

**Bill Comparison Summary of
Senate File 4410 (second unofficial engrossment) / Senate File 4410
(third engrossment)**

**House Article 2: Department of Health Policy
Senate Article 13: Department of Health**

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May 6, 2022

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
1	<p>Resident assessment schedule. Amends § 144.0724, subd. 4. Amends the schedule of required resident assessments conducted for residents of nursing homes and boarding care homes, to provide that a significant change in status assessment is not required:</p> <ul style="list-style-type: none"> ▪ after all speech, occupational, and physical therapies have ended, if the most recent OBRA comprehensive or quarterly assessment completed does not result in a rehabilitation case mix classification; or ▪ after isolation for an infectious disease has ended, if isolation was not coded on the most recent OBRA comprehensive or quarterly assessment completed. 	House only	
2	<p>Byproduct material. Amends § 144.1201, subd. 2. Changes the term defined in this subdivision, from by-product nuclear material to byproduct material, for statutes governing radioactive materials and radiation-producing equipment. Also modifies the definition to include tailings or wastes produced by extraction or concentration of uranium or thorium; any discrete source of radium-226 produced after extraction for a commercial, medical, or research activity; and any discrete source of naturally occurring radioactive material.</p>	House only	
3	<p>Radioactive material. Amends § 144.1201, subd. 4. Makes a conforming change to a term used in a definition of radioactive material.</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
		Senate only	Section 6 (144.1222, subd. 2d) specifies that a spa pool (hot tub or whirlpool) that is located on the property of a standalone single unit rental property that is rented out to the public by the property owner or through a resort and is only intended to be used by the occupants of the rental property is not a public pool and is exempt from the requirements for public pools.
4	<p>Establishment; membership.</p> <p>Amends § 144.1481, subd. 1. Increases the membership of the Health Department’s Rural Health Advisory Committee from 16 members to 21 members, and adds the following members: a member of a Tribal Nation, a local public health representative, a health professional or advocate who works with people with mental illness (under current law one of the consumer members must be an advocate for persons who are mentally ill or developmentally disabled), a representative who works with individuals experiencing health disparities, and an individual with expertise in economic development or who is an employer outside the seven-county metropolitan area. Modifies a term used to describe another member, and requires one of the consumer members to be from a community experiencing health disparities.</p>	House only	
5	<p>Home and community-based services employee scholarship and loan forgiveness program.</p> <p>Amends § 144.1503. Expands this program to allow home and community-based services (HCBS) providers to also fund loan repayments for educational loans of their employees, and expands the professionals eligible for a scholarship or loan</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	<p>repayment to include individuals studying to become an assisted living director.</p> <p>Subd. 1. Creation. Expands the HCBS employee scholarship program, to allow HCBS providers to use grant funds to fund repayment of qualified educational loans for employees studying in certain fields, and to fund employee scholarships and loan repayments for persons seeking licensure as an assisted living director.</p> <p>Subd. 1a. Definition. Defines qualified educational loan for purposes of this section.</p> <p>Subd. 2. Provision of grants. Makes a change to conform with expansion of this program to provide loan forgiveness.</p> <p>Subd. 3. Eligibility. Expands the list of HCBS providers eligible for a grant under this section to establish a scholarship and loan program, to include assisted living facilities. Allows grant funds to be used to repay educational loans of people employed by an eligible provider.</p> <p>Subd. 4. Home and community-based services employee scholarship and loan forgiveness program. Modifies program requirements, to require a program proposed by an HCBS provider to also repay educational loans of employees in a course of study expected to lead to career advancement with the provider or in long-term care. Specifies that the program may also cover costs of employees studying to become a licensed assisted living director.</p>		

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	<p>Subds. 5-7. Update the name of the program and allow the program to also provide loan repayment.</p> <p>Subd. 8. Reporting requirements. Modifies the information that participating providers must report to the commissioner of health to include information on loan repayments made under the program.</p>		
6	<p>Career guidance and support services. Amends § 144.1911, subd. 4. Allows the commissioner of health to award grants to eligible postsecondary educational institutions to provide career guidance and support services to immigrant international medical graduates. Strikes obsolete language.</p>	House only	
7	<p>Cost. Amends § 144.292, subd. 6. Clarifies that a patient is exempt from paying any fee for copies of medical records to appeal a denial of certain federal disability benefits, if the patient is receiving public assistance or is represented by a volunteer attorney or attorney from a civil legal services program.</p>	House only	
8	<p>ST elevation myocardial infarction. Amends § 144.497. Amends duties of the commissioner of health related to ST elevation myocardial infarction response and treatment in the state, to delete requirements that the commissioner (1) post quarterly summary reports on ST elevation myocardial infarction response and treatment data and (2) annually report to certain legislative committees on</p>	House strikes both the posting requirement of the quarterly report on the Department’s website and the annual legislative report. Senate only strikes the annual legislative report.	Article 16, Section 5 (144.497) eliminates the annual report from the commissioner of health to the legislature on the progress toward improving the quality of care and patient outcomes for ST elevation myocardial infarctions.

