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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 4479

03/16/2020 Authored by Schultz and Kiel

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act

1.2 relating to health; changing assisted living provisions; amending Minnesota Statutes

1.3 2019 Supplement, sections 144.6512, by adding a subdivision; 144A.474,

1.4 subdivision 11; 144G.07, by adding a subdivision; 144G.08, subdivisions 7, 9, 23,

1.5 by adding a subdivision; 144G.30, subdivision 2; 144G.31, subdivisions 4, 5;

1.6 144G.40, subdivision 1; 144G.41, subdivisions 7, 8; 144G.42, subdivisions 8, 9,

1.7 10, by adding a subdivision; 144G.43, subdivision 1; 144G.45, subdivisions 1, 2,

1.8 5; 144G.50, subdivisions 1, 2; 144G.52, subdivisions 1, 3, 5, 7; 144G.54,

1.9 subdivisions 1, 2, 3, 4; 144G.55, subdivisions 1, 2, 3; 144G.57; 144G.64; 144G.70,

1.10 subdivision 2; 144G.80, subdivision 3; 144G.82, subdivision 3; 144G.83,

1.11 subdivision 2; 144G.90, subdivision 1; 144G.91, subdivisions 13, 21; 144G.92,

1.12 subdivision 5; 144G.93; 144G.95, subdivision 1; 144G.9999, subdivision 2;

1.13 proposing coding for new law in Minnesota Statutes, chapter 144G.

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

1.15 Section 1. Minnesota Statutes 2019 Supplement, section 144.6512, is amended by adding
1.16 a subdivision to read:

1.17 Subd. 6. Other laws. Nothing in this section affects the rights and remedies available
1.18 under section 626.557, subdivisions 10, 17, and 20.

1.19 Sec. 2. Minnesota Statutes 2019 Supplement, section 144A.474, subdivision 11, is amended
1.20 to read:

1.21 Subd. 11. **Fines.** (a) Fines and enforcement actions under this subdivision may be assessed
1.22 based on the level and scope of the violations described in paragraph (b) and may be imposed
1.23 immediately with no opportunity to correct the violation first as follows prior to imposition:

1.24 (1) Level 1, no fines or enforcement;

2.1 (2) Level 2, a fine of \$500 per violation, in addition to any of the enforcement
2.2 mechanisms authorized in section 144A.475 for widespread violations;

2.3 (3) Level 3, a fine of \$3,000 per incident, in addition to any of the enforcement
2.4 mechanisms authorized in section 144A.475;

2.5 (4) Level 4, a fine of \$5,000 per incident, in addition to any of the enforcement
2.6 mechanisms authorized in section 144A.475;

2.7 (5) for maltreatment violations for which the licensee was determined to be responsible
2.8 for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of \$1,000.
2.9 A fine of \$5,000 may be imposed if the commissioner determines the licensee is responsible
2.10 for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury;
2.11 and

2.12 (6) the fines in clauses (1) to (4) are increased and immediate fine imposition is authorized
2.13 for both surveys and investigations conducted.

2.14 When a fine is assessed against a facility for substantiated maltreatment, the commissioner
2.15 shall not also impose an immediate fine under this chapter for the same circumstance.

2.16 (b) Correction orders for violations are categorized by both level and scope and fines
2.17 shall be assessed as follows:

2.18 (1) level of violation:

2.19 (i) Level 1 is a violation that has no potential to cause more than a minimal impact on
2.20 the client and does not affect health or safety;

2.21 (ii) Level 2 is a violation that did not harm a client's health or safety but had the potential
2.22 to have harmed a client's health or safety, but was not likely to cause serious injury,
2.23 impairment, or death;

2.24 (iii) Level 3 is a violation that harmed a client's health or safety, not including serious
2.25 injury, impairment, or death, or a violation that has the potential to lead to serious injury,
2.26 impairment, or death; and

2.27 (iv) Level 4 is a violation that results in serious injury, impairment, or death;

2.28 (2) scope of violation:

2.29 (i) isolated, when one or a limited number of clients are affected or one or a limited
2.30 number of staff are involved or the situation has occurred only occasionally;

3.1 (ii) pattern, when more than a limited number of clients are affected, more than a limited
3.2 number of staff are involved, or the situation has occurred repeatedly but is not found to be
3.3 pervasive; and

3.4 (iii) widespread, when problems are pervasive or represent a systemic failure that has
3.5 affected or has the potential to affect a large portion or all of the clients.

3.6 (c) If the commissioner finds that the applicant or a home care provider has not corrected
3.7 violations by the date specified in the correction order or conditional license resulting from
3.8 a survey or complaint investigation, the commissioner shall provide a notice of
3.9 noncompliance with a correction order by e-mail to the applicant's or provider's last known
3.10 e-mail address. The noncompliance notice must list the violations not corrected.

3.11 (d) For every Level 3 and Level 4 violation identified by the commissioner, the
3.12 commissioner ~~shall~~ may issue an immediate fine pursuant to paragraph (a), clause (6). The
3.13 license holder must still correct the violation in the time specified. The issuance of an
3.14 immediate fine can occur in addition to any enforcement mechanism authorized under
3.15 section 144A.475. The immediate fine may be appealed as allowed under this subdivision.

3.16 (e) The license holder must pay the fines assessed on or before the payment date specified.
3.17 If the license holder fails to fully comply with the order, the commissioner may issue a
3.18 second fine or suspend the license until the license holder complies by paying the fine. A
3.19 timely appeal shall stay payment of the fine until the commissioner issues a final order.

3.20 (f) A license holder shall promptly notify the commissioner in writing when a violation
3.21 specified in the order is corrected. If upon reinspection the commissioner determines that
3.22 a violation has not been corrected as indicated by the order, the commissioner may issue a
3.23 second fine. The commissioner shall notify the license holder by mail to the last known
3.24 address in the licensing record that a second fine has been assessed. The license holder may
3.25 appeal the second fine as provided under this subdivision.

3.26 (g) A home care provider that has been assessed a fine under this subdivision has a right
3.27 to a reconsideration or a hearing under this section and chapter 14.

3.28 (h) When a fine has been assessed, the license holder may not avoid payment by closing,
3.29 selling, or otherwise transferring the licensed program to a third party. In such an event, the
3.30 license holder shall be liable for payment of the fine.

3.31 (i) In addition to any fine imposed under this section, the commissioner may assess a
3.32 penalty amount based on costs related to an investigation that results in a final order assessing
3.33 a fine or other enforcement action authorized by this chapter.

4.1 (j) Fines collected under paragraph (a), clauses (1) to (4), shall be deposited in a dedicated
4.2 special revenue account. On an annual basis, the balance in the special revenue account
4.3 shall be appropriated to the commissioner to implement the recommendations of the advisory
4.4 council established in section 144A.4799.

4.5 (k) Fines collected under paragraph (a), clause (5), shall be deposited in a dedicated
4.6 special revenue account and appropriated to the commissioner to provide compensation
4.7 according to subdivision 14 to clients subject to maltreatment. A client may choose to receive
4.8 compensation from this fund, not to exceed \$5,000 for each substantiated finding of
4.9 maltreatment, or take civil action. This paragraph expires July 31, 2021.

4.10 (l) The procedures in section 626.557, subdivision 21, must be followed when appealing
4.11 a fine issued as a result of a finding of substantiated maltreatment under section 144A.474,
4.12 subdivision 11, paragraph (a), clause (5).

4.13 Sec. 3. Minnesota Statutes 2019 Supplement, section 144G.07, is amended by adding a
4.14 subdivision to read:

4.15 Subd. 6. **Other laws.** Nothing in this section affects the rights and remedies available
4.16 under section 626.557, subdivisions 10, 17, and 20.

4.17 Sec. 4. Minnesota Statutes 2019 Supplement, section 144G.08, subdivision 7, is amended
4.18 to read:

4.19 Subd. 7. **Assisted living facility.** "Assisted living facility" means a licensed facility that
4.20 provides sleeping accommodations and assisted living services to one or more adults.
4.21 Assisted living facility includes assisted living facility with dementia care, and does not
4.22 include:

4.23 (1) emergency shelter, transitional housing, or any other residential units serving
4.24 exclusively or primarily homeless individuals, as defined under section 116L.361;

4.25 (2) a nursing home licensed under chapter 144A;

4.26 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
4.27 144.50 to 144.56;

4.28 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
4.29 9520.0500 to 9520.0670, or under chapter 245D or 245G;

4.30 (5) services and residential settings licensed under chapter 245A, including adult foster
4.31 care and services and settings governed under the standards in chapter 245D;

5.1 (6) a private home in which the residents are related by kinship, law, or affinity with the
5.2 provider of services;

5.3 (7) a duly organized condominium, cooperative, and common interest community, or
5.4 owners' association of the condominium, cooperative, and common interest community
5.5 where at least 80 percent of the units that comprise the condominium, cooperative, or
5.6 common interest community are occupied by individuals who are the owners, members, or
5.7 shareholders of the units;

5.8 (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;

5.9 (9) a setting offering services conducted by and for the adherents of any recognized
5.10 church or religious denomination for its members exclusively through spiritual means or
5.11 by prayer for healing;

5.12 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
5.13 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
5.14 units financed by the Minnesota Housing Finance Agency that are intended to serve
5.15 individuals with disabilities or individuals who are homeless, except for those developments
5.16 that market or hold themselves out as assisted living facilities and provide assisted living
5.17 services;

5.18 (11) rental housing developed under United States Code, title 42, section 1437, or United
5.19 States Code, title 12, section 1701q;

5.20 (12) rental housing designated for occupancy by only elderly or elderly and disabled
5.21 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
5.22 families under Code of Federal Regulations, title 24, section 983.56;

5.23 (13) rental housing funded under United States Code, title 42, chapter 89, or United
5.24 States Code, title 42, section 8011; ~~or~~

5.25 (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

5.26 (15) any establishment that exclusively or primarily serves as a shelter or temporary
5.27 shelter for victims of domestic or any other form of violence.

