

HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 3142

- 03/16/2016 Authored by Zerwas
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
- 03/30/2016 Adoption of Report: Amended and re-referred to the Committee on Civil Law and Data Practices
- 04/11/2016 Adoption of Report: Placed on the General Register
Read Second Time
- 05/12/2016 Calendar for the Day, Amended
Read Third Time as Amended
Passed by the House as Amended and transmitted to the Senate to include Floor Amendments
- 05/19/2016 Returned to the House as Amended by the Senate
Refused to concur and Conference Committee appointed

1.1 A bill for an act
 1.2 relating to health; amending provisions for the statewide trauma system, home
 1.3 care, hearing instrument dispensers, Zika preparedness, and food, beverage, and
 1.4 lodging establishments; amending Minnesota Statutes 2014, sections 144.605,
 1.5 subdivision 5; 144.608, subdivision 1; 144A.473, subdivision 2; 144A.475,
 1.6 subdivisions 3, 3b, by adding a subdivision; 144A.4791, by adding a subdivision;
 1.7 144A.4792, subdivision 13; 144A.4799, subdivisions 1, 3; 144A.482; 144D.01,
 1.8 subdivision 2a; 144G.03, subdivisions 2, 4; 153A.14, subdivisions 2d, 2h;
 1.9 153A.15, subdivision 2a; 157.15, subdivision 14; 157.16, subdivision 4;
 1.10 proposing coding for new law in Minnesota Statutes, chapter 144.

1.11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.12 Section 1. Minnesota Statutes 2014, section 144.605, subdivision 5, is amended to read:

1.13 Subd. 5. **Level IV designation.** (a) The commissioner shall grant the appropriate
 1.14 level IV trauma hospital designation to a hospital that successfully completes the
 1.15 designation process under paragraph (b).

1.16 (b) The hospital must complete and submit a self-reported survey and application to
 1.17 the Trauma Advisory Council for review, verifying that the hospital meets the criteria as a
 1.18 level IV trauma hospital. When the Trauma Advisory Council is satisfied the application
 1.19 is complete, ~~the council shall review the application and, if the council approves the~~
 1.20 ~~application, send a letter of recommendation to the commissioner for final approval and~~
 1.21 ~~designation. The commissioner shall grant a level IV designation and shall arrange a site~~
 1.22 ~~review visit within three years of the designation and every three years thereafter, to~~
 1.23 ~~coincide with the three-year reverification process.~~ commissioner shall arrange a site
 1.24 review visit. Upon successful completion of the site review, the review team shall make
 1.25 written recommendations to the Trauma Advisory Council. If approved by the Trauma
 1.26 Advisory Council, a letter of recommendation shall be sent to the commissioner for final
 1.27 approval and designation.

2.1 **EFFECTIVE DATE.** This section is effective October 1, 2016.

2.2 Sec. 2. Minnesota Statutes 2014, section 144.608, subdivision 1, is amended to read:

2.3 Subdivision 1. **Trauma Advisory Council established.** (a) A Trauma Advisory
2.4 Council is established to advise, consult with, and make recommendations to the
2.5 commissioner on the development, maintenance, and improvement of a statewide trauma
2.6 system.

2.7 (b) The council shall consist of the following members:

2.8 (1) a trauma surgeon certified by the American Board of Surgery or the American
2.9 Osteopathic Board of Surgery who practices in a level I or II trauma hospital;

2.10 (2) a general surgeon certified by the American Board of Surgery or the American
2.11 Osteopathic Board of Surgery whose practice includes trauma and who practices in a
2.12 designated rural area as defined under section 144.1501, subdivision 1, paragraph (b);

2.13 (3) a neurosurgeon certified by the American Board of Neurological Surgery who
2.14 practices in a level I or II trauma hospital;

2.15 (4) a trauma program nurse manager or coordinator practicing in a level I or II
2.16 trauma hospital;

