

This Document can be made available in alternative formats upon request

State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 970

02/16/2015 Authored by Schomacker, Lillie, Zerwas, Masin, Loon and others  
The bill was read for the first time and referred to the Committee on Aging and Long-Term Care Policy  
03/26/2015 Adoption of Report: Re-referred to the Committee on Health and Human Services Reform

1.1 A bill for an act  
1.2 relating to health; establishing a grant program to encourage advanced care  
1.3 planning; appropriating money; proposing coding for new law in Minnesota  
1.4 Statutes, chapter 145.

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

1.6 Section 1. CITATION.

1.7 Minnesota Statutes, section 145.99, may be cited as the "Let's Talk Now Act."

1.8 Sec. 2. [145.99] ADVANCE CARE PLANNING GRANT PROGRAM.

1.9 Subdivision 1. Definitions. For purposes of this section, "advance care planning"  
1.10 means a process of communication between individuals and their families, caretakers,  
1.11 and health care providers to identify, assess, and discuss end-of-life care values and  
1.12 preferences in order to minimize confusion and to ensure that the individual's preferences  
1.13 are honored when individuals are no longer able to speak for themselves.

1.14 Subd. 2. Grants. (a) The commissioner of health shall award grants to nonprofit  
1.15 organizations to develop and implement comprehensive initiatives targeted to a designated  
1.16 community, which may consist of a specific geographic area or population to encourage  
1.17 advance care planning discussions among individuals, families, caregivers, and health  
1.18 care providers.

1.19 (b) The purpose of the grants is to:

1.20 (1) increase societal awareness of the need for advance care planning among  
1.21 individuals, families, caregivers, and health care providers within a community;

2.1 (2) encourage and assist individuals, families, caregivers, and health care providers  
2.2 to begin having or continue to have advance care planning discussions based on informed  
2.3 choices and the needs and values of the individual; and

2.4 (3) promote the availability and increase awareness of resources available to  
2.5 individuals, families, caregivers, and health care providers who desire advance care  
2.6 planning resources including, but not limited to, health care directives.

2.7 (c) Grant initiatives must:

2.8 (1) be based on best practices and public health research principles;

2.9 (2) be based on community input, needs, and values; and

2.10 (3) address health disparities and cultural differences that may exist within the  
2.11 community to be served.

2.12 (d) Applicants must submit a grant application to the commissioner by September  
2.13 1, 2015. The application must:

2.14 (1) describe the proposed initiative, including the targeted community and how the  
2.15 initiative meets the requirements in this subdivision;

2.16 (2) identify the proposed outcomes of the initiative and the evaluation process to  
2.17 be used to measure these outcomes; and

2.18 (3) identify technical assistance and oversight needs, including technical expertise,  
2.19 and assistance in developing possible strategies based on the community to be served.

2.20 (e) The commissioner shall award the grants by October 1, 2015.

2.21 (f) Each grant recipient shall report to the commissioner on the progress of the  
2.22 initiative at least once during the grant period and shall submit a final report to the  
2.23 commissioner within two months of the end of the grant period that includes the outcome  
2.24 results.

2.25 Subd. 3. **Technical and oversight assistance.** (a) By August 1, 2015, the  
2.26 commissioner shall award a grant to a statewide advance care planning resource  
2.27 organization that has expertise in community-based advance care planning initiatives to  
2.28 provide planning assistance to potential grant applicants and continued assistance during  
2.29 the implementation of the initiatives.

2.30 (b) The grantee must be able to provide:

2.31 (1) advice on developing and implementing community-specific strategies that use  
2.32 methodologies with demonstrated success;

2.33 (2) data and information to assist in developing measurable outcomes and an  
2.34 effective evaluation;

2.35 (3) assistance in evaluating an initiative in order to determine whether the outcomes  
2.36 have been met;

3.1 (4) advice on best practices or approaches on how to engage multicultural  
 3.2 communities and faith-based organizations; and

3.3 (5) training and other technical assistance that may be requested by grantees,  
 3.4 including community engagement, clinical readiness training, and capacity building.

3.5 Subd. 4. **Report.** (a) The commissioner, in consultation with the statewide advance  
 3.6 care planning resource organization that was awarded the grant under subdivision 3, shall  
 3.7 submit a report to the chairs and ranking minority members of the senate and house of  
 3.8 representatives committees and divisions with jurisdiction over health care finance and  
 3.9 policy on the advance care planning grant program by February 15, 2017.

3.10 (b) The report shall include:

3.11 (1) information on each grantee awarded a grant under subdivision 2, including the  
 3.12 targeted communities and the initiatives that were conducted using the grant funds;

3.13 (2) the measurable outcomes established by each grantee and the evaluation process  
 3.14 used to determine whether the outcomes were met, including the results of the evaluation;

3.15 (3) the overall impact of the initiatives that were conducted, including the financial  
 3.16 impact on state health care costs, if available; and

3.17 (4) recommendations on further state action in order to continue to encourage the  
 3.18 use of advance care planning.

3.19 Subd. 5. **Certain practices not condoned.** Nothing in this section shall be  
 3.20 construed to condone, authorize, or approve mercy killing, euthanasia, or assisted suicide.

3.21 Sec. 3. **APPROPRIATION.**

3.22 \$..... is appropriated for the biennium ending June 30, 2017, from the general  
 3.23 fund to the commissioner of health for the advance care planning grant program under  
 3.24 Minnesota Statutes, section 145.99. Up to ... percent of this appropriation may be used by  
 3.25 the commissioner for the technical assistance and oversight grant described in Minnesota  
 3.26 Statutes, section 145.99, subdivision 3.