

1.1 ..... moves to amend H.F. No. 1710 as follows:

1.2 Page 2, after line 7, insert:

1.3 "Sec. 4. Minnesota Statutes 2012, section 144.966, subdivision 2, is amended to read:

1.4 Subd. 2. **Newborn Hearing Screening Advisory Committee.** (a) The  
1.5 commissioner of health shall establish a Newborn Hearing Screening Advisory Committee  
1.6 to advise and assist the Department of Health and the Department of Education in:

1.7 (1) developing protocols and timelines for screening, rescreening, and diagnostic  
1.8 audiological assessment and early medical, audiological, and educational intervention  
1.9 services for children who are deaf or hard-of-hearing;

1.10 (2) designing protocols for tracking children from birth through age three that may  
1.11 have passed newborn screening but are at risk for delayed or late onset of permanent  
1.12 hearing loss;

1.13 (3) designing a technical assistance program to support facilities implementing the  
1.14 screening program and facilities conducting rescreening and diagnostic audiological  
1.15 assessment;

1.16 (4) designing implementation and evaluation of a system of follow-up and tracking;  
1.17 and

1.18 (5) evaluating program outcomes to increase effectiveness and efficiency and ensure  
1.19 culturally appropriate services for children with a confirmed hearing loss and their families.

1.20 (b) The commissioner of health shall appoint at least one member from each of the  
1.21 following groups with no less than two of the members being deaf or hard-of-hearing:

1.22 (1) a representative from a consumer organization representing culturally deaf  
1.23 persons;

1.24 (2) a parent with a child with hearing loss representing a parent organization;

1.25 (3) a consumer from an organization representing oral communication options;

1.26 (4) a consumer from an organization representing cued speech communication  
1.27 options;

2.1 (5) an audiologist who has experience in evaluation and intervention of infants  
2.2 and young children;

2.3 (6) a speech-language pathologist who has experience in evaluation and intervention  
2.4 of infants and young children;

2.5 (7) two primary care providers who have experience in the care of infants and young  
2.6 children, one of which shall be a pediatrician;

2.7 (8) a representative from the early hearing detection intervention teams;

2.8 (9) a representative from the Department of Education resource center for the deaf  
2.9 and hard-of-hearing or the representative's designee;

2.10 (10) a representative of the Commission of Deaf, DeafBlind and Hard-of-Hearing  
2.11 Minnesotans;

2.12 (11) a representative from the Department of Human Services Deaf and  
2.13 Hard-of-Hearing Services Division;

2.14 (12) one or more of the Part C coordinators from the Department of Education, the  
2.15 Department of Health, or the Department of Human Services or the department's designees;

2.16 (13) the Department of Health early hearing detection and intervention coordinators;

2.17 (14) two birth hospital representatives from one rural and one urban hospital;

2.18 (15) a pediatric geneticist;

2.19 (16) an otolaryngologist;

2.20 (17) a representative from the Newborn Screening Advisory Committee under  
2.21 this subdivision; and

2.22 (18) a representative of the Department of Education regional low-incidence  
2.23 facilitators.

2.24 The commissioner must complete the appointments required under this subdivision by  
2.25 September 1, 2007.

2.26 (c) The Department of Health member shall chair the first meeting of the committee.  
2.27 At the first meeting, the committee shall elect a chair from its membership. The committee  
2.28 shall meet at the call of the chair, at least four times a year. The committee shall adopt  
2.29 written bylaws to govern its activities. The Department of Health shall provide technical  
2.30 and administrative support services as required by the committee. These services shall  
2.31 include technical support from individuals qualified to administer infant hearing screening,  
2.32 rescreening, and diagnostic audiological assessments.

2.33 Members of the committee shall receive no compensation for their service, but  
2.34 shall be reimbursed as provided in section 15.059 for expenses incurred as a result of  
2.35 their duties as members of the committee.

2.36 (d) This subdivision expires June 30, ~~2013~~ 2019.

3.1 Sec. 5. Minnesota Statutes 2012, section 144.98, is amended by adding a subdivision  
3.2 to read:

3.3 Subd. 10. Establishing a selection committee. (a) The commissioner shall  
3.4 establish a selection committee for the purpose of recommending approval of qualified  
3.5 laboratory assessors and assessment bodies. Committee members shall demonstrate  
3.6 competence in assessment practices. The committee shall initially consist of seven  
3.7 members appointed by the commissioner as follows:

3.8 (1) one member from a municipal laboratory accredited by the commissioner;

3.9 (2) one member from an industrial treatment laboratory accredited by the  
3.10 commissioner;

3.11 (3) one member from a commercial laboratory located in this state and accredited by  
3.12 the commissioner;

3.13 (4) one member from a commercial laboratory located outside the state and  
3.14 accredited by the commissioner;

3.15 (5) one member from a nongovernmental client of environmental laboratories;

3.16 (6) one member from a professional organization with a demonstrated interest in  
3.17 environmental laboratory data and accreditation; and

3.18 (7) one employee of the laboratory accreditation program administered by the  
3.19 department.

