

144.555 FACILITY OR CAMPUS CLOSINGS, RELOCATING SERVICES, OR CEASING TO OFFER CERTAIN SERVICES; PATIENT RELOCATIONS.

Subdivision 1. **Notice of closing or curtailing operations; facilities other than hospitals.** If a facility licensed under sections 144.50 to 144.56, other than a hospital, voluntarily plans to cease operations or to curtail operations to the extent that patients or residents must be relocated, the controlling persons of the facility must notify the commissioner of health at least 90 days before the scheduled cessation or curtailment. The commissioner shall cooperate with the controlling persons and advise them about relocating the patients or residents.

Subd. 1a. **Notice of closing, curtailing operations, relocating services, or ceasing to offer certain services; hospitals.** (a) The controlling persons of a hospital licensed under sections 144.50 to 144.56 or a hospital campus must notify the commissioner of health and the public at least 120 days before the hospital or hospital campus voluntarily plans to implement one of the following scheduled actions:

- (1) cease operations;
- (2) curtail operations to the extent that patients must be relocated;
- (3) relocate the provision of health services to another hospital or another hospital campus; or

(4) cease offering maternity care and newborn care services, intensive care unit services, inpatient mental health services, or inpatient substance use disorder treatment services.

(b) The commissioner shall cooperate with the controlling persons and advise them about relocating the patients.

Subd. 1b. **Public hearing.** Within 45 days after receiving notice under subdivision 1a, the commissioner shall conduct a public hearing on the scheduled cessation of operations, curtailment of operations, relocation of health services, or cessation in offering health services. The commissioner must provide adequate public notice of the hearing in a time and manner determined by the commissioner. The controlling persons of the hospital or hospital campus must participate in the public hearing. The public hearing must include:

(1) an explanation by the controlling persons of the reasons for ceasing or curtailing operations, relocating health services, or ceasing to offer any of the listed health services;

(2) a description of the actions that controlling persons will take to ensure that residents in the hospital's or campus's service area have continued access to the health services being eliminated, curtailed, or relocated;

(3) an opportunity for public testimony on the scheduled cessation or curtailment of operations, relocation of health services, or cessation in offering any of the listed health services, and on the hospital's or campus's plan to ensure continued access to those health services being eliminated, curtailed, or relocated; and

(4) an opportunity for the controlling persons to respond to questions from interested persons.

Subd. 1c. **Exceptions.** (a) Notwithstanding the time period in subdivision 1a by which notice must be provided to the commissioner and the public, the controlling persons of a hospital or hospital campus must notify the commissioner of health and the public as soon as practicable after deciding to take an action listed in subdivision 1a, paragraph (a), if the action is caused by:

- (1) a natural disaster or other emergency; or

(2) an inability of the hospital to provide health services according to the applicable standard of care due to the hospital's inability to retain or secure essential staff after reasonable effort.

(b) Notwithstanding the time period in subdivision 1b by which a public hearing must be held, the commissioner must hold a public hearing according to subdivision 1b as soon as practicable after the controlling persons of the hospital or hospital campus governed by this subdivision decide to take the action.

Subd. 2. **Penalty.** Failure to notify the commissioner under subdivision 1, 1a, or 1c or failure to participate in a public hearing under subdivision 1b may result in issuance of a correction order under section 144.653, subdivision 5.

History: 1987 c 209 s 22; 1Sp2021 c 7 art 3 s 31