

SENATE
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NINETIETH SESSION

S.F. No. 3450

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DATE	D-PG	OFFICIAL STATUS
03/15/2018	6520	Introduction and first reading Referred to State Government Finance and Policy and Elections
03/19/2018	6794	Authors added Abeler; Eken
03/26/2018	6946a	Comm report: To pass as amended and re-refer to Rules and Administration See SF3656, Art. 39, Sec. 56-57 See SF799, Sec. 2. Sub. 3(b)

- 1.1 A bill for an act
- 1.2 relating to health; establishing several task force groups; requiring a study and
- 1.3 report.
- 1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.5 Section 1. ASSISTED LIVING LICENSURE AND DEMENTIA CARE
- 1.6 CERTIFICATION TASK FORCE.
- 1.7 Subdivision 1. **Creation.** (a) The Assisted Living Licensure and Dementia Care
- 1.8 Certification Task Force consists of 16 members, including the following:
- 1.9 (1) one senator appointed by the majority leader;
- 1.10 (2) one senator appointed by the minority leader;
- 1.11 (3) one member of the house of representatives appointed by the speaker of the house;
- 1.12 (4) one member of the house of representatives appointed by the minority leader;
- 1.13 (5) the commissioner of health or a designee;
- 1.14 (6) the commissioner of human services or a designee;
- 1.15 (7) the Ombudsman for Long-Term Care or a designee;
- 1.16 (8) one member appointed by the Minnesota Board on Aging;
- 1.17 (9) one member appointed by AARP Minnesota;
- 1.18 (10) one member appointed by the Alzheimer's Association Minnesota-North Dakota
- 1.19 Chapter;
- 1.20 (11) one member appointed by Elder Voices Family Advocates;

2.1 (12) one member appointed by Minnesota Elder Justice Center;

2.2 (13) one member appointed by Care Providers of Minnesota;

2.3 (14) one member appointed by LeadingAge Minnesota;

2.4 (15) one member appointed by Minnesota HomeCare Association; and

2.5 (16) one member appointed by the Home Care and Assisted Living Program Advisory
2.6 Council established in Minnesota Statutes, section 144A.4799.

2.7 (b) The appointing authorities must appoint members by July 1, 2018.

2.8 (c) The commissioner of health or a designee shall act as chair of the task force and
2.9 convene the first meeting no later than August 1, 2018.

2.10 Subd. 2. **Legislative report on assisted living licensure and dementia care.** (a) The
2.11 task force shall review existing state regulation and oversight of assisted living and dementia
2.12 care. By February 1, 2019, the task force shall report to the legislature on the findings of
2.13 the task force concerning the current regulation and oversight of assisted living and dementia
2.14 care. The task force must include in its report recommendations regarding:

2.15 (1) a single licensing structure for assisted living to replace housing with services
2.16 registration under Minnesota Statutes, chapter 144D, and assisted living title protection
2.17 under Minnesota Statutes, chapter 144G;

2.18 (2) a regulation and fine structure for licensed assisted living; and

2.19 (3) dementia care certification.

2.20 (b) The report must include draft legislation to implement the task force's recommended
2.21 changes to statutes. The draft legislation provided to the legislature in the task force's report
2.22 must also include a proposal for improving the structure and organization of Minnesota
2.23 Statutes, chapters 144, 144A, 144D, and 144G, with respect to the licensing and regulation
2.24 of a residential setting in which home care services or dementia care are provided. The draft
2.25 legislation shall attempt to eliminate ambiguous terms, use consistent terms across settings
2.26 and services where appropriate, minimize similar language appearing in multiple sections,
2.27 be consistent with language related to nursing homes, and consolidate the various bills of
2.28 rights that appear in these chapters.

2.29 Subd. 3. **Administrative provisions.** (a) The task force must meet at least monthly.

2.30 (b) The commissioner of health shall provide meeting space and administrative support
2.31 for the task force.

3.1 (c) The commissioner of health and the commissioner of human services shall provide
3.2 technical assistance to the task force.

3.3 Subd. 4. **Expiration.** The task force expires on May 20, 2019.

3.4 Sec. 2. **ASSISTED LIVING REPORT CARD WORKING GROUP.**

3.5 Subdivision 1. **Creation.** (a) The Assisted Living Report Card Working Group consists
3.6 of the following 16 members:

3.7 (1) two residents of senior housing with services establishments appointed by the
3.8 commissioner of health;

3.9 (2) four providers from the senior housing with services profession appointed by the
3.10 commissioner of health;

3.11 (3) two family members of residents of senior housing with services establishments
3.12 appointed by the commissioner of health;

3.13 (4) a representative from the University of Minnesota with expertise in data and analytics
3.14 appointed by the commissioner of health;

3.15 (5) one member appointed by the Home Care and Assisted Living Advisory Council;

3.16 (6) one member appointed by Care Providers of Minnesota;

3.17 (7) one member appointed by LeadingAge Minnesota;

3.18 (8) the commissioner of human services or a designee;

3.19 (9) the commissioner of health or a designee;

3.20 (10) the Ombudsman for Long-Term Care or a designee; and

3.21 (11) one member of the Minnesota Board on Aging, selected by the board.