2.17 (5) an emergency physician certified by the American Board of Emergency Medicine
2.18 or the American Osteopathic Board of Emergency Medicine whose practice includes
2.19 emergency room care in a level I, II, III, or IV trauma hospital;

2.20 (6) a trauma program manager or coordinator who practices in a level III or IV
2.21 trauma hospital;

2.22 (7) a physician certified by the American Board of Family Medicine or the American
2.23 Osteopathic Board of Family Practice whose practice includes emergency department care
2.24 in a level III or IV trauma hospital located in a designated rural area as defined under
2.25 section 144.1501, subdivision 1, paragraph (b);

2.26 (8) a nurse practitioner, as defined under section 144.1501, subdivision 1, paragraph
2.27 (h), or a physician assistant, as defined under section 144.1501, subdivision 1, paragraph
2.28 (j), whose practice includes emergency room care in a level IV trauma hospital located in
2.29 a designated rural area as defined under section 144.1501, subdivision 1, paragraph (b);

2.30 (9) a ~~pediatrician~~ physician certified in pediatric emergency medicine by the
2.31 American Board of Pediatrics or certified in pediatric emergency medicine by the American
2.32 Board of Emergency Medicine or certified by the American Osteopathic Board of Pediatrics
2.33 whose practice primarily includes emergency department medical care in a level I, II, III,
2.34 or IV trauma hospital, or a surgeon certified in pediatric surgery by the American Board of
2.35 Surgery whose practice involves the care of pediatric trauma patients in a trauma hospital;

3.1 (10) an orthopedic surgeon certified by the American Board of Orthopaedic Surgery
3.2 or the American Osteopathic Board of Orthopedic Surgery whose practice includes trauma
3.3 and who practices in a level I, II, or III trauma hospital;

3.4 (11) the state emergency medical services medical director appointed by the
3.5 Emergency Medical Services Regulatory Board;

3.6 (12) a hospital administrator of a level III or IV trauma hospital located in a
3.7 designated rural area as defined under section 144.1501, subdivision 1, paragraph (b);

3.8 (13) a rehabilitation specialist whose practice includes rehabilitation of patients
3.9 with major trauma injuries or traumatic brain injuries and spinal cord injuries as defined
3.10 under section 144.661;

3.11 (14) an attendant or ambulance director who is an EMT, EMT-I, or EMT-P within
3.12 the meaning of section 144E.001 and who actively practices with a licensed ambulance
3.13 service in a primary service area located in a designated rural area as defined under section
3.14 144.1501, subdivision 1, paragraph (b); and

3.15 (15) the commissioner of public safety or the commissioner's designee.

3.16 **Sec. 3. [144.945] ZIKA PREPAREDNESS AND RESPONSE.**

3.17 (a) To the extent funds are available, the commissioner of health shall undertake
3.18 the following statewide planning, coordination, preparation, and response activities
3.19 related to the Zika virus:

3.20 (1) maintain state and local public health readiness to address Zika-related public
3.21 health threats;

3.22 (2) conduct diagnostic tests of patients who meet criteria for Zika testing and
3.23 maintain enhanced laboratory surveillance activities related to Zika;

3.24 (3) engage in Zika surveillance activities, including evaluating patients for testing
3.25 based on criteria, advising health care providers on Zika virus research, providing
3.26 recommendations and interpretations of test results, and conducting Zika-related public
3.27 awareness and prevention activities; and

3.28 (4) conduct mosquito surveillance activities under section 144.95 to enhance
3.29 monitoring of areas where mosquitoes carrying the Zika virus may be found in Minnesota,
3.30 notwithstanding section 144.95, subdivision 10.

3.31 (b) The commissioner shall seek authority from the United States Centers for
3.32 Disease Control and Prevention to use federal Public Health Emergency Preparedness
3.33 grant funds for costs associated with Zika preparedness and response activities under this
3.34 section and shall seek additional federal funds for this purpose.