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	progress toward improving quality of care and patient outcomes for ST elevation myocardial infarctions.		
9	<p>Restricted construction or modification. Amends § 144.551, subd. 1. Adds two exceptions to the moratorium on hospital construction or modifications:</p> <ul style="list-style-type: none"> ▪ to allow North Shore Health in Grand Marais to add licensed beds, so long as the total number of beds after the addition does not exceed 25 beds; and ▪ to allow Children’s Hospital in St. Paul to add 22 licensed beds for pediatric inpatient behavioral health services. Children’s Hospital may add beds prior to completion of the public interest review, provided the hospital submits its plan by the 2022 deadline and adheres to the timeline for public interest review. 	<p>Clause (31): House only exempts the project in Grand Marais that meets the requirements and requires a study (House section 79) for the other projects in the state that meet the requirements. Senate exempts any project that meets the requirements.</p> <p>Clause (32): Identical</p>	<p>Section 7 (144.551, subd. 1) exempts two hospital construction projects from the hospital construction moratorium.</p> <p>Clause (31) is for any project to add licensed beds in a critical access hospital with licensed bed capacity of fewer than 25 beds and has an attached nursing home so long as the bed addition of total number of licensed beds after the bed addition does not exceed 25 beds. Specifies that a public interest review is not required to be completed for this project.</p> <p>Clause (32) is for a project to add 22 licensed beds at Children’s Hospital located in St. Paul. Permits the hospital to add these beds prior to the completion of the public interest review, so long as the hospital submits its plan by the 2022 deadline and adheres to the timelines for the public interest review.</p>
10	<p>Definitions. Amends § 144.565, subd. 4. Amends the definition of diagnostic imaging facility to provide that a dental clinic or office is not a diagnostic imaging facility when it performs diagnostic imaging using dental cone beam computerized tomography. Makes a conforming change to the definition of diagnostic imaging service. This modification exempts dental clinics and offices from annual reporting requirements for diagnostic imaging facilities on utilization, billing, and services and on providers with economic or financial interest in the facility.</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
11	<p>Screening for eligibility for health coverage or assistance. Adds subd. 4 to § 144.586. Requires a hospital to screen a patient who is uninsured or whose insurance coverage status is not known, for eligibility for charity care, public health care programs, and a premium tax credit. If a patient is eligible for charity care, a public health care program, or a premiums tax credit, requires the hospital to help the patient obtain the health coverage or assistance. Allows a patient to decline to participate in the screening process or to apply for health coverage or assistance. Defines terms for this subdivision: hospital, navigator, premium tax credit, and presumptive eligibility.</p> <p>This section is effective November 1, 2022.</p>	House only	
12	<p>Definitions. Amends § 144.6502, subd. 1. Amends the definition of electronic monitoring for a section governing electronic monitoring in certain long-term care settings, to remove the requirement that the electronic monitoring device must be placed by the resident in the resident’s room or private living unit.</p>	House only	
13	<p>Designated support person for pregnant patient. Adds subd. 10a to § 144.651. Amends the Health Care Bill of Rights, to require a health care provider or health care facility to allow at least one designated support person to be physically present with a pregnant patient when the patient is receiving health care services. Defines designated support person and specifies that a certified doula or traditional midwife is not</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	counted toward the limit of one designated support person for a pregnant patient.		
14	<p>Classification of data on individuals. Amends § 144.69. Changes the name of the cancer surveillance system to the cancer reporting system. Allows a Department of Health employee to interview patients named in cancer reports after notifying an attending health care provider, rather than after obtaining the consent of an attending health care provider. Allows the cancer reporting system to:</p> <ul style="list-style-type: none"> ▪ share information containing personal identifiers collected by the cancer reporting system with statewide cancer registries of other states for purposes consistent with Minnesota’s cancer reporting system, provided the receiving registry maintains the classification of the information as private; and ▪ share information excluding direct identifiers collected by the cancer reporting system with the CDC’s National Program of Cancer Registries and the National Cancer Institute’s cancer registry. 	House only	
15	<p>Lead hazard reduction. Amends § 144.9501, subd. 17. Amends the definition of lead hazard reduction in the Lead Poisoning Prevention Act, to include swab team services. Also specifies that lead hazard reduction does not include: (1) renovation activity that is primarily intended to repair or restore a structure or dwelling instead of abate or control lead paint hazards; or (2) activities that disturb less than 20 square feet on exterior surfaces or less</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	than two square feet in an interior room (similar exceptions are currently found in the definition of regulated lead work and are being replaced by the exceptions in this definition and the definition of renovation).		
16	<p>Regulated lead work.</p> <p>Amends § 144.9501, subd. 26a. Amends the definition of regulated lead work in the Lead Poisoning Prevention Act, to: (1) add lead hazard reduction to the definition; (2) modify who issues lead orders, to allow them to be issued by a community health board and the commissioner; and (3) strike a paragraph listing actions that do not constitute regulated lead work (these exceptions are being replaced by exceptions being added to the definitions of lead hazard reduction and renovation).</p>	House only	
17	<p>Renovation.</p> <p>Amends § 144.9501, subd. 26b. Amends the definition of renovation in the Lead Poisoning Prevention Act, to: (1) specify that it means modification of a pre-1978 property for compensation; and (2) specify that renovation does not include activities that disturb painted surfaces of less than 20 square feet on exterior surfaces or less than six square feet in an interior room (these exceptions are replacing exceptions currently found in the definition of regulated lead work).</p>	House only	
18	<p>Licensing, certification, and permitting.</p> <p>Amends § 144.9505, subd. 1. Exempts an individual who owns property on which lead hazard reduction is performed, or an adult related to the property owner, from being required to be licensed by the Health Department in order to perform lead</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

