

1.1 Senator moves to amend S.F. No. 3054 as follows:

1.2 Page 17, after line 7, insert:

1.3 "Sec. 7. Minnesota Statutes 2024, section 256.9752, subdivision 2, is amended to read:

1.4 Subd. 2. **Authority.** The Minnesota Board on Aging shall allocate to area agencies on
1.5 aging the ~~state and~~ federal funds which are received for the senior nutrition programs of
1.6 congregate dining and home-delivered meals in a manner consistent with federal
1.7 requirements.

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

1.9 Sec. 8. Minnesota Statutes 2024, section 256.9752, subdivision 3, is amended to read:

1.10 Subd. 3. **Nutrition support services.** (a) Funds allocated to an area agency on aging
1.11 for nutrition support services may be used for the following:

1.12 (1) transportation of home-delivered meals and purchased food and medications to the
1.13 residence of a senior citizen;

1.14 (2) expansion of home-delivered meals into unserved and underserved areas;

1.15 (3) transportation to supermarkets or delivery of groceries from supermarkets to homes;

1.16 (4) vouchers for food purchases at selected restaurants in isolated rural areas;

1.17 (5) the Supplemental Nutrition Assistance Program (SNAP) outreach;

1.18 (6) transportation of seniors to congregate dining sites;

1.19 (7) nutrition screening assessments and counseling as needed by individuals with special
1.20 dietary needs, performed by a licensed dietitian or nutritionist; ~~and~~

1.21 (8) other appropriate services which support senior nutrition programs, including new
1.22 service delivery models; and

1.23 (9) innovative models of providing healthy and nutritious meals to seniors, including
1.24 through partnerships with schools, restaurants, and other community partners.

1.25 (b) An area agency on aging may transfer unused funding for nutrition support services
1.26 to fund congregate dining services and home-delivered meals, but state funds transferred
1.27 under this paragraph are not subject to federal requirements."

1.28 Page 39, delete section 6

2.1 Page 49, line 22, before "whose" insert "younger than 12 years of age" and delete "them"
2.2 and insert "the dependent"

2.3 Page 51, line 3, before "whose" insert "younger than 12 years of age" and delete "them"
2.4 and insert "the person"

2.5 Page 52, delete section 15

2.6 Page 58, after line 21, insert:

2.7 "Sec. 17. Minnesota Statutes 2024, section 256B.0911, subdivision 1, is amended to read:

2.8 Subdivision 1. **Purpose and goal.** (a) The purpose of long-term care consultation services
2.9 is to assist persons with long-term or chronic care needs in making care decisions and
2.10 selecting support and service options that meet their needs and reflect their preferences.
2.11 The availability of, and access to, information and other types of assistance, including
2.12 long-term care consultation assessment and support planning, is also intended to prevent
2.13 or delay institutional placements and to provide access to transition assistance after
2.14 placement. Further, the goal of long-term care consultation services is to contain costs
2.15 associated with unnecessary institutional admissions. Long-term care consultation services
2.16 must be available to any person regardless of public program eligibility.

2.17 (b) The commissioner of human services shall seek to maximize use of available federal
2.18 and state funds and establish the broadest program possible within the funding available.

2.19 (c) Long-term care consultation services must be coordinated with long-term care options
2.20 counseling, long-term care options counseling ~~for assisted living~~ at critical care transitions,
2.21 the Disability Hub, and preadmission screening.

2.22 (d) A lead agency providing long-term care consultation services shall encourage the
2.23 use of volunteers from families, religious organizations, social clubs, and similar civic and
2.24 service organizations to provide community-based services.

2.25 Sec. 18. Minnesota Statutes 2024, section 256B.0911, subdivision 10, is amended to read:

2.26 Subd. 10. **Definitions.** (a) For purposes of this section, the following definitions apply.

2.27 (b) "Available service and setting options" or "available options," with respect to the
2.28 home and community-based waivers under chapter 256S and sections 256B.092 and 256B.49,
2.29 means all services and settings defined under the waiver plan for which a waiver applicant
2.30 or waiver participant is eligible.

(c) "Competitive employment" means work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting, and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

(d) "Cost-effective" means community services and living arrangements that cost the same as or less than institutional care. For an individual found to meet eligibility criteria for home and community-based service programs under chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally approved waiver plan for each program.