3.22 (b) The executive director of the Minnesota Board on Aging serves on the working group
3.23 as a nonvoting member.

3.24 (c) The appointing authorities must complete their appointments no later than July 1,
3.25 2018.

3.26 (d) The working group shall elect a chair from among its members at its first meeting.

3.27 Subd. 2. **Duties; recommendations and report.** (a) The working group shall consider
3.28 and make recommendations on the development of an assisted living report card. The quality
3.29 metrics considered shall include, but are not limited to:

4.1 (1) an annual customer satisfaction survey measure using the consolidated criteria for
 4.2 reporting qualitative research (COREQ) questions for assisted living residents and family
 4.3 members;

4.4 (2) a measure utilizing Level 3 or 4 citations from Department of Health home care
 4.5 survey findings and substantiated findings against a home care agency or housing with
 4.6 services establishment;

4.7 (3) a home care and housing with services staff retention measure; and

4.8 (4) a measure that scores a home care provider's and housing with services establishment's
 4.9 staff according to their level of training and education.

4.10 (b) By January 15, 2019, the working group must report on its findings and
 4.11 recommendations to the chairs and ranking minority members of the legislative committees
 4.12 with jurisdiction over health and human services policy and finance. The working group's
 4.13 report shall include draft legislation to implement changes to statute it recommends.

4.14 Subd. 3. **Administrative provisions.** (a) The commissioner of health shall provide
 4.15 meeting support and administrative support for the working group.

4.16 (b) The commissioners of health and human services shall provide technical assistance
 4.17 to the assisted living report card working group.

4.18 (c) The meetings of the assisted living report card working group shall be open to the
 4.19 public.

4.20 Subd. 4. **Expiration.** The working group expires May 20, 2019, or the day after
 4.21 submitting the report required by this section, whichever is later.

4.22 Sec. 3. **CRIMES AGAINST VULNERABLE ADULTS ADVISORY TASK FORCE.**

4.23 Subdivision 1. **Task force established; membership.** (a) The Crimes Against Vulnerable
 4.24 Adults Advisory Task Force consists of the following members:

4.25 (1) the commissioner of the Department of Public Safety or a designee;

4.26 (2) the commissioner of the Department of Human Services or a designee;

4.27 (3) the commissioner of the Department of Health or a designee;

4.28 (4) the attorney general or a designee;

4.29 (5) a representative from the Minnesota Bar Association;

4.30 (6) a representative from the Minnesota judicial branch;

5.1 (7) one member appointed by the Minnesota County Attorneys Association;

5.2 (8) one member appointed by the Minnesota Association of City Attorneys;

5.3 (9) one member appointed by the Minnesota Elder Justice Center;

5.4 (10) one member appointed by the Minnesota Home Care Association;

5.5 (11) one member appointed by Care Providers of Minnesota;

5.6 (12) one member appointed by LeadingAge Minnesota; and

5.7 (13) one member appointed by AARP Minnesota.

5.8 (b) The advisory task force may appoint additional members it deems necessary to carry
5.9 out its duties under subdivision 2.

5.10 (c) The appointing authorities must complete the appointments listed in paragraph (a)
5.11 by July 1, 2018.

5.12 (d) At its first meeting, the task force shall elect a chair from among the members listed
5.13 in paragraph (a).

5.14 Subd. 2. **Duties; recommendations and report.** (a) The advisory task force's duties
5.15 are to review and evaluate laws relating to crimes against vulnerable adults, and any other
5.16 information the task force deems relevant.

5.17 (b) By December 1, 2018, the advisory task force shall submit a report to the chairs and
5.18 ranking minority members of the legislative committees with primary jurisdiction over
5.19 health and human services and criminal policy. The report must contain the task force's
5.20 findings and recommendations, including discussion of the benefits and problems associated
5.21 with proposed changes. The report must include draft legislation to implement any
5.22 recommended changes to statute.

5.23 Subd. 3. **Administrative provisions.** (a) The commissioner of human services shall
5.24 provide meeting space and administrative support to the Crimes Against Vulnerable Adults
5.25 Advisory Task Force.

5.26 (b) The commissioners of human services and health and the attorney general shall
5.27 provide technical assistance to the Crimes Against Vulnerable Adults Advisory Task Force.