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	<p>hazard reduction (current law allows property owners and relatives to perform any regulated lead work, not just lead hazard reduction, on a property without being licensed). Requires a person that employs individuals to perform any of the listed types of lead work outside of the person’s property to be certified as a certified lead firm, and makes a conforming change in a sentence exempting certain individuals from being required to be employed by a certified lead firm if the individual performs certain types of lead work.</p>		
19	<p>Certified renovation firm. Amends § 144.9505, subd. 1h. Modifies requirements to obtain certification as a renovation firm, to require certification of any person who performs renovation activities (under current law a person must be certified as a renovation firm if the person employs individuals to perform renovation activities outside the person’s property).</p>	House only	
20	<p>Definitions. Amends § 144A.01. Amends the section defining terms for nursing homes and the Board of Executives for Long Term Services and Supports, by:</p> <ul style="list-style-type: none"> ▪ changing terms that are defined; ▪ modifying the definitions of controlling person and managerial official; and ▪ adding definitions for change of ownership, direct ownership interest, indirect ownership interest, licensee, management agreement, manager, and owner. 	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	This section is effective August 1, 2022.		
21	<p>Forms; requirements.</p> <p>Amends § 144A.03, subd. 1. Modifies the information that must be included with an application for a nursing home license, to require names and contact information for additional individuals connected with the nursing home; licensed bed capacity; the license fee; documentation of compliance with background study requirements for the listed individuals; representative copies of any executed lease agreement, management agreement, and operations transfer agreement; whether certain individuals have been convicted of certain crimes or found civilly liable for certain acts; whether certain individuals have been subject to any revocation or suspension of the specified authority or accreditation; whether certain individuals have a record of defaulting on payments of money collected for others; certain signatures; and identification of all states where the applicant or individual with a five percent or more ownership interest has been subject to certain licensing actions. Changes terms used.</p> <p>This section is effective August 1, 2022.</p>	House only	
22	<p>Controlling person restrictions.</p> <p>Amends § 144A.04, subd. 4. States that the commissioner of health has discretion to bar a controlling person of a nursing home if the person was a controlling person of another long-term care facility, health care facility, or agency, and committed certain acts or was in that position at the facility or agency when certain violations occurred. Specifies that a controlling</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	<p>person barred under this subdivision has the right to appeal under chapter 14.</p> <p>This section is effective August 1, 2022.</p>		
23	<p>Managerial official or licensed administrator; employment prohibitions.</p> <p>Amends § 144A.04, subd. 6. Changes a term used, and removes language prohibiting a nursing home from employing a managerial official because the managerial official held a similar position at another nursing home when one or more repeated violations occurred that created an imminent risk to direct resident care or safety.</p> <p>This section is effective August 1, 2022.</p>	House only	
24	<p>Transfer of license prohibited.</p> <p>Amends § 144A.06. Prohibits transfers of nursing home licenses, and specifies circumstances in which a new nursing home license must be obtained due to a change of ownership.</p> <p>Subd. 1. Transfers prohibited. Eliminates language requiring notice to the commissioner of health when a controlling person makes a transfer of interest in a nursing home, and instead states that a nursing home license may not be transferred.</p> <p>Subd. 2. New license required; change of ownership. Requires the commissioner of health to adopt rules prescribing procedures to license nursing homes in cases of a change of ownership. Requires a prospective licensee to apply for a new license before operating a currently</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