4.1 Sec. 4. Minnesota Statutes 2014, section 144A.473, subdivision 2, is amended to read:

4.2 Subd. 2. **Temporary license.** (a) For new license applicants, the commissioner
4.3 shall issue a temporary license for either the basic or comprehensive home care level. A
4.4 temporary license is effective for up to one year from the date of issuance. Temporary
4.5 licensees must comply with sections 144A.43 to 144A.482.

4.6 (b) During the temporary license year, the commissioner shall survey the temporary
4.7 licensee after the commissioner is notified or has evidence that the temporary licensee
4.8 is providing home care services.

4.9 (c) Within five days of beginning the provision of services, the temporary
4.10 licensee must notify the commissioner that it is serving clients. The notification to the
4.11 commissioner may be mailed or e-mailed to the commissioner at the address provided by
4.12 the commissioner. If the temporary licensee does not provide home care services during
4.13 the temporary license year, then the temporary license expires at the end of the year and
4.14 the applicant must reapply for a temporary home care license.

4.15 (d) A temporary licensee may request a change in the level of licensure prior to
4.16 being surveyed and granted a license by notifying the commissioner in writing and
4.17 providing additional documentation or materials required to update or complete the
4.18 changed temporary license application. The applicant must pay the difference between
4.19 the application fees when changing from the basic level to the comprehensive level of
4.20 licensure. No refund will be made if the provider chooses to change the license application
4.21 to the basic level.

4.22 (e) If the temporary licensee notifies the commissioner that the licensee has clients
4.23 within 45 days prior to the temporary license expiration, the commissioner may extend the
4.24 temporary license for up to 60 days in order to allow the commissioner to complete the
4.25 on-site survey required under this section and follow-up survey visits.

4.26 Sec. 5. Minnesota Statutes 2014, section 144A.475, subdivision 3, is amended to read:

4.27 Subd. 3. **Notice.** (a) Prior to any suspension, revocation, or refusal to renew a
4.28 license, the home care provider shall be entitled to notice and a hearing as provided
4.29 by sections 14.57 to 14.69. In addition to any other remedy provided by law, the
4.30 commissioner may, without a prior contested case hearing, temporarily suspend a license
4.31 or prohibit delivery of services by a provider for not more than 90 days, or issue a
4.32 conditional license if the commissioner determines that there are level 3 or 4 violations as
4.33 defined in section 144A.474, subdivision 11, paragraph (b), that do not pose an imminent
4.34 risk of harm to the health or safety of persons in the provider's care, provided:

4.35 (1) advance notice is given to the home care provider;

5.1 (2) after notice, the home care provider fails to correct the problem;

5.2 (3) the commissioner has reason to believe that other administrative remedies are not

5.3 likely to be effective; and

5.4 (4) there is an opportunity for a contested case hearing within the 30 days unless

5.5 there is an extension granted by an administrative law judge pursuant to subdivision 3b.

5.6 (b) If the commissioner determines there are:

5.7 (1) level 4 violations; or

5.8 (2) violations that pose an imminent risk of harm to the health or safety of persons in

5.9 the provider's care,

5.10 the commissioner may immediately temporarily suspend a license, prohibit delivery of

5.11 services by a provider, or issue a conditional license without meeting the requirements of

5.12 paragraph (a), clauses (1) to (4).

5.13 For the purposes of this subdivision, "level 3" and "level 4" have the meanings given in

5.14 section 144A.474, subdivision 11, paragraph (b).

