

1.1 A bill for an act

1.2 relating to health; modifying certain nursing home and home care regulations;
1.3 amending Minnesota Statutes 2008, sections 144A.04, subdivision 11, by adding
1.4 subdivisions; 144A.45, by adding a subdivision; 144A.4605, subdivision 2.

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

1.6 Section 1. Minnesota Statutes 2008, section 144A.04, is amended by adding a
1.7 subdivision to read:

1.8 Subd. 8a. Tuberculosis screening for nursing home residents. Notwithstanding
1.9 Minnesota Rules, part 4658.0810, screening for nursing facility residents shall be
1.10 consistent with current guidelines issued by the Center for Disease Control. No later than
1.11 August 1, 2009, and within a reasonable period of time following any update to the Center
1.12 for Disease Control tuberculosis screening recommendations for nursing facility residents,
1.13 the commissioner of health shall issue guidance for home care agencies explaining the
1.14 process they must follow to meet the Center for Disease Control guidelines.

1.15 Sec. 2. Minnesota Statutes 2008, section 144A.04, is amended by adding a subdivision
1.16 to read:

1.17 Subd. 8b. Tuberculosis screening for nursing home staff. Notwithstanding
1.18 Minnesota Rules, part 4658.0815, nursing home staff who have direct contact with
1.19 residents must be screened for tuberculosis consistent with current guidelines issued by the
1.20 Center for Disease Control. No later than August 1, 2009, and within a reasonable period
1.21 of time following any update to the Center for Disease Control tuberculosis screening
1.22 recommendations for health care staff, the commissioner of health shall issue guidance

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2.1 for home care agencies explaining the process they must follow to meet the Center for
2.2 Disease Control guidelines.

2.3 Sec. 3. Minnesota Statutes 2008, section 144A.04, subdivision 11, is amended to read:

2.4 Subd. 11. **Incontinent residents.** Notwithstanding Minnesota Rules, part
2.5 4658.0520, an incontinent resident must be checked according to a specific time interval
2.6 written in the resident's care plan. Unless the nursing home is certified to participate in the
2.7 Medicare program or the medical assistance program, the resident's attending physician
2.8 must authorize in writing any interval longer than two hours unless the resident, if
2.9 competent, or a family member or legally appointed conservator, guardian, or health care
2.10 agent of a resident who is not competent, agrees in writing to waive physician involvement
2.11 in determining this interval, and this waiver is documented in the resident's care plan.

2.12 Sec. 4. Minnesota Statutes 2008, section 144A.04, is amended by adding a subdivision
2.13 to read:

2.14 Subd. 12. **Resident positioning.** Notwithstanding Minnesota Rules, part 4658.0525,
2.15 subpart 4, the position of residents unable to change their own position must be changed at
2.16 least every two hours, including periods of time after the resident has been put to bed for
2.17 the night, unless the physician has documented that repositioning every two hours during
2.18 this time period is unnecessary or the physician has ordered a different interval. Unless the
2.19 nursing home is certified to participate in the Medicare program or the medical assistance
2.20 program, the resident's attending physician must authorize in writing any interval longer
2.21 than two hours unless the resident, if competent, or a family member or legally appointed
2.22 conservator, guardian, or health care agent of a resident who is not competent, agrees in
2.23 writing to waive physician involvement in determining this interval, and this waiver
2.24 is documented in the resident's care plan.

2.25 Sec. 5. Minnesota Statutes 2008, section 144A.45, is amended by adding a subdivision
2.26 to read:

2.27 Subd. 1b. **Tuberculosis screening for home care staff.** Notwithstanding Minnesota
2.28 Rules, part 4668.0065, subparts 1 and 2, home care staff who have direct contact
2.29 with clients must be screened for tuberculosis prior to any direct contact with clients.
2.30 Tuberculosis screening for home care staff shall be consistent with current guidelines
2.31 issued by the Center for Disease Control. No later than August 1, 2009, and within
2.32 a reasonable period of time following any update to the Center for Disease Control
2.33 tuberculosis screening recommendations for health care staff, the commissioner of health

3.1 shall issue guidance for home care agencies explaining the process they must follow to
3.2 meet the Center for Disease Control guidelines.

3.3 Sec. 6. Minnesota Statutes 2008, section 144A.4605, subdivision 2, is amended to read:

3.4 Subd. 2. **Class F home care license established.** A home care provider license
3.5 category entitled class F home care provider is hereby established. A home care provider
3.6 may obtain a class F license if the program meets the following requirements:

3.7 (a) nursing services, delegated nursing services, other services performed by
3.8 unlicensed personnel, or central storage of medications under the class F license are
3.9 provided solely for residents of one or more housing with services establishments
3.10 registered under chapter 144D;

3.11 (b) unlicensed personnel perform home health aide and home care aide tasks
3.12 identified in Minnesota Rules, parts 4668.0100, subparts 1 and 2, and 4668.0110, subpart
3.13 1. Also, a registered nurse may delegate to unlicensed personnel the task of verifying the
3.14 dose of insulin that a client dials up on an insulin pen. Qualifications to perform these
3.15 tasks shall be established in accordance with subdivision 3;

3.16 (c) periodic supervision of unlicensed personnel is provided as required by rule;

3.17 (d) notwithstanding Minnesota Rules, part 4668.0160, subpart 6, item D, client
3.18 records shall include:

3.19 (1) daily records or a weekly summary of home care services provided;

3.20 (2) documentation each time medications are administered to a client; and

3.21 (3) documentation on the day of occurrence of any significant change in the client's
3.22 status or any significant incident, such as a fall or refusal to take medications.

3.23 All entries must be signed by the staff providing the services and entered into the
3.24 record no later than two weeks after the end of the service day, except as specified in
3.25 clauses (2) and (3);

3.26 (e) medication and treatment orders, if any, are included in the client record and
3.27 are renewed at least every 12 months, or more frequently when indicated by a clinical
3.28 assessment;

3.29 (f) the central storage of medications in a housing with services establishment
3.30 registered under chapter 144D is managed under a system that is established by a
3.31 registered nurse and addresses the control of medications, handling of medications,
3.32 medication containers, medication records, and disposition of medications; and

3.33 (g) in other respects meets the requirements established by rules adopted under
3.34 sections 144A.45 to 144A.47.