5.28 Sec. 5. Minnesota Statutes 2019 Supplement, section 144G.08, is amended by adding a
5.29 subdivision to read:

5.30 Subd. 7a. **Assisted living facility license.** (a) "Assisted living facility license" means a
5.31 certificate issued by the commissioner under section 144G.10 that authorizes the licensee
5.32 to provide sleeping accommodations and assisted living services or assisted living services

6.1 with dementia care for a specified period of time and in accordance with the terms of the
 6.2 license and the rules of the commissioner.

6.3 (b) A license must be issued for each assisted living facility located at a separate address,
 6.4 except for a campus as defined in this section.

6.5 (c) For the purposes of this section, "campus" means two or more assisted living buildings,
 6.6 as defined in this section, operated by the same licensee and located on the same property,
 6.7 identified by a single Property Identification Number (PID). Assisted living buildings
 6.8 operated by the same licensee, but identified by different PIDs may be considered a campus
 6.9 when the building is located on an adjacent property to that of the facility's main building.

6.10 (d) For the purposes of this section, "assisted living building" means a building in which
 6.11 sleeping accommodations and assisted living services are provided to one or more adults,
 6.12 and to which an assisted living facility license has been issued.

6.13 (e) For the purposes of this section, "adjacent property" means when two properties
 6.14 share a portion of a legal boundary.

6.15 (f) An assisted living license for a campus shall be issued to the address of the facility's
 6.16 main assisted living building and shall identify the address of each additional assisted living
 6.17 building located on the campus.

6.18 (g) When dementia care services are provided in any assisted living building identified
 6.19 on the assisted living license for a campus, the licensee must obtain the assisted living with
 6.20 dementia care level of licensure for that campus license.

6.21 (h) The licensed resident capacity shall be identified for each assisted living building
 6.22 listed on the assisted living license.

6.23 Sec. 6. Minnesota Statutes 2019 Supplement, section 144G.08, subdivision 9, is amended
 6.24 to read:

6.25 Subd. 9. **Assisted living services.** "Assisted living services" includes one or more of
 6.26 the following:

6.27 (1) assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and
 6.28 bathing;

6.29 (2) providing standby assistance;

6.30 (3) providing verbal or visual reminders to the resident to take regularly scheduled
 6.31 medication, which includes bringing the resident previously set up medication, medication
 6.32 in original containers, or liquid or food to accompany the medication;

- 7.1 (4) providing verbal or visual reminders to the resident to perform regularly scheduled
7.2 treatments and exercises;
- 7.3 (5) preparing ~~modified~~ specialized diets ordered by a licensed health professional;
- 7.4 (6) services of an advanced practice registered nurse, registered nurse, licensed practical
7.5 nurse, physical therapist, respiratory therapist, occupational therapist, speech-language
7.6 pathologist, dietitian or nutritionist, or social worker;
- 7.7 (7) tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed
7.8 health professional within the person's scope of practice;
- 7.9 (8) medication management services;
- 7.10 (9) hands-on assistance with transfers and mobility;
- 7.11 (10) treatment and therapies;
- 7.12 (11) assisting residents with eating when the residents have complicated eating problems
7.13 as identified in the resident record or through an assessment such as difficulty swallowing,
7.14 recurrent lung aspirations, or requiring the use of a tube or parenteral or intravenous
7.15 instruments to be fed;
- 7.16 (12) providing other complex or specialty health care services; and
- 7.17 (13) supportive services in addition to the provision of at least one of the services listed
7.18 in clauses (1) to (12).

7.19 Sec. 7. Minnesota Statutes 2019 Supplement, section 144G.08, subdivision 23, is amended
7.20 to read:

7.21 Subd. 23. **Direct ownership interest.** "Direct ownership interest" means an individual
7.22 or ~~organization~~ legal entity with the possession of at least five percent equity in capital,
7.23 stock, or profits of the licensee, or who is a member of a limited liability company of the
7.24 licensee.

7.25 Sec. 8. **[144G.191] ASSISTED LIVING FACILITY LICENSING**
7.26 **IMPLEMENTATION; PROVISIONAL LICENSES; TRANSITION PERIOD FOR**
7.27 **CURRENT PROVIDERS.**

7.28 Subdivision 1. **Provisional licenses.** (a) Beginning March 1, 2021, applications for
7.29 provisional assisted living facility licenses under section 144G.12 may be submitted. No
7.30 provisional or assisted living facility licenses under this chapter shall be effective prior to
7.31 August 1, 2021.

8.1 (b) Beginning June 1, 2021, no initial housing with services establishment registration
8.2 applications will be accepted under chapter 144D.

8.3 (c) Beginning June 1, 2021, no temporary comprehensive home care provider license
8.4 applications will be accepted for providers that do not intend to provide home care services
8.5 under sections 144A.43 to 144A.484 on or after August 1, 2021.

8.6 Subd. 2. **New construction; building permit.** (a) All prospective assisted living facility
8.7 license applicants under new construction as defined in section 144G.08, subdivision 42,
8.8 with a complete building permit application submitted on or before July 31, 2021, must
8.9 meet existing construction requirements. Assisted living applicants under new construction
8.10 with a complete building permit application submitted on or after August 1, 2021, must
8.11 meet the new construction requirements under section 144G.45.

8.12 (b) The building permit application must be complete and submitted to the appropriate
8.13 building code jurisdiction.

8.14 (c) In areas of jurisdiction where there is no building code authority, an application for
8.15 an electrical or plumbing permit is acceptable in lieu of the building permit application.

8.16 (d) In jurisdictions where building plan review applications are separated from building
8.17 permit applications, an application for plan review is acceptable in lieu of the building
8.18 permit application.

8.19 Subd. 3. **New construction; plan review.** Beginning March 1, 2021, prospective assisted
8.20 living facility license applicants under new construction as defined in section 144G.08,
8.21 subdivision 42, may submit for plan review of the new construction requirements under
8.22 section 144G.45.

8.23 Subd. 4. **Current comprehensive home care providers; provision of assisted living**
8.24 **services.** (a) Comprehensive home care providers that do not intend to provide home care
8.25 services under chapter 144A on or after August 1, 2021, shall be issued a prorated license
8.26 period upon renewal and is applicable to renewal effective dates beginning September 1,
8.27 2020. The prorated license period will be effective from the current comprehensive home
8.28 care license renewal date through July 31, 2021.

8.29 (b) Comprehensive home care providers with prorated license periods shall pay a prorated
8.30 fee based on the number of months the comprehensive home care license is in effect.

8.31 (c) As of August 1, 2021, comprehensive home care providers are prohibited from
8.32 providing assisted living services as defined in section 144G.08, subdivision 9.

9.1 Subd. 5. Current housing with services establishments; conversion to licensure. (a)
9.2 Beginning January 1, 2021, all current housing with services establishments registered under
9.3 chapter 144D and intending to provide assisted living services on or after August 1, 2021,
9.4 must apply for an assisted living facility license under this chapter. The licensee on the
9.5 assisted living facility application may but need not be the same as the current housing with
9.6 services establishment registrant.

9.7 (b) By August 1, 2021, all registered housing with services establishments providing
9.8 assisted living services must have an assisted living facility license under this chapter.

9.9 (c) As of August 1, 2021, any existing housing with services establishment registered
9.10 under chapter 144D that does not intend to convert their registration to an assisted living
9.11 facility license under this chapter is prohibited from providing assisted living services as
9.12 defined in section 144G.08, subdivision 9.

9.13 Subd. 6. Conversion to assisted living licensure; renewal periods; prorated
9.14 licenses. (a) Applicants converting from a housing with services establishment registration
9.15 under chapter 144D to an assisted living facility license under this chapter must be provided
9.16 a new renewal date upon application for an assisted living facility license. The commissioner
9.17 shall assign a new, randomly generated renewal date to evenly disperse assisted living
9.18 facility license renewal dates throughout a calendar year.

9.19 (b) Applicants for converting housing with services establishments that receive new
9.20 license renewal dates occurring in September 2020 or October 2020 shall receive one assisted
9.21 living facility license upon conversion that is effective from August 1, 2021, and prorated
9.22 for 13- or 14-month periods, respectively.

9.23 (c) Applicants for current housing with services establishments that receive new license
9.24 renewal dates occurring in November 2020 or December 2020 must choose one of two
9.25 options:

9.26 (1) receive one assisted living facility license upon conversion effective August 1, 2021,
9.27 and prorated for 15- or 16-month periods, respectively; or

9.28 (2) receive one assisted living facility license upon conversion, effective August 1, 2021,
9.29 prorated for three- or four-month periods, respectively.

9.30 (d) Applicants for current housing with services establishments that receive new license
9.31 renewal dates occurring in January 2021 through July 2021 shall receive one assisted living
9.32 facility license upon conversion effective August 1, 2021, and prorated for five- to 11-month
9.33 periods, respectively.

10.1 (e) Applicants for current housing with services establishments that receive a new license
10.2 renewal date occurring in August 2021 shall receive one assisted living facility license upon
10.3 conversion effective for a full 12-month period.