5.15 Sec. 6. Minnesota Statutes 2014, section 144A.475, subdivision 3b, is amended to read:

5.16 Subd. 3b. **Temporary suspension Expedited hearing.** (a) Within five business

5.17 days of receipt of the license holder's timely appeal of a temporary suspension or issuance

5.18 of a conditional license, the commissioner shall request assignment of an administrative

5.19 law judge. The request must include a proposed date, time, and place of a hearing. A

5.20 hearing must be conducted by an administrative law judge within 30 calendar days of the

5.21 request for assignment, unless an extension is requested by either party and granted by the

5.22 administrative law judge for good cause. The commissioner shall issue a notice of hearing

5.23 by certified mail or personal service at least ten business days before the hearing. Certified

5.24 mail to the last known address is sufficient. The scope of the hearing shall be limited solely

5.25 to the issue of whether the temporary suspension or issuance of a conditional license should

5.26 remain in effect and whether there is sufficient evidence to conclude that the licensee's

5.27 actions or failure to comply with applicable laws are level 3 or 4 violations as defined in

5.28 section 144A.474, subdivision 11, paragraph (b), or that there were violations that posed

5.29 an imminent risk of harm to the health and safety of persons in the provider's care.

5.30 (b) The administrative law judge shall issue findings of fact, conclusions, and a

5.31 recommendation within ten business days from the date of hearing. The parties shall

5.32 have ten calendar days to submit exceptions to the administrative law judge's report.

5.33 The record shall close at the end of the ten-day period for submission of exceptions.

5.34 The commissioner's final order shall be issued within ten business days from the close

5.35 of the record. When an appeal of a temporary immediate suspension or conditional

6.1 license is withdrawn or dismissed, the commissioner shall issue a final order affirming the
6.2 temporary immediate suspension or conditional license within ten calendar days of the
6.3 commissioner's receipt of the withdrawal or dismissal. The license holder is prohibited
6.4 from operation during the temporary suspension period.

6.5 (c) When the final order under paragraph (b) affirms an immediate suspension, and a
6.6 final licensing sanction is issued under subdivisions 1 and 2 and the licensee appeals that
6.7 sanction, the licensee is prohibited from operation pending a final commissioner's order
6.8 after the contested case hearing conducted under chapter 14.

6.9 (d) A licensee whose license is temporarily suspended must comply with the
6.10 requirements for notification and transfer of clients in subdivision 5. These requirements
6.11 remain if an appeal is requested.

6.12 Sec. 7. Minnesota Statutes 2014, section 144A.475, is amended by adding a
6.13 subdivision to read:

6.14 Subd. 3c. **Immediate temporary suspension.** (a) In addition to any other
6.15 remedies provided by law, the commissioner may, without a prior contested case hearing,
6.16 immediately temporarily suspend a license or prohibit delivery of services by a provider
6.17 for not more than 90 days, or issue a conditional license, if the commissioner determines
6.18 that there are:

6.19 (1) level 4 violations; or

6.20 (2) violations that pose an imminent risk of harm to the health or safety of persons in
6.21 the provider's care.

6.22 (b) For purposes of this subdivision, "level 4" has the meaning given in section
6.23 144A.474, subdivision 11, paragraph (b).

6.24 (c) A notice stating the reasons for the immediate temporary suspension or
6.25 conditional license and informing the license holder of the right to an expedited hearing
6.26 under subdivision 3b, must be delivered by personal services to the address shown on the
6.27 application or the last known address of the license holder. The license holder may appeal
6.28 an order immediately temporarily suspending a license or issuing a conditional license.
6.29 The appeal must be made in writing by certified mail or personal service. If mailed, the
6.30 appeal must be postmarked and sent to the commissioner within five calendar days after the
6.31 license holder receives notice. If an appeal is made by personal service, it must be received
6.32 by the commissioner within five calendar days after the license holder received the order.

6.33 (d) A license holder whose license is immediately temporarily suspended must
6.34 comply with the requirements for notification and transfer of clients in subdivision 5.
6.35 These requirements remain if an appeal is requested.

7.1 Sec. 8. Minnesota Statutes 2014, section 144A.4791, is amended by adding a
7.2 subdivision to read:

7.3 Subd. 14. **Application of other law.** Home care providers may exercise the
7.4 authority and are subject to the protections in section 152.34.

