

Subject Department of Health policy bill

Authors Liebling

Analyst Elisabeth Klarqvist

Date March 13, 2024

Overview

This bill makes policy changes to Department of Health statutes, including statutes governing the Minnesota One Health Antimicrobial Stewardship Collaborative, the spoken language health care interpreter registry, nursing facility resident reimbursement case mix classifications, the international medical graduates assistance program, nursing facility surveys, home care providers, assisted living facilities, fees for body art technicians and establishments, mortuary science fees, and the medical cannabis program.

Summary

Section	Description
---------	-------------

- | | |
|---|--|
| 1 | <p>Opportunity for comment.</p> <p>Amends § 62J.61, subd. 5. Requires the commissioner to health to maintain an email address for comments from interested parties about the rulemaking procedures used to implement the Health Care Administration Simplification Act, rather than seeking comments by holding meetings as required under current law. Strikes language requiring the commissioner to issue a report every year to the Minnesota Health Data Institute and the Minnesota Administrative Uniformity Committee. Allows the commissioner to seek additional input and provide additional opportunities for input.</p> |
| 2 | <p>Establishment.</p> <p>Amends § 144.0526, subd. 1. Requires the commissioner to hire a director for the Minnesota One Health Antimicrobial Stewardship Collaborative, rather than appointing that individual as provided under current law.</p> |
| 3 | <p>Interpreter service quality initiative.</p> <p>Amends § 144.058. Provides that all fees collected by the commissioner to list a spoken language health care interpreter on the spoken language health care interpreter roster, are nonrefundable.</p> |

Section	Description
4	<p>Definitions.</p> <p>Amends § 144.0724, subd. 2. In a subdivision defining terms for a section on nursing facility resident case mix classifications, strikes a paragraph defining resource utilization groups or RUG, modifies the definition of case mix index to mean the weighted factors assigned to the classifications determined by the assessment, and strikes a reference to a statute on medical assistance payment for nursing facility services.</p>
5	<p>Resident reimbursement case mix classifications.</p> <p>Amends § 144.0724, subd. 3a. Strikes language requiring the commissioner of health to establish nursing facility case mix classifications according to the RUG-IV resource utilization groups. Requires case mix classifications to be based on assessments completed according to a specific manual, and requires the optional state assessment to be completed according to another specific manual. Strikes a date.</p>
6	<p>Resident assessment schedule.</p> <p>Amends § 144.0724, subd. 4. In a subdivision governing assessments used to determine nursing facility resident case mix classifications, replaces “RUG classification” with “reimbursement classification” and strikes language requiring a significant change in status assessment when all speech, occupational, and physical therapies have ended and isolation for an infectious disease has ended. Requires the optional state assessment to accompany OBRA assessments, and specifies the optional state assessment is required to determine reimbursement when all speech, occupational, and physical therapies have ended and isolation for an infectious disease has ended.</p>
7	<p>Penalties for late or nonsubmission.</p> <p>Amends § 144.0724, subd. 6. In a subdivision specifying consequences for a facility’s failure to complete or submit an assessment, specifies the consequences apply when the facility fails to complete or submit the assessment when the assessment is due, and strikes language specifying the consequences apply if the assessment is not completed or submitted within seven days of the time requirements listed in a resident assessment manual. Modifies a term used, from “RUG-IV classification” to “reimbursement classification.”</p>
8	<p>Notice of resident reimbursement case mix classification.</p> <p>Amends § 144.0724, subd. 7. Changes a term used, from “modifying assessment” to “modified assessment.”</p>
9	<p>Request for reconsideration of resident classifications.</p> <p>Amends § 144.0724, subd. 8. In a subdivision governing requests for reconsideration of resident reimbursement case mix classifications, classifies data collected as part of</p>

