

**SENATE
STATE OF MINNESOTA
NINETIETH SESSION**

S.F. No. 2490

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DATE	D-PG	OFFICIAL STATUS
02/20/2018	6131	Introduction and first reading
03/19/2018		Referred to Aging and Long-Term Care Policy Comm report: To pass as amended and re-refer to State Government Finance and Policy and Elections

1.1 A bill for an act

1.2 relating to health; requiring the commissioner of health to convene the older adult

1.3 social isolation working group; appropriating money; requiring a report.

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

1.5 Section 1. **OLDER ADULT SOCIAL ISOLATION WORKING GROUP.**

1.6 Subdivision 1. Establishment; members. The commissioner of health or the

1.7 commissioner's designee shall convene an older adult social isolation working group that

1.8 consists of no more than 35 members including, but not limited to:

- 1.9 (1) one person diagnosed with Alzheimer's or dementia;
- 1.10 (2) one caregiver of a person diagnosed with Alzheimer's or dementia;
- 1.11 (3) the executive director of Giving Voice;
- 1.12 (4) one representative from the Mayo Clinic Alzheimer's Disease Research Center;
- 1.13 (5) one representative from AARP Minnesota;
- 1.14 (6) one representative from Little Brothers-Friends of the Elderly, Minneapolis/St. Paul;
- 1.15 (7) one representative from the Alzheimer's Association Minnesota-North Dakota Chapter;
- 1.16 (8) one representative from the American Heart Association Minnesota Chapter;
- 1.17 (9) one representative from the Minnesota HomeCare Association;
- 1.18 (10) two representatives from long-term care trade associations;
- 1.19 (11) one representative from the Minnesota Rural Health Association;

- 2.1 (12) the commissioner of health or the commissioner's designee;
- 2.2 (13) one representative from the Minnesota Board on Aging;
- 2.3 (14) one representative from the Commission of Deaf, Deafblind and Hard of Hearing
- 2.4 Minnesotans;
- 2.5 (15) one representative from the Minnesota Nurses Association;
- 2.6 (16) one representative from the Minnesota Council of Churches;
- 2.7 (17) one representative from the Minnesota Leadership Council on Aging;
- 2.8 (18) one representative from the Minnesota Association of Senior Services;
- 2.9 (19) one representative from Metro Meals on Wheels;
- 2.10 (20) one rural Minnesota geriatrician or family physician;
- 2.11 (21) at least two representatives from the University of Minnesota;
- 2.12 (22) one representative from one of the Minnesota Area Agencies on Aging;
- 2.13 (23) at least two members representing Minnesota rural communities;
- 2.14 (24) additional members representing communities of color;
- 2.15 (25) one representative from the National Alliance on Mental Illness; and
- 2.16 (26) one representative from the Citizens League.
- 2.17 Subd. 2. **Duties; recommendations.** The older adult social isolation working group
- 2.18 must assess the current and future impact of social isolation on the lives of Minnesotans
- 2.19 over age 55. The working group shall consider and make recommendations to the governor
- 2.20 and chairs and members of the health and human services committees in the house of
- 2.21 representatives and senate on the following issues:
- 2.22 (1) the public health impact of social isolation in the older adult population of Minnesota;
- 2.23 (2) identify existing Minnesota resources, services, and capacity to respond to the issue
- 2.24 of social isolation in older adults;
- 2.25 (3) needed policies or community responses, including but not limited to expanding
- 2.26 current services or developing future services after identifying gaps in service for rural
- 2.27 geographical areas;
- 2.28 (4) needed policies or community responses, including but not limited to the expansion
- 2.29 of culturally appropriate current services or developing future services after identifying
- 2.30 gaps in service for persons of color; and

3.1 (5) impact of social isolation on older adults with disabilities and needed policies or
3.2 community responses.

3.3 Subd. 3. **Meetings.** The working group must hold at least four public meetings beginning
3.4 August 10, 2018. To the extent possible, technology must be utilized to reach the greatest
3.5 number of interested persons throughout the state. The working group must complete the
3.6 required meeting schedule by December 10, 2018.

3.7 Subd. 4. **Report.** The commissioner of health must submit a report and the working
3.8 group's recommendations to the governor and chairs and members of the health and human
3.9 services committees in the house of representatives and senate no later than January 14,
3.10 2019.

3.11 Subd. 5. **Sunset.** The working group sunsets upon delivery of the required report to the
3.12 governor and legislative committees.

3.13 Sec. 2. **APPROPRIATION.**

3.14 \$75,000 in fiscal year 2019 is appropriated from the general fund to the commissioner
3.15 of health for the costs related to the salary of an independent, professional facilitator as well
3.16 as printing and duplicating costs and expenses related to meeting management for the
3.17 working group.