5.28 (c) Advisory task force members shall serve without compensation and shall not be
5.29 reimbursed for expenses.

5.30 Subd. 4. **Expiration.** The Crimes Against Vulnerable Adults Advisory Task Force
5.31 expires on May 20, 2019.

6.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.

6.2 Sec. 4. **STUDY AND REPORT ON HOME CARE NURSING WORKFORCE**
6.3 **SHORTAGE.**

6.4 (a) The chair and ranking minority member of the senate Human Services Reform
6.5 Finance and Policy Committee and the chair and ranking minority member of the house of
6.6 representatives Health and Human Services Finance Committee shall convene a working
6.7 group to study and report on the shortage of registered nurses and licensed practical nurses
6.8 available to provide low-complexity regular home care services to clients in need of these
6.9 services, especially clients covered by medical assistance, and to provide recommendations
6.10 for ways to address the workforce shortage. The working group shall consist of 14 members
6.11 appointed as follows:

6.12 (1) the chair of the senate Human Services Reform Finance and Policy Committee or a
6.13 designee;

6.14 (2) the ranking minority member of the senate Human Services Reform Finance and
6.15 Policy Committee or a designee;

6.16 (3) the chair of the house of representatives Health and Human Services Finance
6.17 Committee or a designee;

6.18 (4) the ranking minority member of the house of representatives Health and Human
6.19 Services Finance Committee or a designee;

6.20 (5) the commissioner of human services or a designee;

6.21 (6) the commissioner of health or a designee;

6.22 (7) one representative appointed by the Professional Home Care Coalition;

6.23 (8) one representative appointed by the Minnesota Home Care Association;

6.24 (9) one representative appointed by the Minnesota Board of Nursing;

6.25 (10) one representative appointed by the Minnesota Nurses Association;

6.26 (11) one representative appointed by the Minnesota Licensed Practical Nurses
6.27 Association;

6.28 (12) one representative appointed by the Minnesota Society of Medical Assistants;

6.29 (13) one client who receives regular home care nursing services and is covered by medical
6.30 assistance appointed by the commissioner of human services after consulting with the
6.31 appointing authorities identified in clauses (7) to (12); and

7.1 (14) one assessor appointed by the commissioner of human services.

7.2 The assessor must be certified under Minnesota Statutes, section 256B.0911, and must be
7.3 a registered nurse.

7.4 (b) The appointing authorities must appoint members by August 15, 2018.

7.5 (c) The convening authorities shall convene the first meeting of the working group no
7.6 later than September 1, 2018, and caucus staff shall provide support and meeting space for
7.7 the working group. The Department of Health and the Department of Human Services shall
7.8 provide technical assistance to the working group by providing existing data and analysis
7.9 documenting the current and projected workforce shortages in the area of regular home care
7.10 nursing. The Home Care and Assisted Living Program Advisory Council established under
7.11 Minnesota Statutes, section 144A.4799, shall provide advice and recommendations to the
7.12 working group. Working group members shall serve without compensation and shall not
7.13 be reimbursed for expenses.

7.14 (d) The working group shall:

7.15 (1) quantify the number of low-complexity regular home care nursing hours that are
7.16 authorized but not provided to clients covered by medical assistance, due to the shortage
7.17 of registered nurses and licensed practical nurses available to provide these home care
7.18 services;

7.19 (2) quantify the current and projected workforce shortages of registered nurses and
7.20 licensed practical nurses available to provide low-complexity regular home care nursing
7.21 services to clients, especially clients covered by medical assistance;

7.22 (3) develop recommendations for actions to take in the next two years to address the
7.23 regular home care nursing workforce shortage, including identifying other health care
7.24 professionals who may be able to provide low-complexity regular home care nursing services
7.25 with additional training; what additional training may be necessary for these health care
7.26 professionals; and how to address scope of practice and licensing issues;

7.27 (4) compile reimbursement rates for regular home care nursing from other states and
7.28 determine Minnesota's national ranking with respect to reimbursement for regular home
7.29 care nursing;

7.30 (5) determine whether reimbursement rates for regular home care nursing fully reimburse
7.31 providers for the cost of providing the service and whether the discrepancy, if any, between
7.32 rates and costs contributes to lack of access to regular home care nursing; and

8.1 (6) by January 15, 2019, report on the findings and recommendations of the working
8.2 group to the chairs and ranking minority members of the legislative committees with
8.3 jurisdiction over health and human services policy and finance.

8.4 The working group's report shall include draft legislation.

8.5 (e) The working group shall elect a chair from among its members at its first meeting.

8.6 (f) The meetings of the working group shall be open to the public.

8.7 (g) This section expires January 16, 2019, or the day after submitting the report required
8.8 by this section, whichever is earlier.