

1.1 A bill for an act
1.2 relating to human services; creating the human services' regulation simplification
1.3 working group; appropriating money for the human services' regulation
1.4 simplification working group; appropriating money for home and community-based
1.5 services incentive pool; amending Minnesota Statutes 2016, sections 253B.10,
1.6 subdivision 1; 253B.22, subdivision 1.

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

1.8 Section 1. Minnesota Statutes 2016, section 253B.10, subdivision 1, is amended to read:

1.9 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
1.10 court shall issue a warrant or an order committing the patient to the custody of the head of
1.11 the treatment facility. The warrant or order shall state that the patient meets the statutory
1.12 criteria for civil commitment.

1.13 (b) The commissioner shall prioritize patients being admitted from jail or a correctional
1.14 institution who are:

1.15 (1) ordered confined in a state hospital for an examination under Minnesota Rules of
1.16 Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and 20.02, subdivision 2;

1.17 (2) under civil commitment for competency treatment and continuing supervision under
1.18 Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7;

1.19 (3) found not guilty by reason of mental illness under Minnesota Rules of Criminal
1.20 Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be
1.21 detained in a state hospital or other facility pending completion of the civil commitment
1.22 proceedings; or

2.1 (4) committed under this chapter to the commissioner after dismissal of the patient's
2.2 criminal charges.

2.3 Patients described in this paragraph must be admitted to a service operated by the
2.4 commissioner within 48 hours of the time the commissioner receives notice of the court's
2.5 order or, if applicable, a pretransfer evaluation under paragraph (c). Regardless of when the
2.6 48-hour time period expires, a regional treatment center is not required to admit a patient
2.7 after 12:00 p.m. on Friday and before 8:00 a.m. on Monday. The commitment must be
2.8 ordered by the court as provided in section 253B.09, subdivision 1, paragraph (c).

2.9 (c) Upon the arrival of a patient at the designated treatment facility, the head of the
2.10 facility shall retain the duplicate of the warrant and endorse receipt upon the original warrant
2.11 or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed
2.12 in the court of commitment. After arrival, the patient shall be under the control and custody
2.13 of the head of the treatment facility.

2.14 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
2.15 of law, the court order committing the patient, the report of the examiners, and the prepetition
2.16 report shall be provided promptly to the treatment facility.

2.17 Sec. 2. Minnesota Statutes 2016, section 253B.22, subdivision 1, is amended to read:

2.18 Subdivision 1. **Establishment.** The commissioner shall establish a review board ~~of three~~
2.19 ~~or more persons for each regional center~~ to review the admission and retention of its patients
2.20 receiving services under this chapter. The review board shall be comprised of two members
2.21 and one chairperson. Each board member shall be selected and appointed by the
2.22 commissioner. The appointed members shall be limited to one term of no more than three
2.23 years and no board member can serve more than three consecutive three-year terms. One
2.24 member shall be qualified in the diagnosis of mental illness, developmental disability, or
2.25 chemical dependency, and one member shall be an attorney. The commissioner may, upon
2.26 written request from the appropriate federal authority, establish a review panel for any
2.27 federal treatment facility within the state to review the admission and retention of patients
2.28 hospitalized under this chapter. For any review board established for a federal treatment
2.29 facility, one of the persons appointed by the commissioner shall be the commissioner of
2.30 veterans affairs or the commissioner's designee.

3.1 Sec. 3. **HUMAN SERVICES' REGULATION SIMPLIFICATION WORKING**
3.2 **GROUP.**

3.3 Subdivision 1. **Members.** (a) The commissioner of human services shall appoint 16
3.4 members to the human services' regulation simplification working group. The membership
3.5 of the working group must include at least the following:

3.6 (1) a natural support of a person diagnosed with a mental illness;

3.7 (2) a person diagnosed with a mental illness who is receiving services funded by the
3.8 Department of Human Services;

3.9 (3) a mental health provider licensed by or receiving reimbursement from the Department
3.10 of Human Services;

3.11 (4) a parent of a child receiving child care services funded by the Department of Human
3.12 Services;

3.13 (5) a child care provider licensed by or receiving reimbursement from the Department
3.14 of Human Services;

3.15 (6) a natural support of a person receiving home and community-based services funded
3.16 by the Department of Human Services;

3.17 (7) a person receiving home and community-based services funded by the Department
3.18 of Human Services;

3.19 (8) a home and community-based service provider licensed by or receiving reimbursement
3.20 from the Department of Human Services;

3.21 (9) the commissioner of human services or a designee;

3.22 (10) the ombudsman for long-term care or a designee; and

3.23 (11) the ombudsman for mental health and developmental disabilities or a designee.

3.24 (b) The appointing authorities must appoint members by July 15, 2017.

3.25 (c) To the extent practicable, the membership of the working group must reflect the
3.26 diversity in Minnesota, and must include representation from rural and metropolitan areas
3.27 and representatives of different ethnicities, races, genders, ages, cultural groups, and abilities.

3.28 Subd. 2. **Duties; recommendations.** The human services' regulation simplification
3.29 working group must review Minnesota Rules, Minnesota Statutes, and federal regulations
3.30 governing the provision of direct mental health services, home and community-based
3.31 services, child care services, and other direct care services licensed, regulated, or funded

4.1 by the Department of Human Services. The working group shall consider and make
4.2 recommendations concerning the simplification of the regulations governing these services,
4.3 including recommendations for reducing the administrative burden on counties and providers,
4.4 increasing access to services, and consolidating audits, certifications, and assessments.