7.5 Sec. 9. Minnesota Statutes 2014, section 144A.4792, subdivision 13, is amended to
7.6 read:

7.7 Subd. 13. **Prescriptions.** There must be a current written or electronically recorded
7.8 prescription as defined in ~~Minnesota Rules, part 6800.0100, subpart 11a~~ section 151.01,
7.9 subdivision 16a, for all prescribed medications that the comprehensive home care provider
7.10 is managing for the client.

7.11 Sec. 10. Minnesota Statutes 2014, section 144A.4799, subdivision 1, is amended to
7.12 read:

7.13 Subdivision 1. **Membership.** The commissioner of health shall appoint eight
7.14 persons to a ~~home care provider~~ home care and assisted living program advisory council
7.15 consisting of the following:

7.16 (1) three public members as defined in section 214.02 who shall be either persons
7.17 who are currently receiving home care services or have family members receiving home
7.18 care services, or persons who have family members who have received home care services
7.19 within five years of the application date;

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

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

7.24 (4) one member representing the ombudsman for long-term care.

7.25 Sec. 11. Minnesota Statutes 2014, section 144A.4799, subdivision 3, is amended to read:

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

7.29 (1) community standards for home care practices;

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

7.32 (3) ways of distributing information to licensees and consumers of home care;

7.33 (4) training standards;

8.1 (5) ~~identify~~ identifying emerging issues and opportunities in the home care field,
8.2 including the use of technology in home and telehealth capabilities;

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

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

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

8.13 Sec. 12. Minnesota Statutes 2014, section 144A.482, is amended to read:

8.14 **144A.482 REGISTRATION OF HOME MANAGEMENT PROVIDERS.**

8.15 (a) For purposes of this section, a home management provider is a person or
8.16 organization that provides at least two of the following services: housekeeping, meal
8.17 preparation, and shopping to a person who is unable to perform these activities due to
8.18 illness, disability, or physical condition.

8.19 (b) A person or organization that provides only home management services may not
8.20 operate in the state without a current certificate of registration issued by the commissioner
8.21 of health. To obtain a certificate of registration, the person or organization must annually
8.22 submit to the commissioner the name, mailing and physical addresses, e-mail address, and
8.23 telephone number of the person or organization and a signed statement declaring that the
8.24 person or organization is aware that the home care bill of rights applies to their clients and
8.25 that the person or organization will comply with the home care bill of rights provisions
8.26 contained in section 144A.44. A person or organization applying for a certificate must
8.27 also provide the name, business address, and telephone number of each of the persons
8.28 responsible for the management or direction of the organization.

8.29 (c) The commissioner shall charge an annual registration fee of \$20 for persons and
8.30 \$50 for organizations. The registration fee shall be deposited in the state treasury and
8.31 credited to the state government special revenue fund.

8.32 (d) A home care provider that provides home management services and other home
8.33 care services must be licensed, but licensure requirements other than the home care bill of
8.34 rights do not apply to those employees or volunteers who provide only home management
8.35 services to clients who do not receive any other home care services from the provider.

9.1 A licensed home care provider need not be registered as a home management service
9.2 provider but must provide an orientation on the home care bill of rights to its employees
9.3 or volunteers who provide home management services.

9.4 (e) An individual who provides home management services under this section must,
9.5 within 120 days after beginning to provide services, attend an orientation session ~~approved~~
9.6 ~~by the commissioner~~ that provides training on the home care bill of rights and an orientation
9.7 on the aging process and the needs and concerns of elderly and disabled persons.

9.8 (f) The commissioner may suspend or revoke a provider's certificate of registration
9.9 or assess fines for violation of the home care bill of rights. Any fine assessed for a
9.10 violation of the home care bill of rights by a provider registered under this section shall be
9.11 in the amount established in the licensure rules for home care providers. As a condition
9.12 of registration, a provider must cooperate fully with any investigation conducted by the
9.13 commissioner, including providing specific information requested by the commissioner on
9.14 clients served and the employees and volunteers who provide services. Fines collected
9.15 under this paragraph shall be deposited in the state treasury and credited to the fund
9.16 specified in the statute or rule in which the penalty was established.