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	<p>licensed nursing home. Requires the licensee to change when one of the listed events occurs.</p> <p>Subd. 3. Compliance. Requires the commissioner to consult with the commissioner of human services regarding the prospective licensee’s history of financial and cost reporting compliance, and the prospective licensee’s financial operations in any nursing home in which the prospective licensee has an interest.</p> <p>Subd. 4. Facility operation. Provides that the current licensee remains responsible for the operation of the nursing home until the nursing home is licensed to the prospective licensee.</p> <p>This section is effective August 1, 2022.</p>		
25	<p>Consideration of applications. Adds § 144A.32. Before issuing a license or renewing an existing license, requires the commissioner to consider the applicant’s compliance history in providing care in another facility. Specifies what compliance history includes. Lists circumstances under which the commissioner may take a licensing action against the applicant. Provides that if the license is denied, the applicant has reconsideration rights under chapter 14.</p> <p>This section is effective August 1, 2022.</p>	House only	
26	<p>Membership. Amends § 144A.4799, subd. 1. Increases the membership of the Home Care and Assisted Living Program Advisory Council from eight to 13 people, and adds as members one person</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	representing the Office of Ombudsman for Mental Health and Developmental Disabilities; two assisted living facility licensees; one person representing long-term care providers, home care providers, and assisted living facility providers; and two public members, one who lives or has lived in an assisted living facility and one with a family member who lives or has lived in an assisted living facility.		
27	Duties. Amends § 144A.4799, subd. 3. Modifies duties of the Home Care and Assisted Living Program Advisory Council to require the advisory council to provide advice regarding the regulation of licensed assisted living providers. Also makes technical changes.	House only	
28	Palliative care. Amends § 144A.75, subd. 12. Modifies the definition of palliative care in the hospice provider statutes, to mean specialized medical care for people with a serious illness or life-limiting condition and focused on reducing pain, symptoms, and stress of a serious illness or condition. Provides that palliative care may be provided with curative treatment.	Same except for one technical difference; House uses “people” and Senate uses “individuals.”	Section 8 (144A.75, subd. 12) modifies the definition of palliative care specifying that it means specialized medical care for individuals living with a serious illness or life limiting condition.
29	Serious injury. Adds subd. 62a to § 144G.08. Adds a definition of serious injury to the chapter governing licensure of assisted living facilities.	House only	
30	Consideration of applications. Amends § 144G.15. Specifies that the commissioner must consider an applicant’s compliance history in providing care in	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	Minnesota or any other state, before issuing an assisted living facility license or renewing a license. Allows the commissioner to take an action against an assisted living facility license if an owner, controlling individual, managerial official, or assisted living director has a history of noncompliance with laws that was detrimental to the health, welfare, or safety of a resident or client.		
31	License renewal. Amends § 144G.17. As a condition of renewing an assisted living facility license, requires a licensee to provide information showing that the licensee provided assisted living services to at least one resident in the preceding license year at the assisted living facility listed on the license.	House only	
32	Change of licensee. Adds subd. 4 to § 144G.19. Provides that a change in licensee due to a change in ownership does not require a facility to meet the design, Life Safety Code, and plan requirements for assisted living facilities that otherwise apply to new licenses, new construction, modifications, renovations, alterations, changes of use, or additions.	House only	
		Senate only	<p>Section 9 [144G.195, subdivision 1] permits a licensed assisted living facility with a licensed resident capacity of six or fewer residents to relocate to a new address without applying for a new license if the facility does not relocate more than once during term of the license.</p> <p>Subdivision 2 requires the commissioner to conduct a survey of the relocated assisted living facility within 6</p>

