

on or after August 1, 1983, appeal shall be taken to the court of appeals as provided herein.

Sec. 219. REPEALER.

Minnesota Statutes 1982, sections 14.70; 72A.24, subdivision 2; 80A.24, subdivision 3; 177.29, subdivisions 2 and 3; 216.24; 216.271; 216B.52, subdivisions 2, 3, 4, and 5; 216B.55; 360.072, subdivisions 2, 3, 4, and 5; 363.10; 375.67, subdivisions 2 and 3; 484.63; 525.711; and 525.74; and Laws 1982, chapter 501, sections 17, 18, 19, and 25 are repealed.

Sec. 220. REVISOR'S INSTRUCTION.

On or before February 1, 1984 the revisor of statutes shall present to the chairmen of the committees on the judiciary in the house and senate a report summarizing all provisions of Laws 1983 which are inconsistent with section 480A.02 or the applicable sections of this act. The report shall identify provisions for:

- a) direct appeal from the district court to the supreme court,
- b) appeals from the county or county municipal courts to the district court, and
- c) appeals pursuant to chapter 14 which provide for appeal to district court.

The report shall be in the form of a bill amending the identified sections to provide for appeal to the court of appeals in a manner consistent with section 480A.06 and the applicable sections of this act.

Sec. 221. EFFECTIVE DATE.

Section 218 is effective July 1, 1983. The remainder of this act is effective August 1, 1983, and applies to all appeals taken on or after that date.

Approved June 1, 1983

CHAPTER 248 — H.F.No. 365

An act relating to health care facilities; clarifying the rights and responsibilities of patients and residents; amending Minnesota Statutes 1982, sections 144.651; 144.652; and 145.93, subdivision 3.

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

Section 1. Minnesota Statutes 1982, section 144.651, is amended to read:

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

144.651 PATIENTS AND RESIDENTS OF HEALTH CARE FACILITIES; BILL OF RIGHTS.

Subdivision 1. LEGISLATIVE INTENT. It is the intent of the legislature and the purpose of this section to promote the interests and well being of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

Subd. 2. DEFINITIONS. For the purposes of this section, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. "Resident" means a person who is admitted to a nonacute care facility including extended care facilities, nursing homes, and board and care homes for care required because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age.

Subd. 3. PUBLIC POLICY DECLARATION. It is declared to be the public policy of this state that the interests of each patient and resident be protected by a declaration of a patients' bill of rights which shall include but not be limited to the following:

(1) Every patient and resident shall have the right to considerate and respectful care;

(2) Every patient and resident can reasonably expect to obtain from his physician or the resident physician of the facility complete and current information concerning his diagnosis, treatment and prognosis in terms and language the patient can reasonably be expected to understand. In cases in which it is not medically advisable to give the information to the patient or resident the information may be made available to the appropriate person in his behalf;

(3) Every patient and resident shall have the right to know by name and specialty, if any, the physician responsible for coordination of his care;

(4) Every patient and resident shall have the right to every consideration of his privacy and individuality as it relates to his social, religious, and psychological well being;

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(5) Every patient and resident shall have the right to respectfulness and privacy as it relates to his medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly;

(6) Every patient and resident shall have the right to expect the facility to make a reasonable response to his requests;

(7) Every patient and resident shall have the right to obtain information as to any relationship of the facility to other health care and related institutions insofar as his care is concerned;

(8) Every patient and resident shall have the right to expect reasonable continuity of care which shall include but not be limited to what appointment times and physicians are available;

(9) Every resident shall be fully informed, prior to or at the time of admission and during his stay, of services available in the facility, and of related charges including any charges for services not covered under medicare or medicaid or not covered by the facility's basic per diem rate;

(10) Every patient and resident shall be afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;

(11) No resident shall be arbitrarily transferred or discharged but may be transferred or discharged only for medical reasons, for his or other residents' welfare, or for nonpayment for stay unless prohibited by the welfare programs paying for the care of the resident, as documented in the medical record. Reasonable advance notice of any transfer or discharge must be given to a resident;

(12) Every resident may manage his personal financial affairs, or shall be given at least a quarterly accounting of financial transactions on his behalf if he delegates this responsibility in accordance with the laws of Minnesota to the facility for any period of time;

(13) Every resident shall be encouraged and assisted, throughout his period of stay in a facility, to understand and exercise his rights as a patient and as a citizen, and to this end, he may voice grievances and recommend changes in policies and services to facility staff and outside representatives of his choice, free from restraint, interference, coercion, discrimination or reprisal;

(14) Every resident shall be free from mental and physical abuse, and free from chemical and physical restraints, except in emergencies, or as authorized in writing by his physician for a specified and limited period of time, and when necessary to protect the resident from injury to himself or to others;

(15) Every patient and resident shall be assured confidential treatment of his personal and medical records, and may approve or refuse their release to any

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individual outside the facility, except as otherwise provided by law or a third party payment contract;

(16) No resident shall be required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

(17) Every resident may associate and communicate privately with persons of his choice, and send and receive his personal mail unopened, unless medically contraindicated and documented by his physician in the medical record;

(18) Every resident may meet with representatives and participate in activities of commercial, religious, and community groups at his discretion; provided, however, that the activities shall not infringe upon the right to privacy of other residents;

(19) Every resident may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients or residents, and unless medically contraindicated and documented by his physician in the medical record;

(20) Every resident, if married, shall be assured privacy for visits by his or her spouse and if both spouses are residents of the facility, they shall be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical record;

(21) Every patient or resident shall be fully informed, prior to or at the time of admission and during his stay at a facility, of the rights and responsibilities set forth in this section and of all rules governing patient conduct and responsibilities; and

(22) Every patient or resident suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods rights specified in this section.

