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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 1904

03/01/2017 Authored by McDonald and Kiel The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to human services; creating the Long-Term Care for Older Adults Rethink
1.3 Advisory Task Force; appropriating money.

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

1.5 Section 1. LONG-TERM CARE FOR OLDER ADULTS RETHINK ADVISORY
1.6 TASK FORCE.

1.7 Subdivision 1. Establishment; duties. The Minnesota Board on Aging shall convene
1.8 the Long-Term Care for Older Adults Rethink Advisory Task Force to examine the array
1.9 of needs of older individuals who require long-term care services and the needs and
1.10 challenges of individualized services. The advisory task force shall consider and make
1.11 recommendations and findings on the following issues:

1.12 (1) state policy regarding the provision of long-term care supports for older adults that
1.13 are individualized;

1.14 (2) establishment of an evaluation system that balances safety and choice with an
1.15 allowance for older adults receiving long-term care to determine their own choices and
1.16 risks;

1.17 (3) the adequacy of state safety regulations to support older adults in determining their
1.18 own choices and risks; and

1.19 (4) the development of new models of affordable long-term care for older adults.

1.20 Subd. 2. Members. (a) The Minnesota Board on Aging shall appoint no more than 25
1.21 members to the task force, including, but not limited to:

- 2.1 (1) at least two older adults who receive long-term care;
- 2.2 (2) at least two informal caregivers of older adults receiving long-term care;
- 2.3 (3) a representative of the nursing facility industry;
- 2.4 (4) a representative of the assisted living industry;
- 2.5 (5) a representative of the home care industry;
- 2.6 (6) a representative of the workers or union;
- 2.7 (7) a representative of the University of Minnesota Center on Aging;
- 2.8 (8) a representative of the medical care provider community, preferably a geriatrician
- 2.9 or a nurse;
- 2.10 (9) a social worker who specializes in gerontology;
- 2.11 (10) a representative of the legal community;
- 2.12 (11) a partner in the media community;
- 2.13 (12) a community support facilitator;
- 2.14 (13) a representative of the county social services system;
- 2.15 (14) the commissioner of human services or a designee;
- 2.16 (15) the commissioner of health or a designee;
- 2.17 (16) the ombudsman for long-term care or a designee;
- 2.18 (17) up to four public members named by the governor;
- 2.19 (18) a representative of the housing industry;
- 2.20 (19) a representative of the health care insurance industry; and
- 2.21 (20) a representative of an area agency on aging.

2.22 (b) The membership composition must reflect the diversity in Minnesota, which includes

2.23 a balance of rural and metro, gender, age, cultural groups, and abilities. The membership

2.24 composition must reflect the understanding that not all groups have equal access to adequate

2.25 health care. The Board on Aging must complete its appointments no later than September

2.26 1, 2017.

2.27 Subd. 3. **Meetings.** The Board on Aging shall convene the first meeting of the task force

2.28 no later than September 1, 2017. Meetings of the task force shall be open to the public, and

2.29 to the extent practicable, technological means, such as Webcasts, shall be used to reach the

3.1 greatest number of people throughout the state. The members of the task force shall select
3.2 a chair from among the task force members at the first meeting.

3.3 Subd. 4. **No compensation.** Public members of the task force serve without compensation,
3.4 except for reimbursement from the Board on Aging for allowed and necessary expenses
3.5 incurred in the performance of the public members' task force duties.

3.6 Subd. 5. **Report.** The Board on Aging shall submit a report providing the findings and
3.7 recommendations of the task force, including any draft legislation necessary to implement
3.8 the recommendations, to the governor and chairs and ranking minority members of the
3.9 legislative committees with jurisdiction over health and human services no later than January
3.10 15, 2019.

3.11 Subd. 6. **Expiration.** This section expires when the report under subdivision 4 is
3.12 submitted or by June 30, 2019, whichever is earlier. The Board on Aging shall notify the
3.13 revisor of statutes when this report is submitted.

3.14 Sec. 2. **APPROPRIATION; LONG-TERM CARE RETHINK WORKING GROUP.**

3.15 \$50,000 in fiscal year 2018 is appropriated from the general fund to the Minnesota Board
3.16 on Aging to convene the Long-Term Care for Older Adults Rethink Advisory Task Force,
3.17 to be available until June 30, 2019. This is a onetime appropriation.