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

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			<p>months of the relocation.</p> <p>Subdivision 3 requires the licensee to notify the commissioner at least 60 days prior to the date of a relocation.</p>
33	<p>Conditions. Amends § 144G.20, subd. 1. Authorizes the commissioner to take certain licensing actions if an owner, controlling individual, or employee of an assisted living facility interferes with or impedes access to residents by the Office of Ombudsman for Mental Health and Developmental Disabilities.</p>	House only	
34	<p>Mandatory revocation. Amends § 144G.20, subd. 4. If the commissioner revokes an assisted living facility license because a controlling individual is convicted of certain crimes related to facility operations or resident safety or care, requires the commissioner to notify the Office of Ombudsman for Mental Health and Developmental Disabilities 30 days before the revocation.</p>	House only	
35	<p>Owners and managerial officials; refusal to grant license. Amends § 144G.20, subd. 5. Provides that a prohibition on granting an assisted living facility license to an owner or managerial official whose facility license has been revoked because of noncompliance with applicable laws and rules, applies to individuals whose license was revoked in Minnesota or any other state.</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

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36	<p>Controlling individual restrictions. Amends § 144G.20, subd. 8. Expands the commissioner’s authority to bar a controlling individual of an assisted living facility if the person was a controlling individual of another provider or setting and incurred certain violations or was convicted of certain crimes, to include having been a controlling individual of a home care provider or having had status as an enrolled PCA provider agency or PCA.</p>	House only	
37	<p>Exception to controlling individual restrictions. Amends § 144G.20, subd. 9. Extends an exception from being barred as a controlling individual, to provide that the controlling individual restrictions do not apply to a controlling individual of an assisted living facility if the individual lacked legal authority to change decisions related to the operation of the home care that incurred violations. (Under current law this exception applies to controlling individuals of a nursing home or assisted living facility.)</p>	House only	
38	<p>Notice to residents. Amends § 144G.20, subd. 12. Requires the controlling individual to notify the Office of Ombudsman for Mental Health and Developmental Disabilities, in addition to the other individuals, if the commissioner takes action to revoke or suspend an assisted living facility license. Also requires the Office of Ombudsman for Mental Health and Developmental Disabilities to be provided with monthly information on the department’s actions and the status of proceedings.</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
39	<p>Plan required. Amends § 144G.20, subd. 15. Adds the Office of Ombudsman for Mental Health and Developmental Disabilities to the list of individuals who must be provided with certain information by an assisted living facility if the facility’s license is revoked, not renewed, or suspended. Requires the assisted living facility to cooperate with the Office of Ombudsman for Mental Health and Developmental Disabilities, in addition to other individuals, during the transfer of residents to other facilities and providers.</p>	House only	
40	<p>Correction orders. Amends § 144G.30, subd. 5. Allows a correction order to be issued when the commissioner finds that an agent of the facility, in addition to other individuals, is not in compliance with the chapter governing assisted living facilities.</p>	House only	
41	<p>Fine amounts. Amends § 144G.31, subd. 4. Modifies how fines for violations of assisted living provisions are calculated, to:</p> <ul style="list-style-type: none"> ▪ require a Level 3 violation to correspond to a fine of \$3,000 per violation, rather than per violation per incident; ▪ require a Level 4 violation to correspond to a fine of \$4,000 per violation, rather than per incident; and ▪ require a maltreatment violation to correspond to a fine of \$1,000 per incident or \$5,000 per incident. 	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

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42	<p>Deposit of fines. Amends § 144G.31, subd. 8. Changes the purpose for which fines collected for violations of assisted living facility statutes may be spent, to require them to be spent to improve resident quality of care and outcomes in assisted living facilities, rather than being spent for special projects to improve home care as in current law.</p> <p>This section is effective retroactively for fines collected on or after August 1, 2021.</p>	House only	
43	<p>Resident grievances; reporting maltreatment. Amends § 144G.41, subd. 7. Removes a requirement that an assisted living facility must include contact information for both state and applicable regional offices of the Office of Ombudsman for Long-Term Care and Office of Ombudsman for Mental Health and Developmental Disabilities, as part of information that must be posted regarding resident grievance procedures. Also requires the notice to include information about contacting the Office of Health Facility Complaints.</p>	House only	
44	<p>Protecting resident rights. Amends § 144G.41, subd. 8. Strikes a requirement that assisted living facilities must provide residents with both state and regional contact information for the ombudsman offices, and specifies that one of the advocacy or legal services organizations for which an assisted living facility must provide names and contact information to residents must be the designated protection and advocacy organization that provides advice and representation to individuals with disabilities.</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