10.4 (f) Applicants for current housing with services establishments converting to an assisted
10.5 living facility license shall receive their first assisted living facility license renewal application
10.6 for a full 12-month effective period approximately 90 days prior to the expiration of the
10.7 facility's prorated license.

10.8 (g) Applicants for current housing with services establishments who intend to obtain
10.9 more than one assisted living facility license under this chapter may request that the
10.10 commissioner allow all applicable renewal dates to occur on the same date or may request
10.11 all applicable renewal dates to occur at different points throughout a calendar year.

10.12 (h) All prorated licensing fee amounts for applicants of converting housing with services
10.13 establishments will be determined by calculating the appropriate annual fee based on section
10.14 144.122, paragraph (d), and dividing the total annual fee amount by the number of months
10.15 the prorated license will be effective.

10.16 **Subd. 7. Conversion to assisted living licensure; background studies.** (a) Any new
10.17 individuals listed on the assisted living facility application who have a direct ownership
10.18 interest in the license, as defined in section 144G.08, subdivision 23, or who are managerial
10.19 officials as defined in section 144G.08, subdivision 36, are subject to the background study
10.20 requirements of section 144.057. No individual may be involved in the management,
10.21 operation, or control of an assisted living facility if the individual has been disqualified
10.22 under chapter 245C.

10.23 (b) The commissioner shall not issue a license if any controlling individual, including
10.24 a managerial official, has been unsuccessful in having a background study disqualification
10.25 set aside under section 144.057 and chapter 245C.

10.26 (c) If the individual requests reconsideration of a disqualification under section 144.057
10.27 or chapter 245C and the commissioner sets aside or rescinds the disqualification, the
10.28 individual is eligible to be involved in the management, operation, or control of the assisted
10.29 living facility.

10.30 (d) If an individual has a disqualification under section 245C.15, subdivision 1, and the
10.31 disqualification is affirmed, the individual's disqualification is barred from a set aside and
10.32 the individual must not be involved in the management, operation, or control of the assisted
10.33 living facility.

11.1 (e) Data collected under this subdivision shall be classified as private data on individuals
11.2 under section 13.02, subdivision 12.

11.3 **Subd. 8. Changes of ownership; current housing with services establishment**
11.4 **registrations.** (a) A change of ownership application for an assisted living facility registered
11.5 as a housing with services establishment under chapter 144D prior to August 1, 2021, and
11.6 that has an anticipated change of ownership transaction effective on or after August 1, 2021,
11.7 must be submitted: (1) with an assisted living facility license application provided by the
11.8 commissioner; (2) according to sections 144G.08 to 144G.9999; and (3) with the assisted
11.9 living licensure fees in section 144.122, paragraph (d).

11.10 (b) Applications for changes of ownership must be submitted to the commissioner at
11.11 least 60 calendar days prior to the anticipated effective date of the sale or transaction.

11.12 Sec. 9. Minnesota Statutes 2019 Supplement, section 144G.30, subdivision 2, is amended
11.13 to read:

11.14 Subd. 2. **Surveys.** The commissioner shall conduct a survey of each assisted living
11.15 facility on a frequency of at least once every ~~two years~~ 24 months. The commissioner may
11.16 conduct surveys more frequently than every ~~two years~~ 24 months based on the license
11.17 category, the assisted living facility's compliance history, the number of residents served,
11.18 or other factors as determined by the commissioner deemed necessary to ensure the health,
11.19 safety, and welfare of residents and compliance with the law.

11.20 Sec. 10. Minnesota Statutes 2019 Supplement, section 144G.31, subdivision 4, is amended
11.21 to read:

11.22 Subd. 4. **Fine amounts.** (a) Fines and enforcement actions under this subdivision may
11.23 be assessed based on the level and scope of the violations described in subdivisions 2 and
11.24 3 as follows and may be imposed immediately with no opportunity to correct the violation
11.25 prior to imposition:

11.26 (1) Level 1, no fines or enforcement;

11.27 (2) Level 2, a fine of \$500 per violation, in addition to any enforcement mechanism
11.28 authorized in section 144G.20 for widespread violations;

11.29 (3) Level 3, a fine of \$3,000 per violation per ~~incident~~ violation, in addition to any
11.30 enforcement mechanism authorized in section 144G.20;

11.31 (4) Level 4, a fine of \$5,000 per ~~incident~~ violation, in addition to any enforcement
11.32 mechanism authorized in section 144G.20; and

12.1 (5) for maltreatment violations for which the licensee was determined to be responsible
 12.2 for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of \$1,000.
 12.3 A fine of \$5,000 may be imposed if the commissioner determines the licensee is responsible
 12.4 for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury.

12.5 (b) When a fine is assessed against a an assisted living facility for substantiated
 12.6 maltreatment, the commissioner shall not also impose an immediate fine under this chapter
 12.7 for the same circumstance.

12.8 Sec. 11. Minnesota Statutes 2019 Supplement, section 144G.31, subdivision 5, is amended
 12.9 to read:

12.10 Subd. 5. **Immediate fine; payment.** (a) For every Level 3 or Level 4 violation, the
 12.11 commissioner may issue an immediate fine that may be imposed immediately with no
 12.12 opportunity to correct the violation prior to imposition. The licensee must still correct the
 12.13 violation in the time specified. The issuance of an immediate fine may occur in addition to
 12.14 any enforcement mechanism authorized under section 144G.20. The immediate fine may
 12.15 be appealed as allowed under this chapter.

12.16 (b) The licensee must pay the fines assessed on or before the payment date specified. If
 12.17 the licensee fails to fully comply with the order, the commissioner may issue a second fine
 12.18 or suspend the license until the licensee complies by paying the fine. A timely appeal shall
 12.19 stay payment of the fine until the commissioner issues a final order.

12.20 (c) A licensee shall promptly notify the commissioner in writing when a violation
 12.21 specified in the order is corrected. If upon ~~reinspection~~ a follow-up survey the commissioner
 12.22 determines that a violation has not been corrected as indicated by the order, the commissioner
 12.23 may issue an additional fine. The commissioner shall notify the licensee by mail to the last
 12.24 known address in the licensing record that a second fine has been assessed. The licensee
 12.25 may appeal the second fine as provided under this subdivision.

12.26 (d) ~~A~~ An assisted living facility that has been assessed a fine under this section has a
 12.27 right to a reconsideration or hearing under this chapter and chapter 14.

12.28 Sec. 12. Minnesota Statutes 2019 Supplement, section 144G.40, subdivision 1, is amended
 12.29 to read:

12.30 Subdivision 1. **Responsibility for housing and services.** The ~~facility~~ licensee is directly
 12.31 responsible to the resident for all housing and service-related matters provided, irrespective
 12.32 of a management contract. Housing and service-related matters include but are not limited

13.1 to the handling of complaints, the provision of notices, and the initiation of any adverse
 13.2 action against the resident involving housing or services provided by the assisted living
 13.3 facility.

13.4 Sec. 13. Minnesota Statutes 2019 Supplement, section 144G.41, subdivision 7, is amended
 13.5 to read:

13.6 Subd. 7. **Resident grievances; reporting maltreatment.** All assisted living facilities
 13.7 must post in a conspicuous place information about the facilities' grievance procedure, and
 13.8 the name, telephone number, and e-mail contact information for the individuals who are
 13.9 responsible for handling resident grievances. The notice must also have the contact
 13.10 information for the ~~state and applicable regional~~ Office of Ombudsman for Long-Term Care
 13.11 and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must
 13.12 have information for reporting suspected maltreatment to the Minnesota Adult Abuse
 13.13 Reporting Center.

13.14 Sec. 14. Minnesota Statutes 2019 Supplement, section 144G.41, subdivision 8, is amended
 13.15 to read:

13.16 Subd. 8. **Protecting resident rights.** All assisted living facilities shall ensure that every
 13.17 resident has access to consumer advocacy or legal services by:

13.18 (1) providing names and contact information, including telephone numbers and e-mail
 13.19 addresses of at least three organizations that provide advocacy or legal services to residents,
 13.20 one of which must include the designated protection and advocacy organization in Minnesota
 13.21 that provides advice and representation to individuals with disabilities;

13.22 (2) providing the name and contact information, including the central office telephone
 13.23 number and e-mail address, for the Minnesota Office of Ombudsman for Long-Term Care
 13.24 and, including telephone numbers and e-mail addresses of the Office of Ombudsman for
 13.25 Mental Health and Developmental Disabilities, including both the state and regional contact
 13.26 information;

13.27 (3) assisting residents in obtaining information on whether Medicare or medical assistance
 13.28 under chapter 256B will pay for services;

13.29 (4) making reasonable accommodations for people who have communication disabilities
 13.30 and those who speak a language other than English; and

13.31 (5) providing all information and notices in plain language and in terms the residents
 13.32 can understand.

14.1 Sec. 15. Minnesota Statutes 2019 Supplement, section 144G.42, subdivision 8, is amended
14.2 to read:

14.3 Subd. 8. **Employee Staff records.** (a) The assisted living facility must maintain current
14.4 records of each paid employee staff member, each regularly scheduled volunteer providing
14.5 services, and each individual contractor providing services. The records must include the
14.6 following information:

14.7 (1) evidence of current professional licensure, registration, or certification if licensure,
14.8 registration, or certification is required by this chapter or rules;

14.9 (2) records of orientation, required annual training and infection control training, and
14.10 competency evaluations;

14.11 (3) current job description, including qualifications, responsibilities, and identification
14.12 of staff persons providing supervision;

14.13 (4) documentation of annual performance reviews that identify areas of improvement
14.14 needed and training needs;

14.15 (5) for individuals providing assisted living services, verification that required health
14.16 screenings under subdivision 9 have taken place and the dates of those screenings; and

14.17 (6) documentation of the background study as required under section 144.057.