9.17 (g) The commissioner may use any of the powers granted in sections 144A.43 to
9.18 144A.4798 to administer the registration system and enforce the home care bill of rights
9.19 under this section.

9.20 Sec. 13. Minnesota Statutes 2014, section 144D.01, subdivision 2a, is amended to read:

9.21 Subd. 2a. **Arranged home care provider.** "Arranged home care provider" means
9.22 a home care provider licensed under ~~Minnesota Rules, chapter 4668,~~ chapter 144A that
9.23 provides services to some or all of the residents of a housing with services establishment
9.24 and that is either the establishment itself or another entity with which the establishment
9.25 has an arrangement.

9.26 Sec. 14. Minnesota Statutes 2014, section 144G.03, subdivision 2, is amended to read:

9.27 Subd. 2. **Minimum requirements for assisted living.** (a) Assisted living shall
9.28 be provided or made available only to individuals residing in a registered housing with
9.29 services establishment. Except as expressly stated in this chapter, a person or entity
9.30 offering assisted living may define the available services and may offer assisted living to
9.31 all or some of the residents of a housing with services establishment. The services that
9.32 comprise assisted living may be provided or made available directly by a housing with
9.33 services establishment or by persons or entities with which the housing with services
9.34 establishment has made arrangements.

10.1 (b) A person or entity entitled to use the phrase "assisted living," according to
10.2 section 144G.02, subdivision 1, shall do so only with respect to a housing with services
10.3 establishment, or a service, service package, or program available within a housing with
10.4 services establishment that, at a minimum:

10.5 (1) provides or makes available health-related services under a ~~class A or class F~~
10.6 home care license. At a minimum, health-related services must include:

10.7 (i) assistance with self-administration of medication, ~~as defined in Minnesota Rules,~~
10.8 ~~part 4668.0003, subpart 2a,~~ medication management, or medication administration as
10.9 defined in ~~Minnesota Rules, part 4668.0003, subpart 21a~~ in section 144A.43; and

10.10 (ii) assistance with at least three of the following seven activities of daily living:
10.11 bathing, dressing, grooming, eating, transferring, continence care, and toileting.

10.12 All health-related services shall be provided in a manner that complies with applicable
10.13 home care licensure requirements in chapter 144A, and sections 148.171 to 148.285, ~~and~~
10.14 ~~Minnesota Rules, chapter 4668~~;

10.15 (2) provides necessary assessments of the physical and cognitive needs of assisted
10.16 living clients by a registered nurse, as required by applicable home care licensure
10.17 requirements in chapter 144A, and sections 148.171 to 148.285, ~~and Minnesota Rules,~~
10.18 ~~chapter 4668~~;

10.19 (3) has and maintains a system for delegation of health care activities to unlicensed
10.20 ~~assistive health care~~ personnel by a registered nurse, including supervision and evaluation
10.21 of the delegated activities as required by applicable home care licensure requirements in
10.22 chapter 144A, and sections 148.171 to 148.285, ~~and Minnesota Rules, chapter 4668~~;

10.23 (4) provides staff access to an on-call registered nurse 24 hours per day, seven
10.24 days per week;

10.25 (5) has and maintains a system to check on each assisted living client at least daily;

10.26 (6) provides a means for assisted living clients to request assistance for health and
10.27 safety needs 24 hours per day, seven days per week, from the establishment or a person or
10.28 entity with which the establishment has made arrangements;

10.29 (7) has a person or persons available 24 hours per day, seven days per week, who
10.30 is responsible for responding to the requests of assisted living clients for assistance with
10.31 health or safety needs, who shall be:

10.32 (i) awake;

10.33 (ii) located in the same building, in an attached building, or on a contiguous campus
10.34 with the housing with services establishment in order to respond within a reasonable
10.35 amount of time;

10.36 (iii) capable of communicating with assisted living clients;

- 11.1 (iv) capable of recognizing the need for assistance;
- 11.2 (v) capable of providing either the assistance required or summoning the appropriate
- 11.3 assistance; and
- 11.4 (vi) capable of following directions;
- 11.5 (8) offers to provide or make available at least the following supportive services
- 11.6 to assisted living clients:
- 11.7 (i) two meals per day;
- 11.8 (ii) weekly housekeeping;
- 11.9 (iii) weekly laundry service;
- 11.10 (iv) upon the request of the client, reasonable assistance with arranging for
- 11.11 transportation to medical and social services appointments, and the name of or other
- 11.12 identifying information about the person or persons responsible for providing this
- 11.13 assistance;
- 11.14 (v) upon the request of the client, reasonable assistance with accessing community
- 11.15 resources and social services available in the community, and the name of or other
- 11.16 identifying information about the person or persons responsible for providing this
- 11.17 assistance; and
- 11.18 (vi) periodic opportunities for socialization; and
- 11.19 (9) makes available to all prospective and current assisted living clients information
- 11.20 consistent with the uniform format and the required components adopted by the
- 11.21 commissioner under section 144G.06. This information must be made available beginning
- 11.22 no later than six months after the commissioner makes the uniform format and required
- 11.23 components available to providers according to section 144G.06.

11.24 Sec. 15. Minnesota Statutes 2014, section 144G.03, subdivision 4, is amended to read:

11.25 Subd. 4. **Nursing assessment.** (a) A housing with services establishment offering or

11.26 providing assisted living shall:

11.27 (1) offer to have the arranged home care provider conduct a nursing assessment by

11.28 a registered nurse of the physical and cognitive needs of the prospective resident and

11.29 propose a ~~service agreement~~ or service plan prior to the date on which a prospective

11.30 resident executes a contract with a housing with services establishment or the date on

11.31 which a prospective resident moves in, whichever is earlier; and

11.32 (2) inform the prospective resident of the availability of and contact information for

11.33 long-term care consultation services under section 256B.0911, prior to the date on which a

11.34 prospective resident executes a contract with a housing with services establishment or the

11.35 date on which a prospective resident moves in, whichever is earlier.

12.1 (b) An arranged home care provider is not obligated to conduct a nursing assessment
 12.2 by a registered nurse when requested by a prospective resident if either the geographic
 12.3 distance between the prospective resident and the provider, or urgent or unexpected
 12.4 circumstances, do not permit the assessment to be conducted prior to the date on which
 12.5 the prospective resident executes a contract or moves in, whichever is earlier. When such
 12.6 circumstances occur, the arranged home care provider shall offer to conduct a telephone
 12.7 conference whenever reasonably possible.

12.8 (c) The arranged home care provider shall comply with applicable home care
 12.9 licensure requirements in chapter 144A, and sections 148.171 to 148.285, and Minnesota
 12.10 Rules, ~~chapter 4668~~, with respect to the provision of a nursing assessment prior to the
 12.11 delivery of nursing services and the execution of a home care service plan or service
 12.12 agreement.

12.13 Sec. 16. Minnesota Statutes 2014, section 153A.14, subdivision 2d, is amended to read:

12.14 Subd. 2d. **Certification renewal notice.** Certification must be renewed annually.
 12.15 The commissioner shall mail a renewal notice to the dispenser's last known address on
 12.16 record with the commissioner by September 1 of each year. ~~The notice must include a~~
 12.17 ~~renewal application and notice of fees required for renewal.~~ A dispenser is not relieved
 12.18 from meeting the renewal deadline on the basis that the dispenser did not receive the
 12.19 renewal notice. In renewing a certificate, a dispenser shall follow the procedures for
 12.20 applying for a certificate specified in subdivision 1.