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45	Disaster planning and emergency preparedness plan. Amends § 144G.42, subd. 10. Makes a technical change.	House only	
		Senate only	Sections 10 to 11 (144G.45, subdivisions 4 to 5) clarify that physical plant requirements that do not currently apply to licensed assisted living facilities with a licensed resident capacity of five or fewer residents also do not apply to new licenses for assisted living facilities with licensed capacities of five or fewer residents.
		Senate only	Section 12 (144G.45, subdivision 6) modifies the requirements for newly constructed assisted living facilities by exempting facilities with a proposed resident capacity of five or fewer residents.
		Senate only	Section 13 (144G.45, subdivision 7) adds to the criteria that the commissioner uses when a facility requests a waiver from certain assisted living facility requirements and the existing building is proposed to be repurposed to meet a critical community need for additional assisted living facility capacity whether the waiver will adequately protect the health and safety of the residents.
46	Contract information. Amends § 144G.50, subd. 2. Modifies information that must be included in an assisted living contract, to require delineation of the grounds under which residents may have housing terminated or be subject to emergency relocation. Also requires the facility's health facility identification number, rather than	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	<p>license number, to be included on the contract in a conspicuous place and manner.</p> <p>This section is effective the day following final enactment, except that paragraph (a) is effective for assisted living contracts executed on or after August 1, 2022.</p>		
47	<p>Prerequisite to termination of a contract.</p> <p>Amends § 144G.52, subd. 2. Requires a facility to notify a resident whose assisted living contract may be terminated that the resident may invite a representative of the Office of Ombudsman for Mental Health and Developmental Disabilities, in addition to the other listed individuals, to a meeting that must be held before an assisted living facility may issue a notice of termination of an assisted living contract. In emergency relocations when an in-person meeting is not possible, requires the facility to hold the meeting via telephone, video, or other electronic means (current law permits the facility to attempt to schedule and participate in the meeting by these means).</p>	House only	
48	<p>Content of notice of termination.</p> <p>Amends § 144G.52, subd. 8. Requires a notice of termination of an assisted living contract to include information on how to contact the Office of Ombudsman for Mental Health and Developmental Disabilities.</p>	House only	
49	<p>Emergency relocation.</p> <p>Amends § 144G.52, subd. 9. Requires a notice provided to assisted living facility residents in the event of an emergency</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	relocation to include contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities.		
50	<p>Nonrenewal of housing. Amends § 144G.53. Requires a notice provided to assisted living facility residents in the event of nonrenewal of housing to include contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities.</p>	House only	
51	<p>Duties of facility. Amends § 144G.55, subd. 1. Requires an assisted living facility to ensure a resident’s coordinated move to a safe location and service provider if a facility reduces services to the extent that the resident needs to obtain a new service provider or if the facility has its license restricted. Requires a notice provided to assisted living facility residents in the event of a reduction or elimination of services to include contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities.</p>	House only	
52	<p>Relocation plan. Amends § 144G.55, subd. 3. Clarifies that an assisted living facility must prepare a relocation plan for a resident’s move to a safe location or appropriate service provider.</p>	House only	
53	<p>Notice required. Amends § 144G.56, subd. 3. Requires a notice provided to assisted living facility residents in the event of a facility-initiated</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	transfer to include contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities.		
54	<p>Change in facility operations. Amends § 144G.56, subd. 5. Requires the Office of Ombudsman for Mental Health and Developmental Disabilities to be notified in all cases of curtailment, reduction, or capital improvements in an assisted living facility that require residents to be transferred, instead of being notified when appropriate as in current law.</p>	House only	
55	<p>Closure plan required. Amends § 144G.57, subd. 1. Requires a notice provided to certain individuals in the event an assisted living facility elects to voluntarily close the facility, to also be provided to the Office of Ombudsman for Mental Health and Developmental Disabilities.</p>	House only	
56	<p>Commissioner’s approval required prior to implementation. Amends § 144G.57, subd. 3. Permits the commissioner to require an assisted living facility to work with the Office of Ombudsman for Mental Health and Developmental Disabilities, in addition to other listed individuals, to assist in resident relocation if the assisted living facility elects to voluntarily close the facility.</p>	House only	
57	<p>Notice to residents. Amends § 144G.57, subd. 5. Requires a notice of assisted living facility closure provided to facility residents to include the</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	contact information for the ombudsman for mental health and developmental disabilities.		
58	<p>Initial reviews, assessments, and monitoring. Amends § 144G.70, subd. 2. Clarifies that residents receiving assisted living services are not required to undergo an initial nursing assessment.</p>	House only	
59	<p>Service plan, implementation, and revisions to service plan. Amends § 144G.70, subd. 4. Requires an assisted living facility, when providing residents with information about changes to facility fees for services, to also provide information on how to contact the Office of Ombudsman for Mental Health and Developmental Disabilities.</p>	House only	
60	<p>Demonstrated capacity. Amends § 144G.80, subd. 2. Modifies the criteria the commissioner must consider when evaluating an application for licensure as an assisted living facility with dementia care, to require the commissioner to consider the experience of the applicant’s assisted living director and clinical nurse supervisor in managing residents with dementia or their previous long-term care experience.</p>	House only	
		Senate only	<p>Section 14 (144G.81, subdivision 3) modifies the physical plant requirements of assisted living facilities with dementia care and a secure dementia care unit by exempting facilities with a resident capacity of five or fewer from the minimum design standards.</p>