14.18 (b) Each employee staff record must be retained for at least three years after a paid
14.19 employee staff, volunteer, or contractor ceases to be employed by, provide services at, or
14.20 be under contract with the assisted living facility. If ~~a~~ an assisted living facility ceases
14.21 operation, employee staff records must be maintained for three years after facility operations
14.22 cease.

14.23 Sec. 16. Minnesota Statutes 2019 Supplement, section 144G.42, subdivision 9, is amended
14.24 to read:

14.25 Subd. 9. **Tuberculosis prevention and control.** (a) The assisted living facility must
14.26 establish and maintain a comprehensive tuberculosis infection control program according
14.27 to the most current tuberculosis infection control guidelines issued by the United States
14.28 Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination,
14.29 as published in the CDC's Morbidity and Mortality Weekly Report (MMWR). The program
14.30 must include a tuberculosis infection control plan that covers all paid and unpaid employees
14.31 staff, contractors, students, and regularly scheduled volunteers. The commissioner shall
14.32 provide technical assistance regarding implementation of the guidelines.

15.1 (b) The assisted living facility must maintain written evidence of compliance with this
15.2 subdivision.

15.3 Sec. 17. Minnesota Statutes 2019 Supplement, section 144G.42, is amended by adding a
15.4 subdivision to read:

15.5 Subd. 9a. **Communicable diseases.** An assisted living facility must follow current state
15.6 requirements for prevention, control, and reporting of communicable diseases as defined
15.7 in Minnesota Rules, parts 4605.7040, 4605.7044, 4605.7050, 4605.7075, 4605.7080, and
15.8 4605.7090.

15.9 Sec. 18. Minnesota Statutes 2019 Supplement, section 144G.42, subdivision 10, is amended
15.10 to read:

15.11 Subd. 10. **Disaster planning and emergency preparedness plan.** (a) The assisted living
15.12 facility must meet the following requirements:

15.13 (1) have a written emergency disaster plan that contains a plan for evacuation, addresses
15.14 elements of sheltering in place, identifies temporary relocation sites, and details staff
15.15 assignments in the event of a disaster or an emergency;

15.16 (2) post an emergency disaster plan prominently;

15.17 (3) provide building emergency exit diagrams to all residents;

15.18 (4) post emergency exit diagrams on each floor; and

15.19 (5) have a written policy and procedure regarding missing ~~tenant~~ residents.

15.20 (b) The assisted living facility must provide emergency and disaster training to all staff
15.21 during the initial staff orientation and annually thereafter and must make emergency and
15.22 disaster training annually available to all residents. Staff who have not received emergency
15.23 and disaster training are allowed to work only when trained staff are also working on site.

15.24 (c) The assisted living facility must meet any additional requirements adopted in rule.

15.25 Sec. 19. Minnesota Statutes 2019 Supplement, section 144G.43, subdivision 1, is amended
15.26 to read:

15.27 Subdivision 1. **Resident record.** (a) Assisted living facilities must maintain records for
15.28 each resident for whom it is providing assisted living services. Entries in the resident records
15.29 must be current, legible, permanently recorded, dated, and authenticated with the name and
15.30 title of the person making the entry.

16.1 (b) Resident records, whether written or electronic, must be protected against loss,
16.2 tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable
16.3 relevant federal and state laws. The assisted living facility shall establish and implement
16.4 written procedures to control use, storage, and security of resident records and establish
16.5 criteria for release of resident information.

16.6 (c) The assisted living facility may not disclose to any other person any personal,
16.7 financial, or medical information about the resident, except:

16.8 (1) as may be required by law;

16.9 (2) to employees or contractors of the assisted living facility, another facility, other
16.10 health care practitioner or provider, or inpatient facility needing information in order to
16.11 provide services to the resident, but only the information that is necessary for the provision
16.12 of services;

16.13 (3) to persons authorized in writing by the resident, including third-party payers; and

16.14 (4) to representatives of the commissioner authorized to survey or investigate assisted
16.15 living facilities under this chapter or federal laws.

16.16 Sec. 20. Minnesota Statutes 2019 Supplement, section 144G.45, subdivision 1, is amended
16.17 to read:

16.18 Subdivision 1. **Requirements.** The following are required for all assisted living facilities:

16.19 (1) public utilities must be available, and working or inspected and approved water and
16.20 septic systems must be in place;

16.21 (2) the location must be publicly accessible to fire department services and emergency
16.22 medical services;

16.23 (3) the location's topography must provide sufficient natural drainage and is not subject
16.24 to flooding;

16.25 (4) all-weather roads and walks must be provided within the lot lines to the primary
16.26 entrance and the service entrance, including ~~employees'~~ staff and visitors' parking at the
16.27 site; and

16.28 (5) the location must include space for outdoor activities for residents.

17.1 Sec. 21. Minnesota Statutes 2019 Supplement, section 144G.45, subdivision 2, is amended
17.2 to read:

17.3 Subd. 2. **Fire protection and physical environment.** (a) Each assisted living facility
17.4 must ~~have a comprehensive fire protection system that includes~~ comply with the State Fire
17.5 Code in Minnesota Rules, chapter 7511, and the following:

17.6 (1) ~~protection throughout by an approved supervised automatic sprinkler system according~~
17.7 ~~to building code requirements established in Minnesota Rules, part 1305.0903, or smoke~~
17.8 ~~detectors in each occupied room installed and maintained in accordance with the National~~
17.9 ~~Fire Protection Association (NFPA) Standard 72~~ smoke alarms provided within individual
17.10 dwelling units or sleeping units, as defined in the Minnesota State Fire Code, in accordance
17.11 with the following: (i) in each room used for sleeping purposes; (ii) outside of each separate
17.12 sleeping area in the immediate vicinity of bedrooms; (iii) on each story within a dwelling
17.13 unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where
17.14 more than one smoke alarm is required within an individual dwelling unit or sleeping unit,
17.15 smoke alarms must be interconnected so that actuation of one causes all alarms in the
17.16 individual dwelling unit or sleeping unit to operate; and (v) the power supply for existing
17.17 smoke alarms must comply with the State Fire Code. Newly introduced smoke alarms in
17.18 existing buildings required under this clause may be battery operated;

17.19 (2) portable fire extinguishers installed and tested in accordance with the NFPA Standard
17.20 10; and

17.21 (3) the physical environment, including walls, floors, ceiling, all furnishings, grounds,
17.22 systems, and equipment ~~that is~~ must be kept in a continuous state of good repair and operation
17.23 with regard to the health, safety, comfort, and well-being of the residents in accordance
17.24 with a maintenance and repair program.

17.25 (b) Fire drills in assisted living facilities shall be conducted in accordance with the
17.26 residential board and care requirements in the Life Safety Code, except that fire drills in
17.27 secured dementia care units shall be conducted in accordance with section 144G.81,
17.28 subdivision 2.

17.29 (c) Existing construction or elements, including assisted living facilities that were
17.30 registered as housing with services establishments under chapter 144D prior to August 1,
17.31 2021, shall be permitted to ~~be continued~~ continue in use provided such use does not constitute
17.32 a distinct hazard to life. Any existing elements that an authority having jurisdiction deems
17.33 a distinct hazard to life must be corrected. The assisted living facility must document in the

18.1 assisted living facility's records any actions taken to comply with a correction order, and
 18.2 must submit to the commissioner for review and approval prior to correction.

18.3 (d) For the purposes of this subdivision: (i) "dwelling" means a building that contains
 18.4 one or two dwelling units used, intended or designed to be used, rented, leased, let, or hired
 18.5 out to be occupied for living purposes; (ii) "dwelling unit" means a single unit providing
 18.6 complete, independent living facilities for one or more persons, including permanent
 18.7 provisions for living, sleeping, eating, cooking, and sanitation; and (iii) "sleeping unit"
 18.8 means a single unit providing rooms or spaces for one or more persons that includes
 18.9 permanent provisions for sleeping and may include provisions for living, eating, and either
 18.10 sanitation or kitchen facilities, but not both. Such rooms and spaces that are also part of a
 18.11 dwelling unit are not sleeping units.

18.12 Sec. 22. Minnesota Statutes 2019 Supplement, section 144G.45, subdivision 5, is amended
 18.13 to read:

18.14 **Subd. 5. Assisted living facilities; Life Safety Code.** (a) All assisted living facilities
 18.15 with six or more residents must meet the applicable provisions of the ~~most current~~ 2018
 18.16 edition of the NFPA Standard 101, Life Safety Code, Residential Board and Care
 18.17 Occupancies chapter. The minimum design standard shall be met for all new licenses, new
 18.18 construction, modifications, renovations, alterations, changes of use, or additions.

18.19 (b) If the commissioner decides to update the Life Safety Code for purposes of this
 18.20 subdivision, the commissioner must notify the chairs and ranking minority members of the
 18.21 legislative committees and divisions with jurisdiction over health care and public safety of
 18.22 the planned update by January 15 of the year in which the new Life Safety Code will become
 18.23 effective. Following notice from the commissioner, the new edition shall become effective
 18.24 for assisted living facilities beginning August 1 of that year, unless provided otherwise in
 18.25 law. The commissioner shall, by publication in the State Register, specify a date by which
 18.26 assisted living facilities must comply with the updated Life Safety Code. The date by which
 18.27 assisted living facilities must comply shall not be sooner than six months after publication
 18.28 of the commissioner's notice in the State Register.

