

1.1 **Senator Hoffman from the Committee on Human Services, to which was re-referred**

1.2 **S.F. No. 1918:** A bill for an act relating to health; modifying consent to electronic
1.3 monitoring requirements; modifying provisions related to retaliation in nursing homes and
1.4 assisted living facilities; expanding membership and duties of the home care and assisted
1.5 living program advisory council; modifying the hospice bill of rights; prohibiting required
1.6 binding arbitration agreements in assisted living contracts; modifying medication
1.7 management requirements; modifying authority of health care agents to restrict visitation
1.8 and communication; amending Minnesota Statutes 2024, sections 144.6502, subdivision 3;
1.9 144.6512, subdivision 3, by adding a subdivision; 144A.04, by adding a subdivision;
1.10 144A.474, subdivision 11; 144A.4799, subdivisions 1, 3; 144A.751, subdivision 1; 144G.08,
1.11 by adding a subdivision; 144G.31, subdivision 8; 144G.51; 144G.71, subdivisions 3, 5;
1.12 144G.92, by adding a subdivision; 145C.07, by adding a subdivision; 145C.10.

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

1.14 Page 6, line 11, delete "a" and insert "an annual" and after "fines" insert "assessed and"

1.15 Page 6, delete section 6 and insert:

1.16 "Sec. 6. Minnesota Statutes 2024, section 144A.4799, is amended to read:

1.17 **144A.4799 DEPARTMENT OF HEALTH LICENSED HOME CARE PROVIDER**
1.18 **AND ASSISTED LIVING ADVISORY COUNCIL.**

1.19 Subdivision 1. **Membership.** The commissioner of health shall appoint ~~13~~ 14 persons
1.20 to a home care and assisted living ~~program~~ advisory council consisting of the following:

1.21 (1) ~~two~~ four public members as defined in section 214.02 ~~who shall be persons who are~~
1.22 ~~currently receiving home care services, persons who have received home care services~~
1.23 ~~within five years of the application date, persons who have family members receiving home~~
1.24 ~~care services, or persons who have family members who have received home care services~~
1.25 ~~within five years of the application date~~ one of whom must be a person who either is or has
1.26 received home care services within the five years prior to initial appointment, one of whom
1.27 must be a person who has or had a family member receiving home care services within the
1.28 five years prior to initial appointment, one of whom must be a person who either is or has
1.29 been a resident in an assisted living facility within the five years prior to initial appointment,
1.30 and one of whom must be a person who has or had a family member residing in an assisted
1.31 living facility within the five years prior to initial appointment;

1.32 (2) two Minnesota home care licensees representing basic and comprehensive levels of
1.33 licensure who may be a managerial official, an administrator, a supervising registered nurse,
1.34 or an unlicensed personnel performing home care tasks;

1.35 (3) one member representing the Minnesota Board of Nursing;

1.36 (4) one member representing the Office of Ombudsman for Long-Term Care;

(5) one member representing the Office of Ombudsman for Mental Health and Developmental Disabilities;

(6) ~~beginning July 1, 2021,~~ one member of a county health and human services or county adult protection office;

(7) two Minnesota assisted living facility licensees representing assisted living facilities and assisted living facilities with dementia care levels of licensure who may be the facility's assisted living director, managerial official, or clinical nurse supervisor;

(8) one organization representing long-term care providers, home care providers, and assisted living providers in Minnesota; and

~~(9) two public members as defined in section 214.02. One public member shall be a person who either is or has been a resident in an assisted living facility and one public member shall be a person who has or had a family member living in an assisted living facility setting~~ one representative of a consumer advocacy organization representing individuals receiving long-term care from licensed home care or assisted living providers.

Subd. 2. **Organizations and meetings.** The advisory council shall be organized and administered under section 15.059 with per diems and costs paid within the limits of available appropriations. Meetings will be held quarterly and hosted by the department. Subcommittees may be developed as necessary by the commissioner. Advisory council meetings are subject to the Open Meeting Law under chapter 13D.

Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide advice regarding regulations of Department of Health licensed assisted living and home care providers in this chapter and chapter 144G, including advice on the following:

(1) community standards for home care practices;

(2) enforcement of licensing standards and whether certain disciplinary actions are appropriate;

(3) ways of distributing information to licensees and consumers of home care and assisted living services defined under chapter 144G;

(4) training standards;

(5) identifying emerging issues and opportunities in home care and assisted living services defined under chapter 144G;

(6) identifying the use of technology in home and telehealth capabilities;

(7) allowable home care licensing modifications and exemptions, including a method for an integrated license with an existing license for rural licensed nursing homes to provide limited home care services in an adjacent independent living apartment building owned by the licensed nursing home; and

(8) recommendations for studies using the data in section 62U.04, subdivision 4, including but not limited to studies concerning costs related to dementia and chronic disease among an elderly population over 60 and additional long-term care costs, as described in section 62U.10, subdivision 6.

(b) The advisory council shall perform other duties as directed by the commissioner.

(c) The advisory council shall ~~annually~~ make recommendations annually to the commissioner for the purposes of allocating the appropriation in section sections 144A.474, subdivision 11, paragraph (i) (j), and 144G.31, subdivision 8. The recommendations shall address ways the commissioner may improve protection of the public under existing statutes and laws and improve quality of care. The council's recommendations may include but are not limited to special projects or initiatives that:

(1) create and administer training of licensees and ongoing training for their employees to improve clients' and residents' lives, supporting ways that support licensees, can improve and enhance quality care, and ways to provide technical assistance to licensees to improve compliance;

(2) develop and implement information technology and data projects that analyze and communicate information about trends of in violations or lead to ways of improving resident and client care;

(3) improve communications strategies to licensees and the public;

(4) recruit and retain direct care staff;

(5) ensure sufficient education related to the care of vulnerable adults in professional nursing programs, nurse aide programs, and home health aide programs; and


(6) other projects or pilots that benefit residents, clients, families, and the public in other ways.

EFFECTIVE DATE. This section is effective July 1, 2025, and the amendments to subdivision 1, clause (1), apply to members whose initial appointment occurs on or after that date."

Page 7, delete section 7

- 4.1
- Page 11, line 7, delete "a" and insert "an annual" and after "fines" insert "assessed and"
- 4.2
- Renumber the sections in sequence
- 4.3
- Amend the title numbers accordingly
- 4.4
- And when so amended the bill be re-referred to the Committee on Judiciary and Public
- 4.5
- Safety without recommendation. Amendments adopted. Report adopted.

4.6



4.7

(Committee Chair)

4.8

March 24, 2025.....

4.9

(Date of Committee recommendation)