Section	Description
	the reconsideration process as private data on individuals and nonpublic data. Notwithstanding these classifications, allows the commissioner to share the data with the Centers for Medicare and Medicaid Services (CMS) and the commissioner of human services as needed for reimbursement.
10	Audit authority. Amends § 144.0724, subd. 9. In a subdivision governing audits by the commissioner of health of the accuracy of resident assessments, adds a manual the commissioner must use when conducting audits. Replaces a reference to “RUG-IV classifications” with “reimbursement classifications.”
11	Nursing facility level of care. Amends § 144.0724, subd. 11. Updates a cross-reference to conform with an amendment to section 144.0724, subdivision 4, and refer to both the federally required assessment and the state assessment.
12	Definitions. Amends § 144.1911, subd. 2. For purposes of the international medical graduates assistance program, amends the definition of immigrant international medical graduate to include a graduate who has entered the U.S. on a temporary status based on urgent humanitarian or significant public benefits reasons (current law in part requires the graduate to permanently reside in the U.S.).
13	Chapter 16C waiver. Adds subd. 10 to § 144.605. Amends a section authorizing the commissioner of health to designate trauma hospitals that meet certain requirements, to allow the commissioner to waive provisions in chapter 16C, governing state procurement and contracting, when approving contracts for independent clinical teams.
14	Informal dispute resolution. Amends § 144A.10, subd. 15. Modifies the timeframe within which the commissioner must respond to a certified nursing facility request for informal dispute resolution after being cited for deficiencies in a survey by the commissioner, from within 30 days of the exit date of the facility’s survey to within ten calendar days of the facility’s receipt of the notice of deficiencies. Effective date: This section is effective August 1, 2024.
15	Independent informal dispute resolution. Amends § 144A.10, subd. 16. Limits the situations in which certified nursing facilities may request an independent informal dispute resolution process after being cited for deficiencies in a survey by the commissioner, to when a facility is assessed a civil

Section	Description
---------	-------------

money penalty under federal rules. Requires the request to be made within ten calendar days of receiving notice the civil money penalty will be imposed. Allows the facility and commissioner to be represented by an attorney, and provides independent informal dispute resolution may not be requested for a deficiency that is the subject of informal dispute resolution. Requires independent informal dispute resolution to be conducted by an administrative law judge, rather than by an arbitrator. Specifies timelines for scheduling the proceeding, submitting arguments and evidence, and submitting a recommendation to CMS. Requires the proceeding to be informal. Provides the administrative law judge's findings and recommendations are not binding on the commissioner.

Effective date: This section is effective October 1, 2024, or upon federal approval, whichever is later, and applies to appeals of deficiencies issued on or after that date.

16 **Statement of rights.**

Amends § 144A.44, subd. 1. Amends the home care bill of rights, to strike a reference to receiving home care services in an assisted living facility, a requirement for 30 days' notice of terminating services for a client residing in an assisted living facility, and language providing a right to place an electronic monitoring device in a client's or resident's space. Strikes other language to conform with assisted living facility licensure. With the licensure of assisted living facilities, this bill of rights does not apply to assisted living facility residents (a separate bill of rights in chapter 144G applies to assisted living facility residents).

17 **Licensure under other law.**

Adds subd. 1a to § 144A.471. Provides a home care licensee must not provide sleeping accommodations as part of its home care services, and provides a home care licensee that provides sleeping accommodations and assisted living services must be licensed as an assisted living facility.

18 **Home care surveyor training.**

Amends § 144A.474, subd. 13. Amends the topics on which home care surveyors must receive training to no longer require training on the laws governing housing with services establishments, since this facility type no longer exists.

19 **Termination of service plan.**

Amends § 144A.4791. Strikes obsolete language that requires a written notice of termination of a service plan from a home care provider to include a statement that a notice of termination of home care services does not constitute notice of termination of housing.

