

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 Referred to Aging and Long-Term Care Policy
03/19/2018	6540a	Comm report: To pass as amended and re-refer to State Government Finance and Policy and Elections
03/29/2018	7116a	Comm report: To pass as amended and re-refer to Health and Human Services Finance and Policy Joint rule 2.03, referred to Rules and Administration

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. (a) The commissioner of health or the
1.7 commissioner's designee shall convene an older adult social isolation working group
1.8 consisting of the following:

1.9 (1) three members appointed by the Alzheimer's Association Minnesota-North Dakota
1.10 Chapter, one of whom is diagnosed with Alzheimer's or dementia, one of whom is a caregiver
1.11 of a person diagnosed with Alzheimer's or dementia, and one of whom represents the
1.12 association;

1.13 (2) the executive director of Giving Voice;

1.14 (3) one member appointed by the Mayo Clinic Alzheimer's Disease Research Center;

1.15 (4) one member appointed by AARP Minnesota;

1.16 (5) one member appointed by Little Brothers-Friends of the Elderly, Minneapolis/St.

1.17 Paul;

1.18 (6) one member appointed by the Minnesota HomeCare Association;

1.19 (7) one member appointed by LeadingAge Minnesota;

1.20 (8) one member appointed by Care Providers of Minnesota;

- 2.1 (9) one member appointed by the Minnesota Rural Health Association;
- 2.2 (10) the commissioner of health or the commissioner's designee;
- 2.3 (11) one member appointed by the Minnesota Board on Aging;
- 2.4 (12) one member appointed by the Commission of Deaf, Deafblind and Hard of Hearing
- 2.5 Minnesotans;
- 2.6 (13) one member appointed by the Vital Aging Network;
- 2.7 (14) one member who is a geriatrician or family physician practicing in a rural community
- 2.8 appointed by the commissioner of health;
- 2.9 (15) one member who is a geriatrician practicing in the metropolitan area appointed by
- 2.10 the commissioner of health;
- 2.11 (16) one member appointed by NAMI Minnesota; and
- 2.12 (17) one member appointed by each of the Minnesota Area Agencies on Aging.
- 2.13 (b) The appointing authorities must make their appointments by July 15, 2018.
- 2.14 (c) The commissioner of health or the commissioner's designee must convene the first
- 2.15 meeting by August 14, 2018.
- 2.16 (d) The working group shall elect a chair from among its membership at its first meeting.
- 2.17 Subd. 2. **Duties; recommendations.** (a) 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 committees in the house of representatives and senate with
- 2.21 jurisdiction over health, human services, or aging and long-term care 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 (b) The working group must solicit stakeholder input from interested stakeholders
3.4 representing rural communities, communities of color, and providers of services to seniors,
3.5 including religious organizations.

3.6 Subd. 3. **Meetings.** The working group must hold at least four public meetings beginning
3.7 August 14, 2018. All meetings must be open to the public. To the extent possible, technology
3.8 must be utilized to reach the greatest number of interested persons throughout the state. The
3.9 commissioner of health shall provide meeting space, technology, and administrative staff
3.10 support for the working group. The working group must complete the required meeting
3.11 schedule by December 10, 2018.

3.12 Subd. 4. **No compensation.** Public members of the working group serve without
3.13 compensation.

3.14 Subd. 5. **Report.** No later than January 14, 2019, the commissioner of health must submit
3.15 a report and the working group's recommendations to the governor and chairs and members
3.16 of the committees in the house of representatives and senate with jurisdiction over health,
3.17 human services, or aging and long-term care. The report must include draft legislation to
3.18 implement any recommended changes to statutes.

3.19 Subd. 6. **Sunset.** The working group sunsets upon delivery of the required report to the
3.20 governor and legislative committees.

3.21 Sec. 2. **APPROPRIATION.**

3.22 \$75,000 in fiscal year 2019 is appropriated from the general fund to the commissioner
3.23 of health for the costs related to the salary of an independent, professional facilitator as well
3.24 as printing and duplicating costs and expenses related to meeting management for the
3.25 working group.