

on or about premises where motor fuel is sold at retail relating to premiums, trading stamps or other promotional devices, or the per gallon amount of tax imposed upon the sale of motor fuel, provided any sign pertaining to price of merchandise other than motor fuel clearly and legibly states in letters of the same size as the figures and fractions stating such price the name or designation of such merchandise.

Sec. 4. Minnesota Statutes 1971, Section 325.77, is amended by adding a subdivision to read:

Subd. 4a. For the purposes of this section, octane rating shall be determined in the manner described in the American Society for Testing and Materials (ASTM) "Standard Specification for Gasoline", D439-71 or such other manner as prescribed by the director of consumer services by regulations, adopted pursuant to the administrative procedures act. Such regulations shall only be promulgated to place this act in accordance with regulations promulgated by a federal agency.

Sec. 5. This act shall take effect July 1, 1974.

Approved May 24, 1973.

CHAPTER 688—S.F.No.384

[Coded]

An act relating to nursing homes; providing for the regulation thereof; imposing certain duties on the state board of health and the commissioner of public welfare; establishing rights of patients and residents of nursing homes; establishing certain boards and prescribing their powers and duties; requiring reports of maltreatment of nursing home patients; prescribing penalties; amending Minnesota Statutes 1971, Chapters 144, by adding a section; 256B, by adding sections; 609, by adding a section; and 626, by adding a section.

Be it enacted by the Legislature of the State of Minnesota:

Section 1. [144.651] HEALTH CARE FACILITIES; PATIENTS OF HEALTH CARE FACILITIES; BILL OF RIGHTS; PUBLIC POLICY. It is the intent of the legislature and the purpose of this act to promote the interests and well being of the patients and residents of health care facilities. It is declared to be the public policy of this state that the interests of the patient be

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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 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 such cases that it is not medically advisable to give such information to the patient 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;

(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 the requests of the patient;

(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, and:

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

Sec. 2. [144.652] NOTICE TO PATIENT. The policy statement contained in section 1 of this act shall be posted conspicuously in a public place in all facilities licensed under the provisions of Minnesota Statutes, Sections 144.50 to 144.58. Copies of the policy statement shall be furnished the patient and resident upon admittance to the facility.

Sec. 3. Minnesota Statutes 1971, Chapter 144, is amended by adding a section to read:

[144.653] HEALTH CARE FACILITIES; REGULATIONS; INSPECTIONS. Subdivision 1. RULES AND REGULATIONS. The

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state board of health is the exclusive state agency charged with the responsibility and duty of inspecting all facilities required to be licensed under the provisions of Minnesota Statutes 1971, Sections 144.50 to 144.58. The state board of health shall enforce such rules, regulations and standards subject only to the authority of the department of public safety respecting the enforcement of fire and safety standards in nursing homes and other licensed health care facilities and the responsibility of the commissioner of public welfare pursuant to Minnesota Statutes 1971, Sections 245.78; 252.28; and 257.081 to 257.123.

Subd. 2. PERIODIC INSPECTION. All facilities required to be licensed under the provisions of sections 144.50 to 144.58 shall be periodically inspected by the state board of health to insure compliance with its rules, regulations and standards. The state board of health may enter into agreements with political subdivisions providing for the inspection of such facilities by locally employed inspectors.

Subd. 3. ENFORCEMENT. With the exception of the department of public safety which has the exclusive jurisdiction to enforce state fire and safety standards, the state board of health is the exclusive state agency charged with the responsibility and duty of inspecting facilities required to be licensed under the provisions of sections 144.50 to 144.58 and enforcing the rules, regulations and standards prescribed by it.

Subd. 4. WITHOUT NOTICE. One or more unannounced inspections of each facility required to be licensed under the provisions of sections 144.50 to 144.58 shall be made annually.

Subd. 5. CORRECTION ORDERS. Whenever a duly authorized representative of the state board of health finds upon inspection of a facility required to be licensed under the provisions of sections 144.50 to 144.58 that the licensee of such facility is not in compliance with an applicable regulation promulgated under the administrative procedures act by the state board of health pursuant to section 144.56, a correction order shall be issued to the licensee. The correction order shall state the deficiency, cite the specific regulation violated, and specify the time allowed for correction.