18.29 Sec. 23. Minnesota Statutes 2019 Supplement, section 144G.50, subdivision 1, is amended
 18.30 to read:

18.31 **Subdivision 1. Contract required.** (a) An assisted living facility may not offer or provide
 18.32 housing or assisted living services to ~~a resident~~ any individual unless it has executed a
 18.33 written assisted living contract ~~with the resident~~.

19.1 (b) The contract must contain all the terms concerning the provision of:

19.2 (1) housing;

19.3 (2) assisted living services, whether provided directly by the assisted living facility or
19.4 by management agreement or other agreement; and

19.5 (3) the resident's service plan, if applicable.

19.6 (c) ~~A~~ An assisted living facility must:

19.7 (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term
19.8 Care a complete unsigned copy of its contract; and

19.9 (2) give a complete copy of any signed contract and any addendums, and all supporting
19.10 documents and attachments, to the resident promptly after a contract and any addendum
19.11 has been signed.

19.12 (d) A contract under this section is a consumer contract under sections 325G.29 to
19.13 325G.37.

19.14 (e) Before or at the time of execution of the contract, the assisted living facility must
19.15 offer the resident the opportunity to identify a designated representative according to
19.16 subdivision 3.

19.17 (f) The resident must agree in writing to any additions or amendments to the contract.
19.18 Upon agreement between the resident and the assisted living facility, a new contract or an
19.19 addendum to the existing contract must be executed and signed.

19.20 Sec. 24. Minnesota Statutes 2019 Supplement, section 144G.50, subdivision 2, is amended
19.21 to read:

19.22 Subd. 2. **Contract information.** (a) The contract must include in a conspicuous place
19.23 and manner on the contract the legal name and the license number of the assisted living
19.24 facility.

19.25 (b) The contract must include the name, telephone number, and physical mailing address,
19.26 which may not be a public or private post office box, of:

19.27 (1) the assisted living facility and contracted service provider when applicable;

19.28 (2) the licensee of the assisted living facility;

19.29 (3) the managing agent of the assisted living facility, if applicable; and

19.30 (4) the authorized agent for the assisted living facility.

20.1 (c) The contract must include:

20.2 (1) a disclosure of the category of assisted living facility license held by the facility and,
20.3 if the facility is not an assisted living facility with dementia care, a disclosure that it does
20.4 not hold an assisted living facility with dementia care license;

20.5 (2) a description of all the terms and conditions of the contract, including a description
20.6 of and any limitations to the housing or assisted living services to be provided for the
20.7 contracted amount;

20.8 (3) a delineation of the cost and nature of any other services to be provided for an
20.9 additional fee;

20.10 (4) a delineation and description of any additional fees the resident may be required to
20.11 pay if the resident's condition changes during the term of the contract;

20.12 (5) a delineation of the grounds under which the resident may be discharged, evicted,
20.13 or transferred or have services terminated;

20.14 (6) billing and payment procedures and requirements; and

20.15 (7) disclosure of the assisted living facility's ability to provide specialized diets.

20.16 (d) The contract must include a description of the assisted living facility's complaint
20.17 resolution process available to residents, including the name and contact information of the
20.18 person representing the assisted living facility who is designated to handle and resolve
20.19 complaints.

20.20 (e) The contract must include a clear and conspicuous notice of:

20.21 (1) the right under section 144G.54 to appeal the termination of an assisted living contract;

20.22 (2) the assisted living facility's policy regarding transfer of residents within the assisted
20.23 living facility, under what circumstances a transfer may occur, and the circumstances under
20.24 which resident consent is required for a transfer;

20.25 (3) contact information for the Office of Ombudsman for Long-Term Care, the
20.26 Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health
20.27 Facility Complaints;

20.28 (4) the resident's right to obtain services from an unaffiliated service provider;

20.29 (5) a description of the assisted living facility's policies related to medical assistance
20.30 waivers under chapter 256S and section 256B.49 and the housing support program under
20.31 chapter 256I, including:

21.1 (i) whether the assisted living facility is enrolled with the commissioner of human services
21.2 to provide customized living services under medical assistance waivers;

21.3 (ii) whether the assisted living facility has an agreement to provide housing support
21.4 under section 256I.04, subdivision 2, paragraph (b);

21.5 (iii) whether there is a limit on the number of people residing at the assisted living facility
21.6 who can receive customized living services or participate in the housing support program
21.7 at any point in time. If so, the limit must be provided;

21.8 (iv) whether the assisted living facility requires a resident to pay privately for a period
21.9 of time prior to accepting payment under medical assistance waivers or the housing support
21.10 program, and if so, the length of time that private payment is required;

21.11 (v) a statement that medical assistance waivers provide payment for services, but do not
21.12 cover the cost of rent;

21.13 (vi) a statement that residents may be eligible for assistance with rent through the housing
21.14 support program; and

21.15 (vii) a description of the rent requirements for people who are eligible for medical
21.16 assistance waivers but who are not eligible for assistance through the housing support
21.17 program;

21.18 (6) the contact information to obtain long-term care consulting services under section
21.19 256B.0911; and

21.20 (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.

21.21 ~~(f) The contract must include a description of the facility's complaint resolution process~~
21.22 ~~available to residents, including the name and contact information of the person representing~~
21.23 ~~the facility who is designated to handle and resolve complaints.~~

21.24 Sec. 25. Minnesota Statutes 2019 Supplement, section 144G.52, subdivision 1, is amended
21.25 to read:

21.26 Subdivision 1. **Definition.** For purposes of sections 144G.52 to 144G.55, "termination
21.27 of an assisted living contract" means:

21.28 (1) a facility-initiated termination of housing provided to the resident under the assisted
21.29 living contract; or

21.30 (2) a facility-initiated termination or nonrenewal of all assisted living services the resident
21.31 receives from the assisted living facility under the assisted living contract.

22.1 Sec. 26. Minnesota Statutes 2019 Supplement, section 144G.52, subdivision 3, is amended
22.2 to read:

22.3 Subd. 3. **Termination for nonpayment.** (a) ~~A~~ An assisted living facility may initiate a
22.4 termination of an assisted living contract for housing because of nonpayment of rent or a
22.5 termination of services because of nonpayment for services. Upon issuance of a notice of
22.6 termination of an assisted living contract for nonpayment, the assisted living facility must
22.7 inform the resident that public benefits may be available and must provide contact
22.8 information for the Senior LinkAge Line under section 256.975, subdivision 7.

22.9 (b) An interruption to a resident's public benefits that lasts for no more than 60 days
22.10 does not constitute nonpayment.

22.11 Sec. 27. Minnesota Statutes 2019 Supplement, section 144G.52, subdivision 5, is amended
22.12 to read:

22.13 Subd. 5. **Expedited termination.** (a) ~~A~~ An assisted living facility may initiate an
22.14 expedited termination of an assisted living contract for housing or services if:

22.15 (1) the resident has engaged in conduct that substantially interferes with the rights, health,
22.16 or safety of other residents;

22.17 (2) the resident has engaged in conduct that substantially and intentionally interferes
22.18 with the safety or physical health of assisted living facility staff; or

22.19 (3) the resident has committed an act listed in section 504B.171 that substantially
22.20 interferes with the rights, health, or safety of other residents.

22.21 (b) ~~A~~ An assisted living facility may initiate an expedited termination of services if:

22.22 (1) the resident has engaged in conduct that substantially interferes with the resident's
22.23 health or safety;

22.24 (2) the resident's assessed needs exceed the scope of services agreed upon in the assisted
22.25 living contract and are not included in the services the assisted living facility disclosed in
22.26 the uniform checklist; or

22.27 (3) extraordinary circumstances exist, causing the assisted living facility to be unable
22.28 to provide the resident with the services disclosed in the uniform checklist that are necessary
22.29 to meet the resident's needs.

23.1 Sec. 28. Minnesota Statutes 2019 Supplement, section 144G.52, subdivision 7, is amended
23.2 to read:

23.3 Subd. 7. **Notice of contract termination required.** (a) ~~A~~ An assisted living facility
23.4 ~~terminating a~~ an assisted living contract must issue a written notice of termination according
23.5 to this section. The assisted living facility must also send a copy of the termination notice
23.6 to the Office of Ombudsman for Long-Term Care and, for residents who receive home and
23.7 community-based waiver services under chapter 256S and section 256B.49, to the resident's
23.8 case manager, as soon as practicable after providing notice to the resident. ~~A~~ An assisted
23.9 living facility may terminate an assisted living contract only as permitted under subdivisions
23.10 3, 4, and 5.

23.11 (b) ~~A~~ An assisted living facility terminating ~~a~~ an assisted living contract under subdivision
23.12 3 or 4 must provide a written termination notice at least 30 days before the effective date
23.13 of the termination to the resident, legal representative, and designated representative.

23.14 (c) ~~A~~ An assisted living facility terminating ~~a~~ an assisted living contract under subdivision
23.15 5 must provide a written termination notice at least 15 days before the effective date of the
23.16 termination to the resident, legal representative, and designated representative.