Section	Description
20	<p>Licensed health professional.</p> <p>Amends § 144G.08, subd. 29. Amends the definition of licensed health professional for the assisted living facility statutes.</p>
21	<p>Protected title; restriction on use.</p> <p>Adds subd. 5 to § 144G.10. Effective January 1, 2026, prohibits the use of the phrase “assisted living” to advertise, market, or otherwise describe any housing, service, package, or program provided in the state, unless the person or entity is licensed as an assisted living facility. Effective January 1, 2026, prohibits a licensee for a new assisted living facility from including the term “home care” or “nursing home” in the facility’s name.</p>
22	<p>Requirements for notice and transfer.</p> <p>Amends § 144G.16, subd. 6. Requires a licensee with a provisional assisted living facility license whose license is denied, when the denial is upheld by the reconsideration process, to submit a closure plan within ten calendar days of receiving the reconsideration decision.</p>
23	<p>Supervisors.</p> <p>Amends § 146B.03, subd. 7a. Requires tattoo technicians and body piercing technicians to have held a regular license from the commissioner of health or be licensed by reciprocity, in order to supervise a temporary tattoo technician or temporary body piercing technician.</p>
24	<p>Licensing fees.</p> <p>Amends § 146B.10, subd. 1. Specifies the fees for tattoo technician licensure, body piercing technician licensure, and licensure of body art establishments are due with the application for licensure. Strikes a paragraph setting a fee to reissue a provisional establishment license that relocates prior to inspection.</p>
25	<p>Deposit.</p> <p>Amends § 146B.10. Provides that all fees for licensure of tattoo technicians, body piercing technicians, and body art establishments are nonrefundable.</p>
26	<p>Fees.</p> <p>Amends § 149A.65. Specifies the fees in this section for mortuary science licensure, license renewal, and licensure by endorsement; renewal of a funeral director license; funeral establishment licensure; crematory licensure; and alkaline hydrolysis facility licensure are due with the application for licensure or license renewal. Provides all fees under this section are nonrefundable.</p>

Section	Description
27	Veteran. Adds subd. 19 to § 152.22. Adds a definition for veteran to the medical cannabis statutes.
28	Range of compounds and dosages; report. Amends § 152.25, subd. 2. Requires the commissioner to update information on the range of recommended medical cannabis dosages and chemical compositions that may be beneficial for each qualifying medical condition every three years, rather than annually as in current law.
29	Application procedure for veterans. Adds subd. 3a to § 152.27. Beginning July 1, 2024, requires the commissioner to establish an alternative certification procedure for veterans seeking to participate in the medical cannabis program, to confirm the veteran has been diagnosed with a qualifying medical condition. Requires these veterans to submit a veteran health identification card issued by the federal Department of Veterans Affairs and an application certifying the veteran has been diagnosed with a qualifying medical condition.
30	Patient enrollment. Amends § 152.27, subd. 6. Allows the commissioner to deny enrollment to a veteran seeking to enroll in the medical cannabis program if the veteran does not submit a veteran health identification card and an application certifying the veteran has been diagnosed with a qualifying medical condition.
31	Health care practitioner duties. Amends § 152.28, subd. 1. Requires a health care practitioner to certify every three years, rather than every year as in current law, whether a patient participating in the medical cannabis program continues to suffer from a qualifying medical condition.
32	Duties related to the registry program. Amends § 342.54, subd. 2. Requires the Division of Medical Cannabis to update information on the range of recommended medical cannabis dosages and chemical compositions that may be beneficial for each qualifying medical condition every three years, rather than annually as in current law. (This change is being made to conform with the amendment to section 152.25, subdivision 2, and will become effective when the medical cannabis program is moved from the Department of Health to the Office of Cannabis Management.)

Effective date: This section is effective March 1, 2025.

Section	Description
33	<p>Duties upon patient’s enrollment in registry program.</p> <p>Amends § 342.55, subd. 2. Requires a health care practitioner to certify every three years, rather than every year as in current law, whether a patient participating in the medical cannabis program continues to suffer from a qualifying medical condition. (This change is being made to conform with the amendment to section 152.28, subdivision 1, and will become effective when the medical cannabis program is moved from the Department of Health to the Office of Cannabis Management.)</p> <p>Effective date: This section is effective March 1, 2025.</p>
34	<p>Revisor instruction.</p> <p>Directs the revisor of statutes to change “employee” to “staff” in the listed assisted living facility statutes.</p>
35	<p>Repealer.</p> <p>Repeals § 144.497 (requiring the commissioner of health to assess and report on the quality of care provided in the state for ST elevation myocardial infarction response and treatment).</p>



**MN HOUSE
RESEARCH**

Minnesota House Research Department provides nonpartisan legislative, legal, and information services to the Minnesota House of Representatives. This document can be made available in alternative formats.

www.house.mn.gov/hrd | 651-296-6753 | 155 State Office Building | St. Paul, MN 55155