(e) "Independent living" means living in a setting that is not controlled by a provider.

(f) "Informed choice" has the meaning given in section 256B.4905, subdivision 1a.

(g) "Lead agency" means a county administering or a Tribe or health plan under contract with the commissioner to administer long-term care consultation services.

(h) "Long-term care consultation services" means the activities described in subdivision 11.

(i) "Long-term care options counseling" means the services provided by sections 256.01, subdivision 24, and 256.975, subdivision 7, and also includes telephone assistance and follow-up after a long-term care consultation assessment has been completed.

(j) "Long-term care options counseling ~~for assisted living~~ at critical care transitions" means the services provided under section 256.975, ~~subdivisions~~ subdivision 7e to 7g.

(k) "Minnesota health care programs" means the medical assistance program under this chapter and the alternative care program under section 256B.0913.

(l) "Person-centered planning" is a process that includes the active participation of a person in the planning of the person's services, including in making meaningful and informed choices about the person's own goals, talents, and objectives, as well as making meaningful and informed choices about the services the person receives, the settings in which the person receives the services, and the setting in which the person lives.

(m) "Preadmission screening" means the services provided under section 256.975, subdivisions 7a to 7c.

4.1 Sec. 19. Minnesota Statutes 2024, section 256B.0911, subdivision 13, is amended to read:

4.2 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
4.3 commissioner shall develop and implement a curriculum and an assessor certification
4.4 process.

4.5 (b) MnCHOICES certified assessors must have received training and certification specific
4.6 to assessment and consultation for long-term care services in the state and either:

4.7 (1) ~~either have a bachelor's~~ at least an associate's degree in social work, human services,
4.8 or other closely related field;

4.9 (2) have at least an associate's degree in nursing with a public health nursing certificate,
4.10 or other closely related field; or

4.11 (3) be a registered nurse; and.

4.12 ~~(2) have received training and certification specific to assessment and consultation for~~
4.13 ~~long-term care services in the state.~~

4.14 (c) Certified assessors shall demonstrate best practices in assessment and support
4.15 planning, including person-centered planning principles, and have a common set of skills
4.16 that ensures consistency and equitable access to services statewide.

4.17 (d) Certified assessors must be recertified every three years.

4.18 Sec. 20. Minnesota Statutes 2024, section 256B.0911, subdivision 14, is amended to read:

4.19 Subd. 14. **Use of MnCHOICES certified assessors required.** (a) Each lead agency
4.20 shall use MnCHOICES certified assessors who have completed MnCHOICES training and
4.21 the certification process determined by the commissioner in subdivision 13.

4.22 (b) Each lead agency must ensure that the lead agency has sufficient numbers of certified
4.23 assessors to provide long-term consultation assessment and support planning within the
4.24 timelines and parameters of the service.

4.25 (c) A lead agency may choose, according to departmental policies, to contract with a
4.26 qualified, certified assessor to conduct assessments and reassessments on behalf of the lead
4.27 agency.

4.28 (d) Tribes and health plans under contract with the commissioner must provide long-term
4.29 care consultation services as specified in the contract.

4.30 (e) A lead agency must provide the commissioner with an administrative contact for
4.31 communication purposes.

(f) A lead agency may contract under subdivision 14 with any hospital licensed under sections 144.50 to 144.56 to conduct assessments of patients in the hospital on behalf of the lead agency when the lead agency has failed to meet its obligations under subdivision 17. The contracted assessment must be conducted by a hospital employee who is a qualified, certified assessor. The hospital employees who perform assessments under the contract between the hospital and the lead agency may perform assessments in addition to other duties assigned to the employee by the hospital, except the hospital employees who perform the assessments under contract with the lead agency must not perform any waiver-related tasks other than assessments. Hospitals are not eligible for reimbursement under subdivision 33. The lead agency that enters into a contract with a hospital under this paragraph is responsible for oversight, compliance, and quality assurance for all assessments performed under the contract."

Page 61, after line 21, insert:

"Sec. 25. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision to read:

Subd. 35. Dashboard on assessment completions. (a) The commissioner shall maintain a dashboard on the department's public website containing summary data on the completion of assessments under this section. The commissioner must update the dashboard at least twice per year.