Subd. 6. REINSPECTIONS; FINES. If upon reinspection it is found that the licensee of a facility required to be licensed under the provisions of sections 144.50 to 144.58 has not corrected the deficiency or deficiencies specified in the correction order, the licensee shall forfeit to the state within 15 days a sum of up to \$250 for each such deficiency not corrected. For each subsequent reinspection, the licensee may be fined an additional amount for each deficiency which has not been corrected. All forfeitures shall be paid into the state treasury and credited to the general fund.

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Subd. 7. RECOVERY. Any unpaid forfeitures may be recovered by the attorney general.

Subd. 8. HEARINGS. A licensee of a facility required to be licensed under the provisions of sections 144.50 to 144.58 is entitled to a hearing on any correction order issued to him, provided that he makes a written request therefor within 15 days of receipt by him of the correction order. Such request shall operate as a stay during the hearing and review process of the payment of any forfeiture provided for in this section. Upon receipt of the request for a hearing, a hearing officer, who shall not be an employee of the state board of health shall be appointed by the state board of health, and the hearing officer shall promptly schedule a hearing on the matter, giving at least ten days notice of the date, time, and place of such hearing to the licensee. The hearing and review thereof shall be in accordance with the relevant provisions of the administrative procedures act.

Subd. 9. NONLIMITING. Nothing in this section shall be construed to limit the powers granted to the state board of health in section 144.55.

Sec. 4. Minnesota Statutes 1971, Chapter 144, is amended by adding a section to read:

[144.654] EXPERTS MAY BE EMPLOYED. The state board of health may employ experts in the field of health care to assist the staffs of facilities required to be licensed under the provisions of sections 144.50 to 144.58 in programming and providing adequate care of the patients and residents of the facility. Alternate methods of care for patients and residents of such facilities shall be researched by the state board of health using the knowledge and experience of experts employed therefor.

Sec. 5. Minnesota Statutes 1971, Chapter 144, is amended by adding a section to read:

[144.655] PROGRAM FOR VOLUNTARY MEDICAL AID. Licensed physicians may visit a facility required to be licensed under the provisions of sections 144.50 to 144.58 and examine patients and residents thereof under a program which shall be established by the state board of health and regulated and governed by rules and regulations promulgated by the state board of health pursuant to the administrative procedures act. Such rules and regulations shall protect the privacy of patients and residents of facilities. No patient or resident of any facility shall be required to submit to an examination under such program. The state board of health shall consult with medical schools and other experts for the purpose of establishing the program. The state board of health shall encourage the active participation of all licensed physicians on a voluntary basis in such program.

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Sec. 6. Minnesota Statutes 1971, Chapter 144, is amended by adding a section to read:

[144.656] EMPLOYEES TO BE COMPENSATED. All employees of facilities required to be licensed under the provisions of sections 144.50 to 144.58 participating in orientation programs or in inservice training provided by the facility shall be compensated therefor at their regular rate of pay, provided, however, that this section will be effective only to the extent that facilities are reimbursed for such compensation by the commissioner of public welfare in the proportion of welfare to total residents and patients in the facility.

Sec. 7. Minnesota Statutes 1971, Chapter 144, is amended by adding a section to read:

[144.657] VOLUNTEER EFFORTS ENCOURAGED. The state board of health, through the dissemination of information to appropriate organizations, shall encourage citizens to promote improved care in facilities required to be licensed under the provisions of sections 144.50 to 144.58 throughout the state.

Sec. 8. Minnesota Statutes 1971, Chapter 256B, is amended by adding a section to read:

[256B.30] HEALTH CARE FACILITY REPORT. Every facility required to be licensed under the provisions of sections 144.50 to 144.58 shall provide annually to the commissioner of public welfare such reports as may be required under law and under regulations adopted by the commissioner of public welfare under the administrative procedures act. Such regulations shall provide for the submission of a full and complete financial report of a facility's operations including:

- (1) An annual statement of income and expenditures;
- (2) A complete statement of fees and charges;
- (3) The names of all persons other than mortgage companies owning any interest in the facility including stockholders with an ownership interest of ten percent or more of the facility.