23.17 (d) If a resident moves out of ~~a~~ an assisted living facility or cancels services received
23.18 from the assisted living facility, nothing in this section prohibits ~~a~~ an assisted living facility
23.19 from enforcing against the resident any notice periods with which the resident must comply
23.20 under the assisted living contract.

23.21 Sec. 29. Minnesota Statutes 2019 Supplement, section 144G.54, subdivision 1, is amended
23.22 to read:

23.23 Subdivision 1. **Right to appeal.** Residents or individuals acting on behalf of residents
23.24 have the right to appeal the termination of an assisted living contract.

23.25 Sec. 30. Minnesota Statutes 2019 Supplement, section 144G.54, subdivision 2, is amended
23.26 to read:

23.27 Subd. 2. **Permissible grounds to appeal termination.** A resident or an individual acting
23.28 on behalf of the resident may appeal a termination initiated under section 144G.52,
23.29 subdivision 3, 4, or 5, on the ground that:

23.30 (1) there is a factual dispute as to whether the assisted living facility had a permissible
23.31 basis to initiate the termination;

24.1 (2) the termination would result in great harm or the potential for great harm to the
24.2 resident as determined by the totality of the circumstances, except in circumstances where
24.3 there is a greater risk of harm to other residents or staff at the assisted living facility;

24.4 (3) the resident has cured or demonstrated the ability to cure the reasons for the
24.5 termination, or has identified a reasonable accommodation or modification, intervention,
24.6 or alternative to the termination; or

24.7 (4) the assisted living facility has terminated the contract in violation of state or federal
24.8 law.

24.9 Sec. 31. Minnesota Statutes 2019 Supplement, section 144G.54, subdivision 3, is amended
24.10 to read:

24.11 Subd. 3. **Appeals process.** (a) The Office of Administrative Hearings must conduct an
24.12 expedited hearing as soon as practicable under this section, but in no event later than 14
24.13 calendar days after the office receives the request, unless the parties agree otherwise or the
24.14 chief administrative law judge deems the timing to be unreasonable, given the complexity
24.15 of the issues presented.

24.16 (b) The hearing must be held at the assisted living facility where the resident lives, unless
24.17 holding the hearing at that location is impractical, the parties agree to hold the hearing at a
24.18 different location, or the chief administrative law judge grants a party's request to appear
24.19 at another location or by telephone or interactive video.

24.20 (c) The hearing is not a formal contested case proceeding, except when determined
24.21 necessary by the chief administrative law judge.

24.22 (d) Parties may but are not required to be represented by counsel. The appearance of a
24.23 party without counsel does not constitute the unauthorized practice of law.

24.24 (e) The hearing shall be limited to the amount of time necessary for the participants to
24.25 expeditiously present the facts about the proposed termination. The administrative law judge
24.26 shall issue a ~~recommendation~~ decision to the commissioner as soon as practicable, but in
24.27 no event later than ten business days after the hearing.

24.28 Sec. 32. Minnesota Statutes 2019 Supplement, section 144G.54, subdivision 4, is amended
24.29 to read:

24.30 Subd. 4. **Burden of proof for appeals of termination.** (a) The assisted living facility
24.31 bears the burden of proof to establish by a preponderance of the evidence that the termination

25.1 was permissible if the appeal is brought on the ground listed in subdivision 2, clause (1) or
 25.2 (4).

25.3 (b) The resident bears the burden of proof to establish by a preponderance of the evidence
 25.4 that the termination was permissible if the appeal is brought on the ground listed in
 25.5 subdivision 2, clause (2) or (3).

25.6 Sec. 33. Minnesota Statutes 2019 Supplement, section 144G.55, subdivision 1, is amended
 25.7 to read:

25.8 Subdivision 1. **Duties of an assisted living facility.** (a) If a an assisted living facility
 25.9 terminates an assisted living contract, ~~nonrenews housing under section 144G.53,~~ reduces
 25.10 or eliminates services to the extent that a resident needs to move, ~~or~~ conducts a planned
 25.11 closure under section 144G.57, or relinquishes an assisted living facility with dementia care
 25.12 license under section 144G.80, the assisted living facility:

25.13 (1) must ensure, subject to paragraph (c), a coordinated move to a safe location that is
 25.14 appropriate for the resident and that is identified by the assisted living facility prior to any
 25.15 hearing under section 144G.54;

25.16 (2) must ensure a coordinated move of the resident to an appropriate service provider
 25.17 that is identified by the assisted living facility prior to any hearing under section 144G.54,
 25.18 provided services are still needed and desired by the resident; and

25.19 (3) must consult and cooperate with the resident, legal representative, designated
 25.20 representative, case manager for a resident who receives home and community-based waiver
 25.21 services under chapter 256S and section 256B.49, relevant health professionals, and any
 25.22 other persons of the resident's choosing to make arrangements to move the resident, including
 25.23 consideration of the resident's goals.

25.24 (b) ~~A~~ An assisted living facility may satisfy the requirements of paragraph (a), clauses
 25.25 (1) and (2), by moving the resident to a different location within the same assisted living
 25.26 facility, if appropriate for the resident.

25.27 (c) A resident may decline to move to the location the assisted living facility identifies
 25.28 or to accept services from a service provider the assisted living facility identifies, and may
 25.29 choose instead to move to a location of the resident's choosing or receive services from a
 25.30 service provider of the resident's choosing within the timeline prescribed in the ~~termination~~
 25.31 planned closure, service reduction or elimination under paragraph (d), nonrenewal of housing,
 25.32 or license relinquishment notice.

26.1 (d) Sixty calendar days before the assisted living facility plans to reduce or eliminate
 26.2 one or more services for a particular resident, the facility licensee must provide written
 26.3 notice of the reduction or elimination to the resident that includes:

26.4 (1) a detailed explanation of the reasons for the reduction or elimination and the date of
 26.5 the reduction or elimination;

26.6 (2) the contact information for the Office of Ombudsman for Long-Term Care and the
 26.7 name and contact information of the person employed by the assisted living facility with
 26.8 whom the resident may discuss the reduction or elimination of services;

26.9 (3) a statement that if the services being reduced or eliminated are still needed by the
 26.10 resident, the resident may remain in the assisted living facility and seek services from another
 26.11 provider; and

26.12 (4) a statement that if the reduction or elimination makes the resident need to move, the
 26.13 assisted living facility must participate in a coordinated move of the resident to another
 26.14 provider or caregiver, as required under this section.

26.15 (e) In the event of an unanticipated reduction ~~in~~ or elimination of services caused by
 26.16 extraordinary circumstances, the assisted living facility must provide the notice required
 26.17 under paragraph (d) as soon as possible.

26.18 (f) If the assisted living facility, a resident, a legal representative, or a designated
 26.19 representative determines that a reduction ~~in~~ or elimination of services will make a resident
 26.20 need to move to a new location, the assisted living facility must ensure a coordinated move
 26.21 in accordance with this section, and must provide notice to the Office of Ombudsman for
 26.22 Long-Term Care.

26.23 (g) Nothing in this section affects a resident's right to remain in the assisted living facility
 26.24 and seek services from another provider.

26.25 Sec. 34. Minnesota Statutes 2019 Supplement, section 144G.55, subdivision 2, is amended
 26.26 to read:

26.27 Subd. 2. **Safe location.** A safe location is not a private home where the occupant is
 26.28 unwilling or unable to care for the resident, a homeless shelter, a hotel, or a motel. ~~A~~ An
 26.29 assisted living facility may not terminate a resident's housing or services if the resident ~~will,~~
 26.30 as the result of the termination, ~~become~~ planned closure under section 144G.57, service
 26.31 reduction or elimination to the extent that a resident needs to move in subdivision 1,
 26.32 paragraph (d), nonrenewal of housing under section 144G.53, or assisted living facility with
 26.33 dementia care license relinquishment in section 144G.80, subdivision 3, becomes homeless,

27.1 as that term is defined in section 116L.361, subdivision 5, or if an adequate and safe discharge
 27.2 location or adequate and needed service provider has not been identified. This subdivision
 27.3 does not preclude a resident from declining to move to the location the assisted living facility
 27.4 identifies.

27.5 Sec. 35. Minnesota Statutes 2019 Supplement, section 144G.55, subdivision 3, is amended
 27.6 to read:

27.7 Subd. 3. **Relocation plan required.** The assisted living facility must prepare a relocation
 27.8 plan for the resident to prepare for the move to the new location or service provider.

27.9 Sec. 36. Minnesota Statutes 2019 Supplement, section 144G.57, is amended to read:

27.10 **144G.57 PLANNED CLOSURES.**

27.11 Subdivision 1. **Closure plan required.** In the event that an assisted living facility elects
 27.12 to voluntarily close the assisted living facility, the facility licensee must notify the
 27.13 commissioner and the Office of Ombudsman for Long-Term Care in writing by submitting
 27.14 a proposed closure plan.

27.15 Subd. 2. **Content of closure plan.** The assisted living facility's proposed closure plan
 27.16 must include:

27.17 (1) the procedures and actions the assisted living facility will implement to notify residents
 27.18 of the closure, including a copy of the written notice to be given to residents, designated
 27.19 representatives, legal representatives, and family and other resident contacts;

27.20 (2) the procedures and actions the assisted living facility will implement to ensure all
 27.21 residents receive appropriate ~~termination~~ planning in accordance with section 144G.55, and
 27.22 final accountings and returns under section 144G.42, subdivision 5;

27.23 (3) assessments of the needs and preferences of individual residents; and

27.24 (4) procedures and actions the assisted living facility will implement to maintain
 27.25 compliance with this chapter until all residents have relocated.

