

1.1 **Senator Marty from the Committee on Finance, to which was re-referred**

1.2 **S.F. No. 2247:** A bill for an act relating to state government; establishing a budget for
1.3 the Department of Military Affairs and the Department of Veterans Affairs; modifying
1.4 veterans bonus program and Minnesota GI bill program provisions; requiring reports;
1.5 appropriating money; amending Minnesota Statutes 2022, sections 197.79, subdivisions 1,
1.6 2, by adding a subdivision; 197.791, subdivisions 5, 6, 7; Laws 2021, First Special Session
1.7 chapter 12, article 1, section 37, subdivision 2.

1.8 Reports the same back with the recommendation that the bill be amended as follows:

1.9 Page 1, line 24, delete "56,230,000" and insert "56,135,000" and delete "28,812,000"
1.10 and insert "28,717,000"

1.11 Page 2, line 27, delete "13,709,000" and insert "13,614,000" and delete "13,709,000"
1.12 and insert "13,614,000"

1.13 Page 3, line 12, delete "149,448,000" and insert "149,638,000"

1.14 Page 8, line 33, delete "89,264,000" and insert "89,454,000"

1.15 Page 9, after line 30, insert:

1.16 "(e) \$190,000 the first year is for the working
1.17 group established under article 2, section 8."

1.18 Page 20, after line 3, insert:

1.19 "Sec. 8. **VETERAN DOMICILIARY RESIDENT QUALITY OF CARE WORKING**
1.20 **GROUP.**

1.21 Subdivision 1. **Creation.** The veteran domiciliary resident quality of care working group
1.22 consists of the following members:

1.23 (1) commissioners of the following agencies, or their designees:

1.24 (i) the Department of Veterans Affairs; and

1.25 (ii) the Department of Health;

1.26 (2) two Department of Veterans Affairs staff with expertise in veterans homes, appointed
1.27 by the commissioner of veterans affairs;

1.28 (3) two Department of Health staff with expertise in boarding care homes, specifically
1.29 the licensure of the domiciliary and related standards of care, appointed by the commissioner
1.30 of health;

2.1 (4) five medical professionals, including a medical doctor, a nurse, a mental health
2.2 professional, and two other health care professionals, with expertise in veterans health care,
2.3 appointed by the governor;

2.4 (5) up to three past or current domiciliary staff with experience caring for residents
2.5 appointed by the governor; and

2.6 (6) four public members who have an interest in veterans affairs, including two public
2.7 members appointed by the speaker of the house of representatives and two public members
2.8 appointed by the majority leader of the senate.

2.9 Subd. 2. **Duties.** The task force shall meet on a regular basis and the first meeting must
2.10 be no later than 45 days after the effective date of this section. The task force shall review
2.11 and analyze the acuity of domiciliary residents and the current care model, including
2.12 admission, care plans, and day-to-day care, and the current staffing structure and ratios. The
2.13 task force shall provide recommendations on:

2.14 (1) staffing levels that are necessary to properly care for the range of acuity of residents;

2.15 (2) a care delivery model that focuses on appropriate and adequate care for residents;

2.16 (3) additional and ongoing training for domiciliary staff;

2.17 (4) sufficient management structure to ensure support and provide guidance to staff; and

2.18 (5) outcomes to determine if staffing levels and care delivery are appropriate, or if based
2.19 on the outcomes, adjustments are necessary.

2.20 The task force shall provide information and recommendations to the legislature by
2.21 January 15, 2024, by which the legislature can use as a foundation to make decisions and
2.22 effectuate change that will ensure the standard of care and staffing levels are sufficient for
2.23 the different resident acuity levels who are being cared for in the domiciliary.

2.24 Subd. 3. **Administrative provisions.** (a) The commissioner of the Department of Veterans
2.25 Affairs or the commissioner's designee must convene the initial meeting of the working
2.26 group. Upon request of the working group, the commissioner must provide meeting space
2.27 and administrative services for the group. The members of the working group must elect a
2.28 chair or cochair from the members of the working group at the initial meeting.

2.29 (b) Public members of the working group serve without compensation or payment of
2.30 expenses.

2.31 (c) The working group expires January 15, 2024, or upon submission of the report
2.32 required under subdivision 2, whichever is earlier.

3.1 (d) The working group may accept gifts and grants, which are accepted on behalf of the
 3.2 state and constitute donations to the state. Funds received under this paragraph are
 3.3 appropriated to the commissioner of the Department of Veterans Affairs for purposes of
 3.4 the working group.

3.5 Subd. 4. **Deadline for appointments and designations.** The appointments and
 3.6 designations authorized by this section must be completed by August 1, 2023."

3.7 Amend the title as follows:

3.8 Page 1, line 4, after the third semicolon, insert " establishes the veteran domiciliary
 3.9 resident quality of care working group;"

3.10 Amend the title numbers accordingly

3.11 And when so amended the bill do pass. Amendments adopted. Report adopted.

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 3.13
 (Committee Chair)

3.14 April 18, 2023.....
 3.15 (Date of Committee recommendation)