(b) The dashboard must include:

(1) the total number of assessments performed since the previous reporting period, by lead agency;

(2) the total number of initial assessments performed since the previous reporting period, by lead agency;

(3) the total number of reassessments performed since the previous reporting period, by lead agency;

(4) the number and percentage of assessments completed within the required timeline, by a lead agency;

(5) the average length of time to complete an assessment, by a lead agency;

(6) summary data of the location in which the assessments were performed, by lead agency; and

6.1 (7) other information the commissioner determines is valuable to assess the capacity of
6.2 lead agencies to complete assessments within the timelines prescribed by law."

6.3 Page 92, line 2, before the colon, insert ", including but not limited to"

6.4 Page 92, delete lines 3 to 5, and insert:

6.5 "(1) payroll records for direct care wages cited in the request;

6.6 (2) payment records or receipts for other costs cited in the request; and

6.7 (3) documentation of expenses paid that were identified as necessary for the initial rate
6.8 exception."

6.9 Page 99, line 3, before the period, insert "and participants must use consultation services
6.10 to complete their orientation and selection of a service model"

6.11 Page 99, delete section 46

6.12 Page 101, line 22, before "whose" insert "younger than 12 years of age"

6.13 Page 107, delete lines 13 to 19

6.14 Page 110, delete section 54

6.15 Page 112, delete section 56

6.16 Page 119, line 30, delete "2028" and insert "2027"

6.17 Page 121, after line 16, insert:

6.18 "Sec. 68. **DISABILITY SERVICES TECHNOLOGY AND ADVOCACY**
6.19 **EXPANSION GRANT.**

6.20 Subdivision 1. **Establishment.** (a) A disability services technology and advocacy
6.21 expansion grant is established to:

6.22 (1) support the expansion of assistive technology and remote support services for people
6.23 with disabilities; and

6.24 (2) strengthen advocacy efforts for individuals with disabilities and the providers who
6.25 serve individuals with disabilities.

6.26 (b) The commissioner of human services must award the grant to an eligible grantee. In
6.27 awarding the grant, the commissioner must consult with the commissioner of administration's
6.28 System of Technology to Achieve Results (STAR) Program under Minnesota Statutes,
6.29 section 16B.055.

7.1 Subd. 2. **Eligible grantee.** An eligible grantee must:

7.2 (1) be a nonprofit organization with a statewide reach;

7.3 (2) have demonstrated knowledge of various forms of assistive technology and remote
7.4 support for people with disabilities; and

7.5 (3) have proven capacity to provide education and training to multiple constituencies.

7.6 Subd. 3. **Allowable uses of grant money.** Grant money must be used to:

7.7 (1) develop and deliver comprehensive training programs for lead agencies, disability
7.8 service providers, schools, employment support agencies, and individuals with disabilities
7.9 and their families to ensure effective use of assistive technology and remote support tools.
7.10 Training programs must be developed in consultation with the STAR Program to ensure
7.11 alignment with national assistive technology standards and best practices. Training must
7.12 address specific challenges faced by individuals with disabilities, such as accessibility,
7.13 independence, and health monitoring;

7.14 (2) provide resources and support to advocacy organizations that work with individuals
7.15 with disabilities and service providers. Resources and support must be used to promote the
7.16 use of assistive technology to increase self-determination and community participation;

7.17 (3) maintain, distribute, and create accessible resources related to assistive technology
7.18 and remote support. Resources must be developed in collaboration with the STAR Program
7.19 to reflect current assistive technology tools and guidance that are tailored to Minnesota's
7.20 disability community. Materials must be tailored to address the unique needs of individuals
7.21 with disabilities and the people and organizations who support individuals with disabilities;

7.22 (4) conduct research to explore new and emerging assistive technology solutions that
7.23 address the evolving needs of individuals with disabilities. The research must emphasize
7.24 the role of technology in promoting independence, improving quality of life, and ensuring
7.25 safety; and

7.26 (5) conduct outreach initiatives to engage disability communities, service providers, and
7.27 advocacy groups across Minnesota to promote awareness of assistive technology and remote
7.28 support services. Outreach initiatives must focus on reaching underserved and rural
7.29 populations.

