

Subdivision 1. **TIME AND MANNER OF HOLDING; POSTPONE-MENT.** At 8:00 p.m. on the third Tuesday in March in every state general election year there shall be held for every election precinct a party caucus in the manner provided in sections 202A.14 to 202A.19, except that in the event of severe weather a major political party may request the secretary of state to postpone caucuses. If a major political party makes a request, or upon the secretary of state's own initiative, after consultation with all major political parties and on the advice of the federal weather bureau and the department of transportation, the secretary of state may declare precinct caucuses to be postponed for a week in counties where weather makes travel especially dangerous. The secretary of state shall submit a notice of the postponement to news media covering the affected counties by six o'clock p.m. on the scheduled day of the caucus. A postponed caucus may also be postponed pursuant to this subdivision.

Sec. 2. **EFFECTIVE DATE.**

This act is effective the day following final enactment.

Approved March 17, 1986

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**CHAPTER 325—S.F.No. 2018**

*An act relating to historical sites; renaming a state historic site and establishing new boundaries; amending Minnesota Statutes 1984, section 138.58, subdivision 34.*

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

Section 1. Minnesota Statutes 1984, section 138.58, subdivision 34, is amended to read:

Subd. 34. Sugar Battle Point Site, in Cass county, consists of ~~lot 4, section 35~~ approximately 120 acres more or less in sections 26, 35, and 36 including both Battle and Sugar Point on Leech Lake, township 143 north, range 29 west, in the Leech Lake Indian Reservation.

Approved March 17, 1986

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**CHAPTER 326—S.F.No. 1919**

*An act relating to mental health; extending the patients' bill of rights to cover people receiving out-patient mental health treatment and minors receiving residential chemical dependency or mental health treatment; defining a minimum grievance procedure for health*

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

*care facilities; including in the patients' bill of rights the right of access to protection and advocacy services; requiring the reporting of certain information by residential treatment programs for mentally ill, chemically dependent, and emotionally disturbed minors; amending Minnesota Statutes 1984, section 144.651, subdivisions 2, 4, 20, and by adding subdivisions; proposing coding for new law as Minnesota Statutes, chapter 253C.*

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

Section 1. Minnesota Statutes 1984, section 144.651, subdivision 2, is amended to read:

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. "Patient" also means a minor who is admitted to a residential program as defined in section 7. For purposes of subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving mental health treatment on an out-patient basis or in a community support program or other community-based program. "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.

Sec. 2. Minnesota Statutes 1984, section 144.651, subdivision 4, is amended to read:

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 or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in section 7, the written statement shall also describe the right of a person 16 years old or older to request release as provided in section 253B.04, subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable arrangements accommodations 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, consistent with chapter 13, the data practices act, and section 626.557, relating to vulnerable adults.

Sec. 3. Minnesota Statutes 1984, section 144.651, subdivision 20, is amended to read:

Subd. 20. **GRIEVANCES.** Patients and residents shall be encouraged and

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assisted, throughout their stay in a facility or their course of treatment, 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 of the facility or program, 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.

Every acute care in-patient facility, every residential program as defined in section 7, every nonacute care facility, and every facility employing more than two people that provides out-patient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in section 7 which are hospital-based primary treatment programs, and outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.

Sec. 4. Minnesota Statutes 1984, section 144.651, is amended by adding a subdivision to read:

Subd. 30. PROTECTION AND ADVOCACY SERVICES. Patients and residents shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

Sec. 5. Minnesota Statutes 1984, section 144.651, is amended by adding a subdivision to read:

Subd. 31. ISOLATION AND RESTRAINTS. A minor patient who has been admitted to a residential program as defined in section 7 has the right to be free from physical restraint and isolation except in emergency situations involving a likelihood that the patient will physically harm the patient's self or others. These procedures may not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, psychiatrist, or licensed consulting psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

Sec. 6. Minnesota Statutes 1984, section 144.651, is amended by adding a subdivision to read:

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Subd. 32. TREATMENT PLAN. A minor patient who has been admitted to a residential program as defined in section 7 has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measures and services, if appropriate. To the degree possible, the minor patient and his or her parents or guardian shall be involved in the development of the treatment and discharge plan.

**Sec. 7. [144.706] REPORTING BY RESIDENTIAL TREATMENT PROGRAMS REQUIRED.**

Subdivision 1. DEFINITION. As used in this section, "residential program" means (1) a freestanding primary treatment program or hospital-based primary treatment program that provides residential treatment to chemically dependent or mentally ill minors, or (2) a facility licensed by the state to provide services for emotionally disturbed minors on a 24-hour basis.

Subd. 2. ANNUAL REPORT REQUIRED. Beginning June 1, 1986, each residential program shall collect the information listed in this subdivision. Each residential program shall file a report no later than December 31, 1986, containing the information collected as of that date. Thereafter, each residential program shall prepare an annual report for the year ending June 30 of each year and file the report no later than December 31 of each year. Hospital-based primary treatment programs shall file the report with the commissioner of health. All other residential programs shall file the report with the commissioner of human services. The reports are public data and must contain at least the following information for the period covered by the report:

- (1) number of minors admitted to the program;
- (2) number of minors discharged from the program;
- (3) primary diagnoses of each admitted minor;
- (4) number of minors who remained in residence for less than 30 days;
- (5) number of minors who remained in residence for between 30 and 60 days;
- (6) number of minors who remained in residence for more than 60 days;
- (7) average length of stay of minors in the program;
- (8) number of minors who have received psychotropic medications;
- (9) age, race, and sex of each minor;
- (10) copy of written notices, forms, and other procedures being used to advise minors and their parents of their rights;

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(11) number of minors admitted or presently in residence who have previously had residential treatment;

(12) number of minors who are on private pay or third-party reimbursement payment and number who are receiving government funds for treatment;

(13) criteria for admission and continued stay;

(14) number of minors whose admission is court-ordered; and

(15) number of beds on a locked unit and number of beds on an unlocked unit.

The information required by this subdivision must be separately stated for chemically dependent, mentally ill, and emotionally disturbed minors as defined by the residential programs.

Subd. 3. RELEASE AND SUMMARY OF DATA. The reporting requirement of this section must not release individual names of minors or other identifying information. The commissioner of health and the commissioner of human services shall make the reports available to interested persons upon request.

Approved March 17, 1986

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## CHAPTER 327—S.F.No. 1797

*An act relating to public administration; providing for various town powers; permitting certain sales of public property; providing conditions for contractor's bonds; amending Minnesota Statutes 1984, sections 366.01, subdivision 1; 367.31, subdivision 4; and 471.64, subdivision 1; and Minnesota Statutes 1985 Supplement, sections 365.10; and 574.26.*

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

Section 1. Minnesota Statutes 1985 Supplement, section 365.10, is amended to read:

### 365.10 TOWN MEETINGS, POWERS.

The electors of each town have power, at their annual town meeting:

(1) to determine the locations of pounds, and number of poundmasters, and to discontinue any such pounds;

(2) to select such town officers as are to be chosen;

(3) to make lawful orders and bylaws as they deem proper for restraining horses, cattle, sheep, swine, and other domestic animals from going at large on

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