12.21 Sec. 17. Minnesota Statutes 2014, section 153A.14, subdivision 2h, is amended to read:

12.22 Subd. 2h. **Certification by examination.** An applicant must achieve a passing score,
 12.23 as determined by the commissioner, on an examination according to paragraphs (a) to (c).

12.24 (a) The examination must include, but is not limited to:

12.25 (1) A written examination approved by the commissioner covering the following
 12.26 areas as they pertain to hearing instrument selling:

12.27 (i) basic physics of sound;

12.28 (ii) the anatomy and physiology of the ear;

12.29 (iii) the function of hearing instruments; and

12.30 (iv) the principles of hearing instrument selection.

12.31 (2) Practical tests of proficiency in the following techniques as they pertain to
 12.32 hearing instrument selling:

12.33 (i) pure tone audiometry, including air conduction testing and bone conduction
 12.34 testing;

13.1 (ii) live voice or recorded voice speech audiometry including speech recognition
13.2 (discrimination) testing, most comfortable loudness level, and uncomfortable loudness
13.3 measurements of tolerance thresholds;

13.4 (iii) masking when indicated;

13.5 (iv) recording and evaluation of audiograms and speech audiometry to determine
13.6 proper selection and fitting of a hearing instrument;

13.7 (v) taking ear mold impressions;

13.8 (vi) using an otoscope for the visual observation of the entire ear canal; and

13.9 (vii) state and federal laws, rules, and regulations.

13.10 (b) The practical examination shall be administered by the commissioner at least
13.11 twice a year.

13.12 (c) An applicant must achieve a passing score on all portions of the examination
13.13 within a two-year period. An applicant who does not achieve a passing score on all
13.14 portions of the examination within a two-year period must retake the entire examination
13.15 and achieve a passing score on each portion of the examination. An applicant who does not
13.16 apply for certification within one year of successful completion of the examination must
13.17 retake the examination and achieve a passing score on each portion of the examination.
13.18 An applicant may not take any part of the practical examination more than three times in
13.19 a two-year period.

13.20 Sec. 18. Minnesota Statutes 2014, section 153A.15, subdivision 2a, is amended to read:

13.21 Subd. 2a. **Hearings.** If the commissioner proposes to take action against the
13.22 dispenser as described in subdivision 2, the commissioner must first notify the person
13.23 against whom the action is proposed to be taken and provide the person with an
13.24 opportunity to request a hearing under the contested case provisions of chapter 14. Service
13.25 of a notice of disciplinary action may be made personally or by certified mail, return
13.26 receipt requested. If the person does not request a hearing by notifying the commissioner
13.27 within 30 days after service of the notice of the proposed action, the commissioner may
13.28 proceed with the action without a hearing.

13.29 Sec. 19. Minnesota Statutes 2014, section 157.15, subdivision 14, is amended to read:

13.30 Subd. 14. **Special event food stand.** "Special event food stand" means a food and
13.31 beverage service establishment which is used in conjunction with celebrations and special
13.32 events, and which operates ~~no more than three times annually~~ for no more than ten total
13.33 days within the applicable license period.

14.1 Sec. 20. Minnesota Statutes 2014, section 157.16, subdivision 4, is amended to read:

14.2 Subd. 4. **Posting requirements.** Every food and beverage service establishment,
14.3 for-profit youth camp, hotel, motel, lodging establishment, public pool, or resort must
14.4 have the original license posted in a conspicuous place at the establishment. ~~Mobile food~~
14.5 ~~units, food carts, and seasonal temporary food stands shall be issued decals with the~~
14.6 ~~initial license and each calendar year with license renewals. The current license year~~
14.7 ~~decal must be placed on the unit or stand in a location determined by the commissioner.~~
14.8 ~~Decals are not transferable.~~