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State of Minnesota

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Page No. **96**

**HOUSE OF REPRESENTATIVES**

NINETIETH SESSION

**H. F. No. 952**

- 02/09/2017 Authored by Kiel; Theis; Murphy, E.; Allen; Baker and others  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
- 03/02/2017 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance
- 03/09/2017 Adoption of Report: Placed on the General Register  
Read for the Second Time
- 05/04/2017 Calendar for the Day  
Read for the Third Time  
Passed by the House and transmitted to the Senate
- 05/11/2017 Passed by the Senate and returned to the House  
Presented to Governor
- 05/12/2017 Governor Approval

1.1 A bill for an act  
1.2 relating to health; providing for training in hearing loss care to home care provider  
1.3 staff and supervisors; amending Minnesota Statutes 2016, section 144A.4796,  
subdivisions 2, 6.

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

1.6 Section 1. Minnesota Statutes 2016, section 144A.4796, subdivision 2, is amended to  
1.7 read:

1.8 Subd. 2. **Content.** (a) The orientation must contain the following topics:

1.9 (1) an overview of sections 144A.43 to 144A.4798;

1.10 (2) introduction and review of all the provider's policies and procedures related to the  
1.11 provision of home care services;

1.12 (3) handling of emergencies and use of emergency services;

1.13 (4) compliance with and reporting of the maltreatment of minors or vulnerable adults  
1.14 under sections 626.556 and 626.557;

1.15 (5) home care bill of rights under section 144A.44;

1.16 (6) handling of clients' complaints, reporting of complaints, and where to report  
1.17 complaints including information on the Office of Health Facility Complaints and the  
1.18 Common Entry Point;

1.19 (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care,  
1.20 Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care  
1.21 Ombudsman at the Department of Human Services, county managed care advocates, or  
1.22 other relevant advocacy services; and

2.1 (8) review of the types of home care services the employee will be providing and the  
2.2 provider's scope of licensure.

2.3 (b) In addition to the topics listed in paragraph (a), orientation may also contain training  
2.4 on providing services to clients with hearing loss. Any training on hearing loss provided  
2.5 under this subdivision must be high quality and research-based, may include online training,  
2.6 and must include training on one or more of the following topics:

2.7 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence,  
2.8 and challenges it poses to communication;

2.9 (2) health impacts related to untreated age-related hearing loss, such as increased  
2.10 incidence of dementia, falls, hospitalizations, isolation, and depression; or

2.11 (3) information about strategies and technology that may enhance communication and  
2.12 involvement, including communication strategies, assistive listening devices, hearing aids,  
2.13 visual and tactile alerting devices, communication access in real time, and closed captions.

2.14 **EFFECTIVE DATE.** This section is effective January 1, 2018.

2.15 Sec. 2. Minnesota Statutes 2016, section 144A.4796, subdivision 6, is amended to read:

2.16 Subd. 6. **Required annual training.** (a) All staff that perform direct home care services  
2.17 must complete at least eight hours of annual training for each 12 months of employment.  
2.18 The training may be obtained from the home care provider or another source and must  
2.19 include topics relevant to the provision of home care services. The annual training must  
2.20 include:

2.21 (1) training on reporting of maltreatment of minors under section 626.556 and  
2.22 maltreatment of vulnerable adults under section 626.557, whichever is applicable to the  
2.23 services provided;

2.24 (2) review of the home care bill of rights in section 144A.44;

2.25 (3) review of infection control techniques used in the home and implementation of  
2.26 infection control standards including a review of hand-washing techniques; the need for  
2.27 and use of protective gloves, gowns, and masks; appropriate disposal of contaminated  
2.28 materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting  
2.29 reusable equipment; disinfecting environmental surfaces; and reporting of communicable  
2.30 diseases; and

2.31 (4) review of the provider's policies and procedures relating to the provision of home  
2.32 care services and how to implement those policies and procedures.

3.1 (b) In addition to the topics listed in paragraph (a), annual training may also contain  
3.2 training on providing services to clients with hearing loss. Any training on hearing loss  
3.3 provided under this subdivision must be high quality and research-based, may include online  
3.4 training, and must include training on one or more of the following topics:

3.5 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence,  
3.6 and challenges it poses to communication;

3.7 (2) health impacts related to untreated age-related hearing loss, such as increased  
3.8 incidence of dementia, falls, hospitalizations, isolation, and depression; or

3.9 (3) information about strategies and technology that may enhance communication and  
3.10 involvement, including communication strategies, assistive listening devices, hearing aids,  
3.11 visual and tactile alerting devices, communication access in real time, and closed captions.

3.12 **EFFECTIVE DATE.** This section is effective January 1, 2018.