7.30 Subd. 4. **Evaluation and reporting requirements.** (a) The grant recipient must submit
7.31 an annual report by June 30 each year to the legislative committees with jurisdiction over
7.32 disability services. The annual report must include:

8.1 (1) the number of individuals with disabilities and service providers who received training
8.2 during the reporting year;

8.3 (2) data on the impact of assistive technology and remote support in improving quality
8.4 of life, safety, and independence for individuals with disabilities; and

8.5 (3) recommendations for further advancing technology-driven disability advocacy efforts
8.6 based on feedback and research findings.

8.7 (b) No later than three months after the grant period has ended, a final evaluation must
8.8 be submitted to the legislative committees with jurisdiction over disability services to assess
8.9 the overall impact on expanding access to assistive technology and remote support, with a
8.10 focus on lessons learned and future opportunities for Minnesota's disability communities
8.11 and service providers.

8.12 Subd. 5. **Grant period.** The grant period under this section is from July 1, 2025, to June
8.13 30, 2030."

8.14 Page 126, line 5, after "lessons" insert "provided to a person younger than 12 years of
8.15 age whose disability puts the person at a higher risk of drowning according to the Centers
8.16 for Disease Control Vital Statistics System"

8.17 Page 126, line 9, before "whose" insert "younger than 12 years of age"

8.18 Page 176, after line 14, insert:

8.19 "Sec. 4. **SINGLE ADMINISTRATIVE STRUCTURE AND DELIVERY SYSTEM**
8.20 **PILOT PROGRAM.**

8.21 (a) By January 1, 2026, the commissioner of human services, in coordination with the
8.22 commissioner of transportation, must implement one or two pilot programs for a web-based
8.23 single administrative structure and delivery system for nonemergency medical transportation
8.24 under medical assistance and MinnesotaCare. The administrative structure and delivery
8.25 system must meet the requirements in paragraph (b). Each pilot program must include at
8.26 least two counties. Metropolitan counties, as defined in Minnesota Statutes, section 473.121,
8.27 subdivision 4, are not eligible to participate. Each pilot program shall operate for three years
8.28 from the date of implementation.

8.29 (b) The web-based single administrative structure and delivery system must provide for
8.30 the following:

8.31 (1) bidirectional communication between payers and transportation providers;

8.32 (2) client and client advocate access to ride scheduling and real-time trip monitoring;

- 9.1 (3) real-time eligibility and level of service determination;
- 9.2 (4) on-demand reporting;
- 9.3 (5) expedited payments for transportation providers; and
- 9.4 (6) the ability to collect feedback, including but not limited to complaints regarding
- 9.5 inappropriate level of needs determinations, utilization of inappropriate transportation modes,
- 9.6 and interference with accessing nonemergency medical transportation.

9.7 (c) By February 1, 2027, and each year thereafter that a pilot program is in effect, the

9.8 commissioner must submit a report on the pilot programs to the legislative committees with

9.9 jurisdiction over nonemergency medical transportation under medical assistance and

9.10 MinnesotaCare."

9.11 Page 218, after line 18, insert:

9.12 "Section 1. Minnesota Statutes 2024, section 144A.01, subdivision 4, is amended to read:

9.13 Subd. 4. **Controlling person.** (a) "Controlling person" means an owner and the following

9.14 individuals and entities, if applicable:

9.15 (1) each officer of the organization, including the chief executive officer and the chief

9.16 financial officer;

9.17 (2) the nursing home administrator; ~~and~~

9.18 (3) any managerial official; and

9.19 (4) if no individual has at least a five percent ownership interest, every individual with

9.20 an ownership interest in a privately held corporation, limited liability company, or other

9.21 business entity, including a business entity that is publicly traded or nonpublicly traded,

9.22 that collects capital investments from individuals or entities.

9.23 (b) "Controlling person" also means any entity or natural person who has any direct or

9.24 indirect ownership interest in:

9.25 (1) any corporation, partnership or other business association which is a controlling

9.26 person;

9.27 (2) the land on which a nursing home is located;

9.28 (3) the structure in which a nursing home is located;

9.29 (4) any entity with at least a five percent mortgage, contract for deed, deed of trust, or

9.30 other security interest in the land or structure comprising a nursing home; or

10.1 (5) any lease or sublease of the land, structure, or facilities comprising a nursing home.