Subd. 4. **INFORMATION ABOUT RIGHTS.** Patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. Reasonable arrangements shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person.

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Subd. 5. COURTEOUS TREATMENT. Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Subd. 6. APPROPRIATE HEALTH CARE. Patients and residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning. This right is limited where the service is not reimbursable by public or private resources.

Subd. 7. PHYSICIAN'S IDENTITY. Patients and residents shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as his or her representative.

Subd. 8. RELATIONSHIP WITH OTHER HEALTH SERVICES. Patients and residents who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Residents shall be informed, in writing, of any health care services which are provided to those residents by individuals, corporations, or organizations other than their facility. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as his or her representative.

Subd. 9. INFORMATION ABOUT TREATMENT. Patients and residents shall be given by their physicians complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients or residents can reasonably be expected to understand. Patients and residents may be accompanied by a family member or other chosen representative. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's medical record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as his or her representative. Individuals have the right to refuse this information.

Subd. 10. PARTICIPATION IN PLANNING TREATMENT. Patients and residents shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal

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care conferences, and the right to include a family member or other chosen representative. In the event that the patient or resident cannot be present, a family member or other representative chosen by the patient or resident may be included in such conferences.

Subd. 11. CONTINUITY OF CARE. Patients and residents shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

Subd. 12. RIGHT TO REFUSE CARE. Competent patients and residents shall have the right to refuse treatment based on the information required in subdivision 9. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a patient or resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's or resident's medical record.

Subd. 13. EXPERIMENTAL RESEARCH. Written, informed consent must be obtained prior to a patient's or resident's participation in experimental research. Patients and residents have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

Subd. 14. FREEDOM FROM ABUSE. Patients and residents shall be free from mental and physical abuse as defined in the Vulnerable Adults Protection Act. "Abuse" means any act which constitutes assault, sexual exploitation, or criminal sexual conduct as described in section 626.557, subdivision 2d, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient and resident shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient's or resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.

Subd. 15. TREATMENT PRIVACY. Patients and residents shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient or resident safety or assistance.

Subd. 16. CONFIDENTIALITY OF RECORDS. Patients and residents shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Residents shall be notified when personal records are requested by any

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individual outside the facility and may select someone to accompany them when the records or information are the subject of a personal interview. Copies of records and written information from the records shall be made available in accordance with this subdivision and section 144.335. This right does not apply to complaint investigations and inspections by the department of health, where required by third party payment contracts, or where otherwise provided by law.

Subd. 17. DISCLOSURE OF SERVICES AVAILABLE. Patients and residents shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges. Facilities shall make every effort to assist patients and residents in obtaining information regarding whether the medicare or medical assistance program will pay for any or all of the aforementioned services.

Subd. 18. RESPONSIVE SERVICE. Patients and residents shall have the right to a prompt and reasonable response to their questions and requests.

Subd. 19. PERSONAL PRIVACY. Patients and residents shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Facility staff shall respect the privacy of a resident's room by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable.

Subd. 20. GRIEVANCES. Patients and residents shall be encouraged and assisted, throughout their stay in a facility, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the facility's grievance procedure, as well as addresses and telephone numbers for the office of health facility complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place.

Subd. 21. COMMUNICATION PRIVACY. Patients and residents may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Patients and residents shall have access, at their expense, to writing instruments, stationery, and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record. There shall be access to a telephone where patients and residents can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' or residents' calls. This right is limited where medically inadvisable, as documented by the attending physician in a patient's or resident's care record. Where

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programmatically limited by a facility abuse prevention plan pursuant to section 626.557, subdivision 14, clause 2, this right shall also be limited accordingly.

Subd. 22. PERSONAL PROPERTY. Patients and residents may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients or residents, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. The facility must either maintain a central locked depository or provide individual locked storage areas in which residents may store their valuables for safekeeping. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

Subd. 23. SERVICES FOR THE FACILITY. Patients and residents shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

Subd. 24. CHOICE OF SUPPLIER. A resident may purchase or rent goods or services not included in the per diem rate from a supplier of his or her choice unless otherwise provided by law. The supplier shall ensure that these purchases are sufficient to meet the medical or treatment needs of the resident.

Subd. 25. FINANCIAL AFFAIRS. Competent residents may manage their personal financial affairs, or shall be given at least a quarterly accounting of financial transactions on their behalf if they delegate this responsibility in accordance with the laws of Minnesota to the facility for any period of time.

