consent to electronic monitoring) Existing law provides that if a nursing home or assisted living facility resident has not objected to electronic monitoring of the resident's room or private living area and a medical professional made the determination that the resident cannot understand and appreciate the nature and consequences of electronic monitoring, the resident's representative may consent to the monitoring on the resident's behalf. This section adds that the resident's representative must attest that the resident's medical professional made the determination regarding the resident's capacity.

Section 2 (amends Minn. Stat. § 144.6512, subd. 3; Retaliation against a resident) This section adds an explicit statement that a nursing home resident has the right to be free from retaliation.

Section 3 (adds Minn. Stat. § 144.6512, subd. 5a; Other remedies) This section adds that a nursing home resident or their legal representative may bring an action against a nursing home for retaliation.

Nursing Homes and Home Care

Section 4 (adds Minn. Stat. § 144A.04, subd. 13; Retaliation prevention training required) This section requires, as a condition of nursing home licensure, all nursing home employees to participate in annual training on the prohibition on retaliation in nursing homes and on preventing retaliation against nursing home residents.

Section 5 (amends Minn. Stat. § 144A.474, subd. 11; Fines) This section relates to fines imposed on home care providers for violations. This section requires the commissioner of health to publish a report on the fines collected from home care providers resulting from violations and how the money was allocated. This section also removes obsolete language.

Section 6 (amends Minn. Stat. § 144A.4799, subd. 1; Membership) This section amends the membership of the home care and assisted living program advisory council by adding two representatives of consumer advocacy organizations, one of whom must represent older adults receiving long-term care from a licensed home care or assisted living provider, and the other must represent adults living with disabilities who are receiving long-term care from a licensed home care or assisted living provider.

Section 7 (amends Minn. Stat. § 144A.4799, subd. 3; Duties) This section modifies the duties of the home care and assisted living program advisory council by adding duties including, but not limited to: recommending ways the commissioner of health may improve quality of care and recommending special projects or initiatives that ensure sufficient education related to the care of vulnerable adults in professional programs related to nursing care.

Hospice Care

Section 8 (amends Minn. Stat. § 144A.751, subd. 1; Statement of rights) This section provides new rights to an individual who receives hospice care under the hospice bill of rights. This section adds the rights to: ensure appropriate pain medications are immediately available to a patients when managing pain and symptoms; revoke hospice election at any time; and receive curative treatment for any condition unrelated to the condition that qualifies the individual for hospice.

Assisted Living

Section 9 (adds Minn. Stat. § 144G.08, subd. 55a; Registered nurse) This section adds a definition of “registered nurse” under Chapter 144G on assisted living.

Section 10 (amends Minn. Stat. § 144G.31, subd. 8; Deposit of fines) This section relates to fines imposed on assisted living facilities for violations. This section requires the commissioner of health to publish a report on the fines collected from assisted living facilities resulting from violations and how the money was allocated.

Section 11 (amends Minn. Stat. § 144G.51; Arbitration) This section modifies certain requirements related to arbitration provisions in assisted living contracts, including, but not limited to: informing an assisted living facility resident or their representative that they cannot be required to sign a contract containing a provision for binding arbitration as a condition of admission to, or as a requirement for, continued care at a facility.

Section 12 (amends Minn. Stat. § 144G.71, subd. 3; Individualized medication monitoring and reassessment) Current law provides that an assisted living facility must monitor and reassess a resident’s medication management services. This section provides that a registered nurse or a qualified, designated staff member must provide those medication management services.

Section 13 (amends Minn. Stat. § 144G.71, subd. 5; Individualized medication management plan) Current law provides that an assisted living facility must prepare a written statement of a resident’s medication management services as part of a service plan provided to the resident. This

section provides that a registered nurse or a qualified, designated staff member must provide the statement of medication management services.

Section 14 (adds Minn. Stat. § 144G.92, subd. 4a; Other remedies) This section adds that an assisted living facility resident or their legal representative may bring an action against an assisted living facility for retaliation.

Health Care Directives

Section 15 (adds Minn. Stat. § 145C.07, subd. 6; Visits by others) This section prohibits a health care agent (an individual who is appointed by a principal in a health care power of attorney to make health care decisions on behalf of the principal) from restricting the visitation and communication of a principal unless the health care agent has good cause to believe a restriction is necessary for the principal's safety and there are no means to ensure safety other than restricting visitation and communication. This section further provides that there is no legal presumption that a health care agent restricting a principal's visitation and communication is acting in good faith.

Section 16 (amends Minn. Stat. § 145C.10; Presumptions) This section provides that there is no legal presumption that a health care agent restricting a principal's visitation and communication is acting in good faith.



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