27.26 Subd. 3. **Commissioner's approval required prior to implementation.** (a) The plan
 27.27 shall be subject to the commissioner's approval and subdivision 6. The assisted living facility
 27.28 shall take no action to close the residence prior to the commissioner's approval of the plan.
 27.29 The commissioner shall approve or otherwise respond to the plan as soon as practicable.
 27.30 The commissioner shall promptly send the approved closure plan to the Office of
 27.31 Ombudsman for Long-Term Care.

28.1 (b) The commissioner may require the assisted living facility to work with a transitional
 28.2 team comprised of department staff, staff of the Office of Ombudsman for Long-Term Care,
 28.3 and other professionals the commissioner deems necessary to assist in the proper relocation
 28.4 of residents.

28.5 Subd. 4. ~~Termination~~ **Coordinated move planning and final accounting**
 28.6 **requirements.** Prior to ~~termination~~ closure, the assisted living facility must follow the
 28.7 ~~termination~~ planning requirements under section 144G.55, and final accounting and return
 28.8 requirements under section 144G.42, subdivision 5, for residents. The assisted living facility
 28.9 must implement the plan approved by the commissioner and ensure that arrangements for
 28.10 relocation and continued care that meet each resident's social, emotional, and health needs
 28.11 are effectuated prior to closure.

28.12 Subd. 5. **Notice to residents.** After the commissioner has approved the relocation plan
 28.13 and at least 60 calendar days before closing, except as provided under subdivision 6, the
 28.14 assisted living facility must notify residents, designated representatives, and legal
 28.15 representatives of the closure, the ~~proposed~~ date of closure, the contact information of the
 28.16 ombudsman for long-term care, and that the facility licensee will follow the ~~termination~~
 28.17 planning requirements under section 144G.55, and final accounting and return requirements
 28.18 under section 144G.42, subdivision 5. For residents who receive home and community-based
 28.19 waiver services under chapter 256S and section 256B.49, the assisted living facility must
 28.20 also provide this information to the resident's case manager.

28.21 Subd. 6. **Emergency closures.** (a) In the event the assisted living facility must close
 28.22 because the commissioner deems the assisted living facility can no longer remain open, the
 28.23 assisted living facility must meet all requirements in subdivisions 1 to 5, except for any
 28.24 requirements the commissioner finds would endanger the health and safety of residents. In
 28.25 the event the commissioner determines a closure must occur with less than 60 calendar days'
 28.26 notice, the assisted living facility shall provide notice to residents as soon as practicable or
 28.27 as directed by the commissioner.

28.28 (b) Upon request from the commissioner, the facility licensee must provide the
 28.29 commissioner with any documentation related to the appropriateness of its relocation plan,
 28.30 or to any assertion that the assisted living facility lacks the funds to comply with subdivisions
 28.31 1 to 5, or that remaining open would otherwise endanger the health and safety of residents
 28.32 pursuant to paragraph (a).

28.33 Subd. 7. **Other rights.** Nothing in this section affects the rights and remedies available
 28.34 under chapter 504B.

29.1 Subd. 8. **Fine.** The commissioner may impose a fine for failure to follow the requirements
29.2 of this section.

29.3 Sec. 37. Minnesota Statutes 2019 Supplement, section 144G.64, is amended to read:

29.4 **144G.64 TRAINING IN DEMENTIA CARE REQUIRED.**

29.5 (a) All assisted living facilities must meet the following training requirements:

29.6 (1) supervisors of direct-care staff must have at least eight hours of initial training on
29.7 topics specified under paragraph (b) within 120 working hours of the employment start
29.8 date, and must have at least two hours of training on topics related to dementia care for each
29.9 12 months of employment thereafter;

29.10 (2) direct-care ~~employees~~ staff must have completed at least eight hours of initial training
29.11 on topics specified under paragraph (b) within 160 working hours of the employment start
29.12 date. Until this initial training is complete, ~~an employee~~ a staff person must not provide
29.13 direct care unless there is another ~~employee~~ staff person on site who has completed the
29.14 initial eight hours of training on topics related to dementia care and who can act as a resource
29.15 and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor
29.16 meeting the requirements in clause (1) must be available for consultation with the new
29.17 ~~employee~~ staff person until the training requirement is complete. Direct-care ~~employees~~
29.18 staff must have at least two hours of training on topics related to dementia for each 12
29.19 months of employment thereafter;

29.20 (3) for assisted living facilities with dementia care, direct-care ~~employees~~ staff must
29.21 have completed at least eight hours of initial training on topics specified under paragraph
29.22 (b) within 80 working hours of the employment start date. Until this initial training is
29.23 complete, ~~an employee~~ a staff person must not provide direct care unless there is another
29.24 ~~employee~~ staff person on site who has completed the initial eight hours of training on topics
29.25 related to dementia care and who can act as a resource and assist if issues arise. A trainer
29.26 of the requirements under paragraph (b) or a supervisor meeting the requirements in clause
29.27 (1) must be available for consultation with the new ~~employee~~ staff person until the training
29.28 requirement is complete. Direct-care ~~employees~~ staff must have at least two hours of training
29.29 on topics related to dementia for each 12 months of employment thereafter;

29.30 (4) staff who do not provide direct care, including maintenance, housekeeping, and food
29.31 service staff, must have at least four hours of initial training on topics specified under
29.32 paragraph (b) within 160 working hours of the employment start date, and must have at

30.1 least two hours of training on topics related to dementia care for each 12 months of
30.2 employment thereafter; and

30.3 (5) new ~~employees~~ staff may satisfy the initial training requirements by producing written
30.4 proof of previously completed required training within the past 18 months.

30.5 (b) Areas of required training include:

30.6 (1) an explanation of Alzheimer's disease and other dementias;

30.7 (2) assistance with activities of daily living;

30.8 (3) problem solving with challenging behaviors;

30.9 (4) communication skills; and

30.10 (5) person-centered planning and service delivery.

30.11 (c) The assisted living facility shall provide to consumers in written or electronic form
30.12 a description of the training program, the categories of ~~employees~~ staff trained, the frequency
30.13 of training, and the basic topics covered.

30.14 Sec. 38. Minnesota Statutes 2019 Supplement, section 144G.70, subdivision 2, is amended
30.15 to read:

30.16 Subd. 2. **Initial reviews, assessments, and monitoring.** (a) Residents who are not
30.17 receiving ~~any~~ assisted living services shall not be required to undergo an initial nursing
30.18 assessment.

30.19 (b) An assisted living facility shall conduct a nursing assessment by a registered nurse
30.20 of the physical and cognitive needs of the prospective resident and propose a temporary
30.21 service plan prior to the date on which a prospective resident executes a contract with ~~a~~ an
30.22 assisted living facility or the date on which a prospective resident moves in, whichever is
30.23 earlier. If necessitated by either the geographic distance between the prospective resident
30.24 and the assisted living facility, or urgent or unexpected circumstances, the assessment may
30.25 be conducted using telecommunication methods based on practice standards that meet the
30.26 resident's needs and reflect person-centered planning and care delivery.

30.27 (c) Resident reassessment and monitoring must be conducted no more than 14 calendar
30.28 days after initiation of services. Ongoing resident reassessment and monitoring must be
30.29 conducted as needed based on changes in the needs of the resident and cannot exceed 90
30.30 calendar days from the last date of the assessment.

31.1 (d) For residents only receiving assisted living services specified in section 144G.08,
 31.2 subdivision 9, clauses (1) to (5), the assisted living facility shall complete an individualized
 31.3 initial review of the resident's needs and preferences. The initial review must be completed
 31.4 within 30 calendar days of the start of services. Resident monitoring and review must be
 31.5 conducted as needed based on changes in the needs of the resident and cannot exceed 90
 31.6 calendar days from the date of the last review.

31.7 (e) ~~A~~ An assisted living facility must inform the prospective resident of the availability
 31.8 of and contact information for long-term care consultation services under section 256B.0911,
 31.9 prior to the date on which a prospective resident executes a contract with ~~a~~ an assisted living
 31.10 facility or the date on which a prospective resident moves in, whichever is earlier.

31.11 Sec. 39. Minnesota Statutes 2019 Supplement, section 144G.80, subdivision 3, is amended
 31.12 to read:

31.13 Subd. 3. **Relinquishing license.** (a) The licensee must notify the commissioner and the
 31.14 Office of Ombudsman for Long-Term Care in writing at least 60 calendar days prior to the
 31.15 voluntary relinquishment of an assisted living facility with dementia care license. For
 31.16 voluntary relinquishment, the ~~facility~~ licensee must at least:

31.17 (1) give all residents and their designated and legal representatives at least 60 calendar
 31.18 days' notice. The notice must include at a minimum:

31.19 (i) the proposed effective date of the relinquishment;

31.20 (ii) changes in staffing;

31.21 (iii) changes in services including the elimination or addition of services;

31.22 (iv) staff training that shall occur when the relinquishment becomes effective; and

31.23 (v) contact information for the Office of Ombudsman for Long-Term Care;

31.24 (2) submit a transitional plan to the commissioner demonstrating how the current residents
 31.25 shall be evaluated and assessed to reside in other housing settings that are not an assisted
 31.26 living facility with dementia care, that are physically unsecured, or that would require
 31.27 move-out or transfer to other settings;

31.28 (3) change service or care plans as appropriate to address any needs the residents may
 31.29 have with the transition;

31.30 (4) notify the commissioner when the relinquishment process has been completed; and

32.1 (5) revise advertising materials and disclosure information to remove any reference that
 32.2 the assisted living facility is an assisted living facility with dementia care.