10.2 (c) "Controlling person" does not include:

10.3 (1) a bank, savings bank, trust company, savings association, credit union, industrial
10.4 loan and thrift company, investment banking firm, or insurance company unless the entity
10.5 directly or through a subsidiary operates a nursing home;

10.6 (2) government and government-sponsored entities such as the United States Department
10.7 of Housing and Urban Development, Ginnie Mae, Fannie Mae, Freddie Mac, and the
10.8 Minnesota Housing Finance Agency which provide loans, financing, and insurance products
10.9 for housing sites;

10.10 (3) an individual who is a state or federal official, a state or federal employee, or a
10.11 member or employee of the governing body of a political subdivision of the state or federal
10.12 government that operates one or more nursing homes, unless the individual is also an officer,
10.13 owner, or managerial official of the nursing home, receives any remuneration from a nursing
10.14 home, or who is a controlling person not otherwise excluded in this subdivision;

10.15 (4) a natural person who is a member of a tax-exempt organization under section 290.05,
10.16 subdivision 2, unless the individual is also a controlling person not otherwise excluded in
10.17 this subdivision; and

10.18 (5) a natural person who owns less than five percent of the outstanding common shares
10.19 of a corporation:

10.20 (i) whose securities are exempt by virtue of section 80A.45, clause (6); or

10.21 (ii) whose transactions are exempt by virtue of section 80A.46, clause (7)."

10.22 Page 223, after line 29, insert:

10.23 "Sec. 4. Minnesota Statutes 2024, section 144G.08, subdivision 15, is amended to read:

10.24 Subd. 15. **Controlling individual.** (a) "Controlling individual" means an owner and the
10.25 following individuals and entities, if applicable:

10.26 (1) each officer of the organization, including the chief executive officer and chief
10.27 financial officer;

10.28 (2) each managerial official; ~~and~~

10.29 (3) any entity with at least a five percent mortgage, deed of trust, or other security interest
10.30 in the facility; and

11.1 (4) if no individual has at least a five percent ownership interest, every individual with
11.2 an ownership interest in a privately held corporation, limited liability company, or other
11.3 business entity, including a business entity that is publicly traded or nonpublicly traded,
11.4 that collects capital investments from individuals or entities.

11.5 (b) "Controlling individual" also means any entity or natural person who has any direct
11.6 or indirect ownership interest in:

11.7 (1) any corporation, partnership, or other business association such as a limited liability
11.8 company that is a controlling individual;

11.9 (2) the land on which an assisted living facility is located; or

11.10 (3) the structure in which an assisted living facility is located.

11.11 ~~(b)~~ (c) Controlling individual does not include:

11.12 (1) a bank, savings bank, trust company, savings association, credit union, industrial
11.13 loan and thrift company, investment banking firm, or insurance company unless the entity
11.14 operates a program directly or through a subsidiary;

11.15 (2) government and government-sponsored entities such as the U.S. Department of
11.16 Housing and Urban Development, Ginnie Mae, Fannie Mae, Freddie Mac, and the Minnesota
11.17 Housing Finance Agency which provide loans, financing, and insurance products for housing
11.18 sites;

11.19 (3) an individual who is a state or federal official, a state or federal employee, or a
11.20 member or employee of the governing body of a political subdivision of the state or federal
11.21 government that operates one or more facilities, unless the individual is also an officer,
11.22 owner, or managerial official of the facility, receives remuneration from the facility, or
11.23 owns any of the beneficial interests not excluded in this subdivision;

11.24 (4) an individual who owns less than five percent of the outstanding common shares of
11.25 a corporation:

11.26 (i) whose securities are exempt under section 80A.45, clause (6); or

11.27 (ii) whose transactions are exempt under section 80A.46, clause (2);

11.28 (5) an individual who is a member of an organization exempt from taxation under section
11.29 290.05, unless the individual is also an officer, owner, or managerial official of the license
11.30 or owns any of the beneficial interests not excluded in this subdivision. This clause does
11.31 not exclude from the definition of controlling individual an organization that is exempt from
11.32 taxation; or

12.1 (6) an employee stock ownership plan trust, or a participant or board member of an
12.2 employee stock ownership plan, unless the participant or board member is a controlling
12.3 individual."

12.4 Page 233, after line 25, insert:

12.5 "Sec. 20. [145D.40] DEFINITIONS.

12.6 Subdivision 1. **Application.** For purposes of sections 145D.40 to 145D.44, the following
12.7 terms have the meanings given.