4.5 Subd. 3. **Meetings.** The commissioner of human services must convene the first meeting
4.6 of the working group no later than August 15, 2017. The working group shall elect a chair
4.7 from among its members at its first meeting. The meetings of the working group shall be
4.8 open to the public.

4.9 Subd. 4. **Compensation.** Members of the working group serve without compensation
4.10 and shall not be reimbursed for expenses.

4.11 Subd. 5. **Administrative support.** The commissioner of human services shall provide
4.12 administrative support and arrange meeting space for the working group.

4.13 Subd. 6. **Report.** The commissioner of human services shall submit a report providing
4.14 the recommendations of the working group, including any draft legislation necessary to
4.15 implement the recommendations, to the chairs and ranking minority members of the
4.16 legislative committees with jurisdiction over human services by January 15, 2018.

4.17 Subd. 7. **Expiration.** The human services' regulation simplification working group
4.18 expires on June 30, 2018, or the day after the commissioner submits the report required
4.19 under subdivision 6, whichever is earlier.

4.20 Sec. 4. **STUDY AND REPORT ON HOME CARE NURSING WORKFORCE**
4.21 **SHORTAGE.**

4.22 (a) The commissioner of human services shall establish a task force to study and report
4.23 on the shortage of registered nurses and licensed practical nurses available to provide
4.24 low-complexity regular home care services to clients in need of such services, especially
4.25 clients covered by medical assistance, and to provide recommendations for ways to address
4.26 the workforce shortage. The task force shall consist of eight members appointed as follows:

4.27 (1) one representative appointed by the Professional Home Care Coalition;

4.28 (2) one representative appointed by the Minnesota Home Care Association;

4.29 (3) one representative appointed by the Minnesota Board of Nursing;

4.30 (4) one representative appointed by the Minnesota Nurses Association;

4.31 (5) one representative appointed by the Minnesota Licensed Practical Nurses Association;

5.1 (6) one representative appointed by the Minnesota Society of Medical Assistants;

5.2 (7) one client who receives regular home care nursing services and is covered by medical
5.3 assistance appointed by the commissioner of human services after consulting with the
5.4 appointing authorities identified in clauses (1) to (6); and

5.5 (8) one county public health nurse who is a certified assessor appointed by the
5.6 commissioner of health after consulting with the Minnesota Home Care Association.

5.7 (b) The appointing authorities must appoint members by August 1, 2017.

5.8 (c) The commissioner of human services shall convene the first meeting of the task force
5.9 no later than August 15, 2017, and shall provide staff support and meeting space for the
5.10 task force. The Department of Health and the Department of Human Services shall provide
5.11 technical assistance to the task force, including providing data documenting the current and
5.12 projected workforce shortages in the area of regular home care nursing. The home care and
5.13 assisted living program advisory council established under Minnesota Statutes, section
5.14 144A.4799, shall provide advice and recommendations to the task force. Task force members
5.15 shall serve without compensation and shall not be reimbursed for expenses.

5.16 (d) The task force shall:

5.17 (1) quantify the number of low-complexity regular home care nursing hours that are
5.18 authorized but not provided to clients covered by medical assistance, due to the shortage
5.19 of registered nurses and licensed practical nurses available to provide these home care
5.20 services;

5.21 (2) quantify the current and projected workforce shortages of registered nurses and
5.22 licensed practical nurses available to provide low-complexity regular home care nursing
5.23 services to clients, especially clients covered by medical assistance;

5.24 (3) develop recommendations for actions to take in the next two years to address the
5.25 regular home care nursing workforce shortage, including identifying other health care
5.26 professionals who may be able to provide low-complexity regular home care nursing services
5.27 with additional training; what additional training may be necessary for these health care
5.28 professionals; and how to address scope of practice and licensing issues;

5.29 (4) compile reimbursement rates for regular home care nursing from other states and
5.30 determine Minnesota's national ranking with respect to reimbursement for regular home
5.31 care nursing;

6.1 (5) determine whether reimbursement rates for regular home care nursing fully reimburse
6.2 providers for the cost of providing the service and whether the discrepancy, if any, between
6.3 rates and costs contributes to lack of access to regular home care nursing; and

6.4 (6) by January 15, 2018, report on the findings and recommendations of the task force
6.5 to the chairs and ranking minority members of the legislative committees with jurisdiction
6.6 over health and human services policy and finance. The task force's report shall include
6.7 draft legislation.

6.8 (e) The task force shall elect a chair from among its members at its first meeting.

6.9 (f) The meetings of the task force shall be open to the public.

6.10 (g) This section expires January 16, 2018, or the day after submitting the report required
6.11 by this section, whichever is earlier.

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

6.13 Sec. 5. **APPROPRIATION.**

6.14 \$..... is appropriated in fiscal year 2018 from the general fund to the commissioner of
6.15 human services for the human services' regulation simplification working group.

6.16 Sec. 6. **APPROPRIATION.**

6.17 \$10,000,000 in fiscal year 2018 and \$10,000,000 in fiscal year 2019 are appropriated
6.18 from the general fund to the commissioner of human services for incentive payments under
6.19 Minnesota Statutes, section 256B.0921. The unencumbered balance in the first year does
6.20 not cancel but is available for the second year.