32.3 (b) Nothing in this section alters obligations under section 144G.57.

32.4 Sec. 40. Minnesota Statutes 2019 Supplement, section 144G.82, subdivision 3, is amended
 32.5 to read:

32.6 Subd. 3. **Policies.** (a) In addition to the policies and procedures required in the licensing
 32.7 of all assisted living facilities, the assisted living facility with dementia care licensee must
 32.8 develop and implement policies and procedures that address ~~the~~:

32.9 (1) the philosophy of how services are provided based upon the assisted living facility
 32.10 licensee's values, mission, and promotion of person-centered care and how the philosophy
 32.11 shall be implemented;

32.12 (2) the evaluation of behavioral symptoms and design of supports for intervention plans,
 32.13 including nonpharmacological practices that are person-centered and evidence-informed;

32.14 (3) wandering and egress prevention that provides detailed instructions to staff in the
 32.15 event a resident elopes;

32.16 (4) medication management, including an assessment of residents for the use and effects
 32.17 of medications, including psychotropic medications;

32.18 (5) staff training specific to dementia care;

32.19 (6) ~~description of~~ life enrichment programs and how activities are implemented;

32.20 (7) ~~description of~~ family support programs and efforts to keep the family engaged;

32.21 (8) limiting the use of public address and intercom systems for emergencies and
 32.22 evacuation drills only;

32.23 (9) transportation coordination and assistance to and from outside medical appointments;
 32.24 and

32.25 (10) the safekeeping of residents' possessions.

32.26 (b) The policies and procedures must be provided to residents and the residents' legal
 32.27 and designated representatives at the time of move-in.

33.1 Sec. 41. Minnesota Statutes 2019 Supplement, section 144G.83, subdivision 2, is amended
33.2 to read:

33.3 Subd. 2. **Staffing requirements.** (a) The licensee must ensure that staff who provide
33.4 support to residents with dementia can demonstrate a basic understanding and ability to
33.5 apply dementia training to the residents' emotional and unique health care needs using
33.6 person-centered planning delivery. Direct care dementia-trained staff and other staff must
33.7 be trained on the topics identified during the ~~expedited~~ rulemaking process. These
33.8 requirements are in addition to the licensing requirements for training.

33.9 (b) Failure to comply with paragraph (a) or subdivision 1 shall result in a fine under
33.10 section 144G.31.

33.11 Sec. 42. Minnesota Statutes 2019 Supplement, section 144G.90, subdivision 1, is amended
33.12 to read:

33.13 Subdivision 1. **Assisted living bill of rights; notification to resident.** (a) An assisted
33.14 living facility must provide the resident a written notice of the rights under section 144G.91
33.15 before the initiation of services to that resident. The assisted living facility shall make all
33.16 reasonable efforts to provide notice of the rights to the resident in a language the resident
33.17 can understand.

33.18 (b) In addition to the text of the assisted living bill of rights in section 144G.91, the
33.19 notice shall also contain the following statement describing how to file a complaint or report
33.20 suspected abuse:

33.21 "If you want to report suspected abuse, neglect, or financial exploitation, you may contact
33.22 the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about
33.23 the assisted living facility or person providing your services, you may contact the Office of
33.24 Health Facility Complaints, Minnesota Department of Health. If you would like to request
33.25 advocacy services, you may also contact the Office of Ombudsman for Long-Term Care or
33.26 the Office of Ombudsman for Mental Health and Developmental Disabilities."

33.27 (c) The statement must include contact information for the Minnesota Adult Abuse
33.28 Reporting Center and the telephone number, website address, e-mail address, mailing
33.29 address, and street address of the Office of Health Facility Complaints at the Minnesota
33.30 Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of
33.31 Ombudsman for Mental Health and Developmental Disabilities. The statement must include
33.32 the assisted living facility's name, address, e-mail, telephone number, and name or title of
33.33 the person at the assisted living facility to whom problems or complaints may be directed.

34.1 It must also include a statement that the assisted living facility will not retaliate because of
 34.2 a complaint.

34.3 (d) ~~A~~ An assisted living facility must obtain written acknowledgment from the resident
 34.4 of the resident's receipt of the assisted living bill of rights or shall document why an
 34.5 acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the
 34.6 resident's record.

34.7 Sec. 43. Minnesota Statutes 2019 Supplement, section 144G.91, subdivision 13, is amended
 34.8 to read:

34.9 Subd. 13. **Personal and treatment privacy.** (a) Residents have the right to consideration
 34.10 of their privacy, individuality, and cultural identity as related to their social, religious, and
 34.11 psychological well-being. Staff must respect the privacy of a resident's space by knocking
 34.12 on the door and seeking consent before entering, except in an emergency ~~or where clearly~~
 34.13 ~~inadvisable~~ or unless otherwise documented in the resident's service plan.

34.14 (b) Residents have the right to have and use a lockable door to the resident's unit. The
 34.15 assisted living facility shall provide locks on the resident's unit. Only a staff member with
 34.16 a specific need to enter the unit shall have keys. This right may be restricted in certain
 34.17 circumstances if necessary for a resident's health and safety and documented in the resident's
 34.18 service plan.

34.19 (c) Residents have the right to respect and privacy regarding the resident's service plan.
 34.20 Case discussion, consultation, examination, and treatment are confidential and must be
 34.21 conducted discreetly. Privacy must be respected during toileting, bathing, and other activities
 34.22 of personal hygiene, except as needed for resident safety or assistance.

34.23 Sec. 44. Minnesota Statutes 2019 Supplement, section 144G.91, subdivision 21, is amended
 34.24 to read:

34.25 Subd. 21. **Access to counsel and advocacy services.** Residents have the right to the
 34.26 immediate access by:

34.27 (1) the resident's legal counsel;

34.28 (2) any representative of the protection and advocacy system designated by the state
 34.29 under Code of Federal Regulations, title 45, section 1326.21; or

34.30 (3) any representative of the Office of Ombudsman for Long-Term Care or the Office
 34.31 of Ombudsman for Mental Health and Developmental Disabilities.

35.1 Sec. 45. Minnesota Statutes 2019 Supplement, section 144G.92, subdivision 5, is amended
35.2 to read:

35.3 Subd. 5. **Other laws.** Nothing in this section affects the rights and remedies available
35.4 ~~to a resident~~ under section 626.557, subdivisions 10, 17, and 20.

35.5 Sec. 46. Minnesota Statutes 2019 Supplement, section 144G.93, is amended to read:

35.6 **144G.93 CONSUMER ADVOCACY AND LEGAL SERVICES.**

35.7 Upon execution of an assisted living contract, every assisted living facility must provide
35.8 the resident with the names and contact information, including telephone numbers and
35.9 e-mail addresses, of:

35.10 (1) nonprofit organizations that provide advocacy or legal services to residents including
35.11 but not limited to the designated protection and advocacy organization in Minnesota that
35.12 provides advice and representation to individuals with disabilities; and

35.13 (2) the Office of Ombudsman for Long-Term Care, ~~including both the state and regional~~
35.14 ~~contact information~~ and the Office of Ombudsman for Mental Health and Developmental
35.15 Disabilities.

35.16 Sec. 47. Minnesota Statutes 2019 Supplement, section 144G.95, subdivision 1, is amended
35.17 to read:

35.18 Subdivision 1. **Immunity from liability.** (a) The Office of Ombudsman for Long-Term
35.19 Care and representatives of the office are immune from liability for conduct described in
35.20 section 256.9742, subdivision 2.

35.21 (b) The Office of Ombudsman for Mental Health and Developmental Disabilities and
35.22 representatives of the office are immune from liability for conduct described in section
35.23 245.96.

35.24 Sec. 48. Minnesota Statutes 2019 Supplement, section 144G.9999, subdivision 2, is
35.25 amended to read:

35.26 Subd. 2. **Membership.** The task force shall include representation from:

35.27 (1) nonprofit Minnesota-based organizations dedicated to patient safety or innovation
35.28 in health care safety and quality;

35.29 (2) Department of Health staff with expertise in issues related to safety and adverse
35.30 health events;

- 36.1 (3) consumer organizations;
- 36.2 (4) direct care providers or their representatives;
- 36.3 (5) organizations representing long-term care providers and home care providers in
36.4 Minnesota;
- 36.5 (6) the ombudsman for long-term care or a designee;
- 36.6 (7) the ombudsman for mental health and developmental disabilities or a designee;
- 36.7 ~~(7)~~ (8) national patient safety experts; and
- 36.8 ~~(8)~~ (9) other experts in the safety and quality improvement field.

36.9 The task force shall have at least one public member who either is or has been a resident in
36.10 an assisted living setting and one public member who has or had a family member living
36.11 in an assisted living setting. The membership shall be voluntary except that public members
36.12 may be reimbursed under section 15.059, subdivision 3.

36.13 Sec. 49. **REVISOR INSTRUCTION.**

36.14 The revisor of statutes, in consultation with the House Research Department; Office of
36.15 Senate Counsel, Research and Fiscal Analysis; and the Department of Health shall prepare
36.16 legislation for the Department of Health to introduce during the 2021 legislative session to
36.17 make necessary cross-reference changes and remove statutory cross-references in Minnesota
36.18 Statutes and Minnesota Rules to conform with the passage of Minnesota Laws 2019, chapter
36.19 60.

36.20 **EFFECTIVE DATE.** This section is effective the day following final enactment.