12.8 Subd. 2. **Assisted living facility.** "Assisted living facility" has the meaning given in
12.9 section 144G.08, subdivision 7. Assisted living facility includes an assisted living facility
12.10 with dementia care as defined in section 144G.08, subdivision 8.

12.11 Subd. 3. **Health care professional.** "Health care professional" means an individual who
12.12 is licensed or registered by the state to provide health care services within the professional's
12.13 scope of practice and in accordance with state law.

12.14 Subd. 4. **Nursing home.** "Nursing home" means a facility licensed as a nursing home
12.15 under chapter 144A.

12.16 Subd. 5. **Ownership or control.** "Ownership or control" means the assumption of
12.17 governance or the acquisition of an ownership interest or direct or indirect control by a
12.18 for-profit entity over the operations of a nonprofit nursing home or a nonprofit assisted
12.19 living facility through any means, including but not limited to a purchase, lease, transfer,
12.20 exchange, option, conveyance, creation of a joint venture, or other manner of acquisition
12.21 of assets, governance, an ownership interest, or direct or indirect control of a nonprofit
12.22 nursing home or a nonprofit assisted living facility.

12.23 Sec. 21. [145D.41] NOTICE, INFORMATION, AND AFFIDAVIT REQUIRED.

12.24 Subdivision 1. **Notice and information.** (a) At least 120 days prior to the transfer of
12.25 ownership or control of a nonprofit nursing home or nonprofit assisted living facility to a
12.26 for-profit entity, the nursing home or assisted living facility must provide written notice to
12.27 the attorney general, the commissioner of health, and the commissioner of human services
12.28 of its intent to transfer ownership or control to a for-profit entity.

12.29 (b) Together with the notice, the for-profit entity seeking to acquire ownership or control
12.30 of the nonprofit nursing home or nonprofit assisted living facility must provide the following
12.31 information to the attorney general, commissioner of health, and commissioner of human
12.32 services:

13.1 (1) the names of each individual with an interest in the for-profit entity and the percentage
13.2 of interest each individual holds in the for-profit entity;

13.3 (2) a complete and detailed description of the for-profit entity's corporate structure;

13.4 (3) the names of each individual holding an interest in, and the percentage of interest
13.5 held in, any affiliate, subsidiary, or otherwise related entity that the for-profit entity has a
13.6 contract to provide goods or services for the operation or maintenance of the nursing home
13.7 or assisted living facility or has a contract for goods and services to be provided to residents,
13.8 including any real estate investment trusts if permitted under section 145D.44, subdivision
13.9 1;

13.10 (4) for the previous five years, any filings required to be made to any federal or state
13.11 agency;

13.12 (5) the for-profit entity's current balance sheet;

13.13 (6) all application materials required under section 144A.03 or 144G.12, as applicable;

13.14 (7) a description of the condition of the buildings the for-profit entity seeks to acquire
13.15 or manage, identifying any cooling problems, electric medical devices present, recent exterior
13.16 additions and replacements, external building conditions, recent flush toilet breakdowns,
13.17 foreclosure status in the last 12 months, heat risk, heating problems, indoor air quality,
13.18 recent interior additions and replacements, and mold, as those terms are defined and described
13.19 in Appendix A of the American Housing Survey for the United States: 2023;

13.20 (8) an affidavit and evidence as required under subdivision 2; and

13.21 (9) other information required by the attorney general, commissioner of health, and
13.22 commissioner of human services.

13.23 Subd. 2. **Affidavit and evidence.** In addition to the notice required under subdivision
13.24 1, a for-profit entity seeking to acquire ownership or control of a nonprofit nursing home
13.25 or nonprofit assisted living facility must submit to the attorney general an affidavit and
13.26 evidence sufficient to demonstrate that:

13.27 (1) the for-profit entity has the financial, managerial, and operational ability to operate
13.28 or manage the nursing home or assisted living facility consistent with the requirements of
13.29 (i) for a nursing home, sections 144A.01 to 144A.1888, chapter 256R, and Minnesota Rules,
13.30 chapter 4658; or (ii) for an assisted living facility, chapter 144G and Minnesota Rules,
13.31 chapter 4659;