The financial reports and supporting data of the facility shall be available for inspection and audit by the commissioner of public welfare.

Sec. 9. Minnesota Statutes 1971, Chapter 609, is amended by adding a section to read:

[609.31] MISTREATMENT OF RESIDENTS OR PATIENTS. Whoever, being in charge of or employed in any facility required to

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be licensed under the provisions of Minnesota Statutes, Sections 144.50 to 144.58 intentionally abuses, ill-treats, or culpably neglects any patient or resident therein to his physical detriment may be sentenced to imprisonment for not more than one year or to payment of a fine of not more than \$1,000, or both.

Sec. 10. Minnesota Statutes 1971, Chapter 626, is amended by adding a section to read:

[626.555] REPORTING OF MALTREATMENT OF PATIENTS. Subdivision 1. DECLARATION OF PURPOSE. The purpose of this section is to provide for the protection of persons being cared for in hospitals, nursing homes or other related institutions licensed pursuant to Minnesota Statutes, Sections 144.50 to 144.58, who have had physical injury inflicted upon them, by other than accidental means, when the injury appears to have been caused as a result of physical abuse or neglect.

Subd. 2. WHO MAKES REPORT AND TO WHOM MADE. Whether licensed or not, any physician, surgeon, person authorized to engage in the practice of healing, administrator of a hospital or nursing home, nurse or pharmacist, shall immediately report all cases of physical injury to persons being cared for in hospitals, nursing homes or other related institutions licensed pursuant to Minnesota Statutes, Sections 144.50 to 144.58, inflicted by other than accidental means which come to their attention, when the injury appears to have been caused as a result of physical abuse or neglect. Cases shall be reported to the state board of health.

Subd. 3. NATURE AND CONTENT OF REPORT. The report described in subdivision 2 may be made immediately by telephone or other means. The state department of health may require a supplementary written report which shall contain such information as the department shall request.

Subd. 4. RESPONSIBILITY OF LOCAL POLICE AUTHORITY AND OF THE COUNTY WELFARE AGENCY. The local police authority and county welfare agency shall cooperate with the state department of health and shall investigate claims of neglect and abuse when requested by the state department of health. The county welfare agency shall offer protective social services in an effort to protect the health and welfare of these persons and to prevent further abuses.

Subd. 5. IMMUNITY FROM LIABILITY. Anyone participating in good faith in the making of a report pursuant to this section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. A participant shall have the same immunity with respect to participation in any judicial proceeding resulting from the report.

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Subd. 6. EVIDENCE NOT PRIVILEGED. The physician-patient privilege shall not be a ground for excluding evidence regarding the injuries or the cause thereof, in any judicial proceeding concerning a physical injury to any person protected by this act, which injury appears to have been caused as a result of physical abuse or neglect.

Subd. 7. RETALIATION PROHIBITED. No person who directs or exercises any authority in a facility required to be licensed under the provisions of sections 144.50 to 144.58 shall evict, harass, dismiss or retaliate against a patient, resident or employee because he or any member of his family has reported in good faith any violation or suspected violation of laws, ordinances or regulations applying to the facility.

Subd. 8. PENALTY. Any person knowingly and willingly violating this section is guilty of a misdemeanor.

Approved May 24, 1973.

CHAPTER 689—S.F.No.386

An act relating to courts; witness fees; amending Minnesota Statutes 1971, Section 357.24.

Be it enacted by the Legislature of the State of Minnesota:

Section 1. Minnesota Statutes 1971, Section 357.24, is amended to read:

357.24 COURTS; WITNESS FEES; CRIMINAL CASES. Witnesses for the state in criminal cases shall receive the same fees for travel and attendance as provided in section 357.22, and judges of the district court may, in their discretion, allow like fees to witnesses attending in behalf of any defendant. In addition these witnesses shall receive reasonable expenses actually incurred for meals, loss of wages and child care, not to exceed \$25 per day. In courts of record these witness fees shall be certified and paid in the same manner as jurors, and in justice courts such fees shall be a county charge, and paid in the same manner as other county charges.

Approved May 24, 1973.

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