3.20 (b) Committee appointments begin on January 1 and end on December 31 of the  
3.21 same year.

3.22 (c) The commissioner shall appoint persons to fill vacant committee positions,  
3.23 expand the total number of appointed positions, or change the designated positions upon  
3.24 the advice of the committee.

3.25 (d) The commissioner shall rescind the appointment of a selection committee  
3.26 member for sufficient cause as the commissioner determines, such as:

3.27 (1) neglect of duty;

3.28 (2) failure to notify the commissioner of a real or perceived conflict of interest;

3.29 (3) nonconformance with committee procedures;

3.30 (4) failure to demonstrate competence in assessment practices; or

3.31 (5) official misconduct.

3.32 (e) Members of the selection committee shall be compensated according to the  
3.33 provisions in section 15.059, subdivision 3.

3.34 Sec. 6. Minnesota Statutes 2012, section 144.98, is amended by adding a subdivision  
3.35 to read:

4.1 Subd. 11. **Activities of the selection committee.** (a) The selection committee  
4.2 will determine assessor and assessment body application requirements, the frequency  
4.3 of application submittal, and the application review schedule. The commissioner shall  
4.4 publish the application requirements and procedures on the accreditation program Web site.

4.5 (b) In its selection process, the committee shall ensure its application requirements  
4.6 and review process:

4.7 (1) meet the standards implemented in subdivision 2a;

4.8 (2) ensure assessors have demonstrated competence in technical disciplines offered  
4.9 for accreditation by the commissioner; and

4.10 (3) consider any history of repeated nonconformance or complaints regarding  
4.11 assessors or assessment bodies.

4.12 (c) The selection committee shall consider an application received from qualified  
4.13 applicants and shall supply a list of recommended assessors and assessment bodies to  
4.14 the commissioner of health no later than 90 days after the commissioner notifies the  
4.15 committee of the need for review of applications.

4.16 Sec. 7. **[144A.4799] DEPARTMENT OF HEALTH LICENSED HOME CARE**  
4.17 **PROVIDER ADVISORY COUNCIL.**

4.18 Subdivision 1. **Membership.** The commissioner of health shall appoint eight  
4.19 persons to a home care provider advisory council consisting of the following:

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

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

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

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

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

5.1 Subd. 3. **Duties.** At the commissioner's request, the advisory council shall provide  
 5.2 advice regarding regulations of Department of Health licensed home care providers in  
 5.3 this chapter such as:

5.4 (1) advice to the commissioner regarding community standards for home care  
 5.5 practices;

5.6 (2) advice to the commissioner on enforcement of licensing standards and whether  
 5.7 certain disciplinary actions are appropriate;

5.8 (3) advice to the commissioner about ways of distributing information to licensees  
 5.9 and consumers of home care;

5.10 (4) advice to the commissioner about training standards;

5.11 (5) identify emerging issues and opportunities in the home care field, including the  
 5.12 use of technology in home and telehealth capabilities; and

5.13 (6) perform other duties as directed by the commissioner.

5.14 Sec. 8. **[245.8251] POSITIVE SUPPORT STRATEGIES AND EMERGENCY**  
 5.15 **MANUAL RESTRAINT; LICENSED FACILITIES AND PROGRAMS.**

5.16 Subdivision 1. **Rules.** The commissioner of human services shall, within 24 months  
 5.17 of enactment of this section, adopt rules governing the use of positive support strategies,  
 5.18 safety interventions, and emergency use of manual restraint in facilities and services  
 5.19 licensed under chapter 245D.

5.20 Subd. 2. **Data collection.** (a) The commissioner shall, with stakeholder input,  
 5.21 develop data collection elements specific to incidents on the use of controlled procedures  
 5.22 with persons receiving services from providers regulated under Minnesota Rules, parts  
 5.23 9525.2700 to 9525.2810, and incidents involving persons receiving services from  
 5.24 providers identified to be licensed under chapter 245D effective January 1, 2014. Providers  
 5.25 shall report the data in a format and at a frequency provided by the commissioner of  
 5.26 human services.

5.27 (b) Beginning July 1, 2013, providers regulated under Minnesota Rules, parts  
 5.28 9525.2700 to 9525.2810, shall submit data regarding the use of all controlled procedures  
 5.29 in a format and at a frequency provided by the commissioner."

5.30 Renumber the sections in sequence and correct the internal references

5.31 Amend the title accordingly