(2) neither the for-profit entity nor any of its owners, managerial officials, or managers have committed a crime listed in, or been found civilly liable for an offense listed in section 144A.03, subdivision 1, clause (13), or 144G.12, subdivision 1, clause (13), as applicable;

(3) in the preceding ten years, there have been no judgments and no filed, pending, or completed public or private litigations, tax liens, written complaints, administrative actions, or investigations by a government agency against the for-profit entity or any of its owners, managerial officials, or managers;

(4) in the preceding ten years, the for-profit entity has not defaulted in the payment of money collected for others and has not discharged debts through bankruptcy proceedings;

(5) the for-profit entity will invest sufficient capital in the nursing home or assisted living facility to maintain or improve the facility's infrastructure and staffing;

(6)(i) housing costs or costs for services in a nursing home or assisted living facility in the United States over which the for-profit entity acquired ownership or control have not increased by more than the increase in the Consumer Price Index for all urban consumers published by the federal Bureau of Labor Statistics for the 12 months preceding the month in which the increase became effective; or (ii) if housing costs or costs for services in the nursing home or assisted living facility increased by more than the increase in the Consumer Price Index as described in item (i), the increase was justified;

(7) within five years after acquiring ownership or control of any other nursing home or assisted living facility in the United States, the for-profit entity did not sell or otherwise transfer ownership or control of the nursing home or assisted living facility to another person; and

(8) after acquiring ownership or control of another nursing home in the United States, that nursing home, with respect to the Centers for Medicare and Medicaid Services rating system:

(i) maintained or improved the nursing home's rating if upon acquisition of ownership or control the rating was three or more stars; or

(ii) improved the nursing home's rating to at least three stars if upon acquisition of ownership or control the rating was one or two stars.

Sec. 22. [145D.43] PROHIBITED PRACTICES.

A for-profit entity that acquires ownership or control of a nonprofit nursing home or nonprofit assisted living facility is prohibited from:

15.1 (1) interfering with the professional judgment of a health care professional providing
15.2 care in the nursing home or assisted living facility or with a health care professional's
15.3 diagnosis or treatment of residents in the nursing home or assisted living facility;

15.4 (2) providing unequal treatment with regard to charges for housing or services based on
15.5 whether the resident pays for housing or services with private funds or through a public
15.6 program;

15.7 (3) engaging in any act, practice, or course of business that would strip an asset from an
15.8 acquired nursing home or assisted living facility or that would otherwise undermine the
15.9 quality of, safety of, or access to care and services provided by the nursing home or assisted
15.10 living facility;

15.11 (4) engaging in self-dealing;

15.12 (5) engaging in any acts, practices, or courses of business that result in an adverse impact
15.13 on the health, safety, and well-being and quality of care of the residents of the nursing home
15.14 or assisted living facility;

15.15 (6) spending less than 75 percent of the funds received by the nursing home or assisted
15.16 living facility from public programs and state appropriations on the direct care of residents;

15.17 (7) raising resident housing costs beyond the Consumer Price Index for all urban
15.18 consumers published by the federal Bureau of Labor Statistics for the 12 months preceding
15.19 the month in which the increase became effective unless the for-profit entity can demonstrate
15.20 that the increase was justified by legitimate business expenses;

15.21 (8) allowing a diminution of maintenance or a deterioration in the operations and
15.22 infrastructure of the nursing home or assisted living facility that results in unsafe conditions
15.23 or violations of building and other relevant codes, diminishes the property value of the
15.24 facility, or jeopardizes the health and well-being of the residents; or

15.25 (9) for a nursing home:

15.26 (i) failing to improve in the Centers for Medicare and Medicaid Services rating if the
15.27 nursing home's current rating is one or two stars; or

15.28 (ii) allowing a decline in the Centers for Medicare and Medicaid Services rating if the
15.29 nursing home's current rating is at least three stars.

16.1 Sec. 23. **ATTORNEY GENERAL ENFORCEMENT.**

16.2 A violation of Minnesota Statutes, section 145D.43, is an unfair and unconscionable
16.3 practice in violation of Minnesota Statutes, section 325F.69, subdivision 1. The attorney
16.4 general may enforce this section under Minnesota Statutes, section 8.31."

16.5 Page 234, line 11, delete "2026"and insert "2027"

16.6 Renumber the sections in sequence and correct the internal references

16.7 Amend the title accordingly