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
61	<p>Assisted living bill of rights; notification to resident. Amends § 144G.90, subd. 1. Makes a technical change to a required notice to assisted living facility residents.</p>	House only	
62	<p>Notice to residents. Adds subd. 6 to § 144G.90. Specifies content of a notice that must be provided to an assisted living facility resident, legal representative, or designated representative as part of any notice required under chapter 144G or rules to include information on the Office of Ombudsman for Long-Term Care or Office of Ombudsman for Mental Health and Developmental Disabilities.</p>	House only	
63	<p>Personal and treatment privacy. Amends § 144G.91, subd. 13. Removes language from the Assisted Living Bill of Rights providing that assisted living facility staff are not required to knock and seek consent to enter a resident’s space where knocking and seeking consent are clearly inadvisable.</p>	House only	
64	<p>Access to counsel and advocacy services. Amends § 144G.91, subd. 21. Amends the Assisted Living Bill of Rights, to provide that assisted living facility residents have the right to access to representatives of the Office of Ombudsman for Mental Health and Developmental Disabilities.</p>	House only	
65	<p>Retaliation prohibited. Amends § 144G.92, subd. 1. Prohibits an assisted living facility from retaliating against a resident for seeking assistance from</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	or reporting a crime or concern to the Office of Ombudsman for Mental Health and Developmental Disabilities.		
66	<p>Consumer advocacy and legal services. Amends § 144G.93. Adds the Office of Ombudsman for Mental Health and Developmental Disabilities to the list of organizations for which an assisted living facility must provide residents with the names and contact information, upon execution of an assisted living contract.</p>	House only	
67	<p>Office of Ombudsman for Long-Term Care and Office of Ombudsman for Mental Health and Developmental Disabilities. Amends § 144G.95. Provides that the Office of Ombudsman for Mental Health and Developmental Disabilities and its representatives are immune from liability for performing duties specified in law, and adds a cross-reference to the section classifying data collected or received by the Office of Ombudsman for Mental Health and Developmental Disabilities.</p>	House only	
68	<p>Health Equity Advisory and Leadership (HEAL) Council. Adds § 145.9231. Requires the commissioner of health to establish a Health Equity Advisory and Leadership (HEAL) Council to guide the commissioner on improving the health of communities most impacted by health inequities. Provides the council consists of 18 members who represent the listed groups. Requires the council to be organized and administered under section 15.059, except that members do not receive per diem compensation. Lists council duties: advising the commissioner on health equity issues and priorities, assisting</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	the agency in efforts to advance health equity, and assisting the agency in developing and monitoring performance measures to advance health equity. Provides that the advisory council shall remain in existence until health inequities in the state are eliminated and specifies what that means for this subdivision.		
69	<p>General. Amends § 146B.04, subd. 1. Provides that the commissioner of health must receive an individual’s application for a temporary license to work as a guest artist at least 14 calendar days before the applicant conducts a body art procedure (a body art procedure means physical body adorning, including tattooing and body piercing).</p>	House only	
70	<p>Medical cannabis paraphernalia. Amends § 152.22, subd. 8. Changes a term used in the medical cannabis statutes from medical cannabis product to medical cannabis paraphernalia.</p>	House only	
71	<p>Medical cannabis manufacturer registration. Amends § 152.25, subd. 1. In a subdivision governing registration of medical cannabis manufacturers, strikes an obsolete date and instead requires a medical cannabis manufacturer, as a condition of registration, to begin supplying medical cannabis within eight months of initial registration. Requires the commissioner to implement a state-centralized medical cannabis electronic database to monitor and track medical cannabis inventories from seed or clone source through cultivation, processing, testing, and distribution or disposal.</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	Requires manufacturers and laboratories to submit to the commissioner information needed to maintain the database.		
72	<p>Commissioner duties.</p> <p>Amends § 152.27, subd. 2. In a subdivision governing duties of the commissioner for the medical cannabis program, strikes language authorizing a health care practitioner to certify that a patient is physically or developmentally disabled and requires assistance in administering or obtaining medical cannabis (a health care practitioner certification that a patient needs assistance in administering or obtaining medical cannabis was formerly required for a patient to obtain a registered designated caregiver, but this requirement was removed in 2021).</p>	House only	
73	<p>Manufacturer; requirements.</p> <p>Amends § 152.29, subd. 1. Changes a term used in a subdivision governing manufacturer operations, from medical cannabis products to medical cannabis paraphernalia. Also requires a laboratory under contract with a manufacturer to collect medical cannabis samples from the manufacturer’s production facility for testing, or contract with a third party other than the manufacturer to collect samples for testing. Requires the cost of collecting samples to be paid by the manufacturer.</p>	House only	
74	<p>Manufacturer; distribution.</p> <p>Amends § 152.29, subd. 3. Changes a term used in a subdivision governing distribution of medical cannabis, from medical cannabis products to medical cannabis paraphernalia.</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
75	<p>Transportation of medical cannabis; transport staffing. Amends § 152.29, subd. 3a. Modifies a subdivision governing the transportation of medical cannabis and staffing of transport vehicles, to:</p> <ul style="list-style-type: none"> ▪ allow medical cannabis manufacturers to contract with a third party for armored car services to deliver medical cannabis to distribution facilities; ▪ allow a third-party testing laboratory to staff a transport motor vehicle with one or more employees when transporting medical cannabis from a production facility to the testing laboratory; ▪ allow Department of Health staff to transport medical cannabis and other samples to a laboratory for testing and during special investigations if there is a potential threat to public health. Requires the transport motor vehicle to be staffed by at least two Department of Health employees; and ▪ allow a Tribal medical cannabis program operated by a federally recognized Indian Tribe located in Minnesota to transport samples of medical cannabis to testing laboratories and to other Indian lands in the state. Requires transport vehicles to be staffed by at least two employees of the Tribal medical cannabis program. 	House only	
76	<p>Patient duties. Amends § 152.30. In a section establishing duties for patients registered in the medical cannabis program, changes a term</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	used, from medical cannabis products to medical cannabis paraphernalia.		
77	<p>Criminal and civil protections. Amends § 152.32, subd. 2. In a subdivision establishing criminal and civil protections related to participation in the medical cannabis program, changes a term used, from medical cannabis products to medical cannabis paraphernalia.</p>	House only	
78	<p>Impact assessment of medical cannabis therapeutic research. Amends § 152.36. In a section establishing a task force on medical cannabis therapeutic research and establishing duties for the task force, strikes obsolete language regarding reports, initial appointments, and the first task force meeting.</p>	House only	
79	<p>Commissioner of health; recommendation regarding exception to hospital construction moratorium. By February 1, 2023, requires the commissioner of health to provide a recommendation to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance regarding whether the statute establishing exceptions to the moratorium on hospital construction and modifications should be amended to allow critical access hospitals with an attached nursing home and fewer than 25 beds to add licensed beds, as long as the total number of beds does not exceed 25 beds.</p>	House only	
80	<p>Revisor instruction. Directs the revisor to:</p>	House only	

Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)

Section	HOUSE Article 2: Department of Health Policy		SENATE Article 13: Department of Health
	<ul style="list-style-type: none"> ▪ change the term “cancer surveillance system” to “cancer reporting system” in statutes and rules; and ▪ update cross-references to conform with amendments in this article to sections in chapter 144A. 		
		Senate only	<p>Section 21 [Direction to commissioner of health; J-1 visa waiver program recommendation] requires the commissioner of health, in issuing recommendations for the purposes of the J-1 visa waiver program, to allow a foreign medical graduate to submit to the commissioner evidence that the applicant for whom the waiver is sought is licensed to practice medicine in Minnesota in place of evidence that the foreign medical graduate has passed steps 1, 2, and 3 of the United States Medical Licensing Examination.</p>
		Senate only	<p>Section 22 [TEMPORARY ASSISTED LIVING STAFF TRAINING REQUIREMENTS] creates a temporary expedited pathway to allow unlicensed personnel working in assisted living facilities to become more quickly trained to provide direct care and support. The proposal is similar to existing training permitted in nursing facilities.</p>
81	<p>Repealer. Repeals § 144G.07, subd. 6 (providing that section 144G.07 does not affect rights and remedies available to vulnerable adults under section 626.557. Section 144G.07, subdivisions 1 to 5, expired July 31, 2021, and subdivision 6 is the only remaining text in that section).</p>	House only	