Subd. 26. RIGHT TO ASSOCIATE. Residents may meet with visitors and participate in activities of commercial, religious, political, as defined in section 203B.11 and community groups without interference at their discretion if the activities do not infringe on the right to privacy of other residents or are not programmatically contraindicated. This includes the right to join with other individuals within and outside the facility to work for improvements in long-term care.

Subd. 27. ADVISORY COUNCILS. Residents and their families shall have the right to organize, maintain, and participate in resident advisory and family councils. Each facility shall provide assistance and space for meetings. Council meetings shall be afforded privacy, with staff or visitors attending only upon the council's invitation. A staff person shall be designated the responsibility of providing this assistance and responding to written requests which result from council meetings. Resident and family councils shall be encouraged to make recommendations regarding facility policies.

Subd. 28. MARRIED RESIDENTS. Residents, if married, shall be assured privacy for visits by their spouses and, if both spouses are residents of the facility, they shall be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical records.

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Subd. 29. TRANSFERS AND DISCHARGES. Residents shall not be arbitrarily transferred or discharged. Residents must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days before discharge from the facility and seven days before transfer to another room within the facility. This notice shall include the resident's right to contest the proposed action, with the address and telephone number of the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12). The resident, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the facility's control, such as a determination by utilization review, the accommodation of newly-admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare, or nonpayment for stay unless prohibited by the public program or programs paying for the resident's care, as documented in the medical record. Facilities shall make a reasonable effort to accommodate new residents without disrupting room assignments.

Sec. 2. Minnesota Statutes 1982, section 144.652, is amended to read:

144.652 POLICY STATEMENT BILL OF RIGHTS NOTICE TO PATIENT OR RESIDENT; VIOLATION.

Subdivision 1. DISTRIBUTION; POSTING. The policy statement contained in Except as provided below, section 144.651 shall be posted conspicuously in a public place in all facilities licensed under the provisions of sections 144.50 to 144.58, or 144A.02 or any law providing for the licensure of nursing homes. Copies of the policy statement law shall be furnished the patient or resident and the patient or resident's guardian or conservator upon admittance to the facility. Facilities providing services to patients may delete section 144.651, subdivisions 24 to 29, and those portions of other subdivisions that apply only to residents, from copies posted or distributed to patients with appropriate notation that residents have additional rights under law. The policy statement shall include the address and telephone number of the board of medical examiners and/or the name and phone number of the person within the facility to whom inquiries about the medical care received may be directed. The notice shall include a brief statement describing how to file a complaint with the nursing home complaint team of the health department or any division or agency of state government which succeeds it office of health facility complaints established pursuant to section 144A.52 concerning a violation of section 144.651 or any other state statute or rule. This notice shall include the address and phone number of the office of health facility complaints.

Subd. 2. CORRECTION ORDER; EMERGENCIES. A substantial violation of the rights of any patient or resident as defined in section 144.651, shall be grounds for issuance of a correction order pursuant to section 144.653 or 144A.10. The issuance or nonissuance of a correction order shall not preclude, diminish, enlarge, or otherwise alter private action by or on behalf of a patient or

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resident to enforce any unreasonable violation of his rights. Compliance with the provisions of section 144.651 shall not be required whenever emergency conditions, as documented by the attending physician in a patient's medical record or a resident's care record, indicate immediate medical treatment, including but not limited to surgical procedures, is necessary and it is impossible or impractical to comply with the provisions of section 144.651 because delay would endanger the patient's or resident's life, health, or safety.

Sec. 3. Minnesota Statutes 1982, section 145.93, subdivision 3, is amended to read:

Subd. 3. **GRANT AWARD; DESIGNATION; PAYMENTS UNDER GRANT.** Each Every odd-numbered year the commissioner shall give reasonable public notice of the availability of moneys money appropriated pursuant to Laws 1980, Chapter 577, Section 2 or otherwise available for the purposes of this section. After consulting with the advisory council, the commissioner shall select as grantee a nonprofit corporation or unit of government which applies for the moneys and best fulfills the criteria specified in subdivision 4. The grantee selected shall be designated the Minnesota poison information center. Moneys Money appropriated under Laws 1980, Chapter 577, Section 2 or otherwise available for the purposes of this section shall be paid to the grantee quarterly beginning on July 1.

Approved June 1, 1983

CHAPTER 249 — H.F.No. 375

An act relating to public welfare; authorizing the establishment of community work experience programs on a pilot demonstration basis; proposing new law coded in Minnesota Statutes, chapter 256.

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

Section 1. **[256.737] COMMUNITY WORK EXPERIENCE PROGRAM.**

In order that persons receiving aid under this chapter may be assisted in achieving self-sufficiency by enhancing their employability through meaningful work experience and training and the development of job search skills, the commissioner of public welfare may establish pilot community work experience demonstration programs. The commissioner shall: (a) assist counties in the design, implementation, and evaluation of these demonstration programs; (b) promulgate, in accordance with chapter 14, temporary rules necessary for the implementation of this section, except that the time restrictions of section 14.35

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