

**SENATE  
STATE OF MINNESOTA  
NINETIETH SESSION**

**S.F. No. 3438**

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| DATE       | D-PG | OFFICIAL STATUS  |
|------------|------|--|
| 03/15/2018 | 6518 | Introduction and first reading   |
|            |      | Referred to Judiciary and Public Safety Finance and Policy                                   |
| 03/21/2018 |      | Authors added Relph; Ruud; Benson; Abeler  |
|            |      | Comm report: To pass as amended and re-refer to Health and Human Services Finance and Policy |

1.1 A bill for an act

1.2 relating to health; making changes to statutory provisions affecting older and

1.3 vulnerable adults; modifying the health care bill of rights; modifying regulation

1.4 of nursing homes, home care providers, housing with services establishments, and

1.5 assisted living services; modifying requirements for reporting maltreatment of

1.6 vulnerable adults; establishing an advisory task force; requiring reports; providing

1.7 for access to information and data sharing; imposing civil and criminal penalties;

1.8 amending Minnesota Statutes 2016, sections 144.651, subdivisions 2, 14, 16, 20,

1.9 by adding subdivisions; 144A.44; 144A.479, subdivision 2; 325F.71; 609.2231,

1.10 subdivision 8; 626.557, subdivisions 3, 4, 9, 9a, 9b, 9c, 9d, 9e, 10b, 12b, 14, 17;

1.11 626.5572, subdivision 6, by adding a subdivision; Minnesota Statutes 2017

1.12 Supplement, section 256.045, subdivisions 3, 4; proposing coding for new law in

1.13 Minnesota Statutes, chapters 144; 144D; repealing Minnesota Statutes 2016, section

1.14 256.021.

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

1.16 Section 1. [144.6502] ELECTRONIC MONITORING IN HEALTH CARE

1.17 FACILITIES.

1.18 Subdivision 1. Definitions. (a) For the purposes of this section, the terms defined in this

1.19 subdivision have the meanings given.

1.20 (b) "Commissioner" means the commissioner of health.

1.21 (c) "Electronic monitoring device" means a camera, including one that captures, records,

1.22 or broadcasts audio, video, or both, or other technological device used to monitor or

1.23 communicate with a resident or others that is installed in a resident's room or private living

1.24 space.

1.25 (d) "Facility" means a facility that is licensed as a nursing home under chapter 144A or

1.26 as a boarding care home under sections 144.50 to 144.56, or registered as a housing with

1.27 services establishment under chapter 144D.

2.1 (e) "Legal representative" means a court-appointed guardian or other person with authority  
2.2 to make decisions about health care services for the resident, including an individual who  
2.3 is an interested person, as defined in section 626.5572, subdivision 12a.

2.4 (f) "Resident" means a person 18 years of age or older residing in a facility.

2.5 Subd. 2. **Electronic monitoring authorized.** (a) A facility must allow a resident or a  
2.6 resident's legal representative to conduct electronic monitoring of the resident's room or  
2.7 private living space as provided in this section.

2.8 (b) Nothing in this section allows the use of an electronic monitoring device to take still  
2.9 photographs or for the nonconsensual interception of private communications.

2.10 (c) Nothing in this section precludes the use of electronic monitoring of health care  
2.11 allowed under other law.

2.12 Subd. 3. **Consent to electronic monitoring.** (a) Except as otherwise provided in this  
2.13 subdivision, a resident must consent in writing on a notification and consent form prescribed  
2.14 by the commissioner to electronic monitoring in the resident's room or private living space.  
2.15 If the resident has not affirmatively objected to electronic monitoring and the resident's  
2.16 physician determines that the resident lacks the ability to understand and appreciate the  
2.17 nature and consequences of electronic monitoring, the resident's legal representative may  
2.18 consent on behalf of the resident. For purposes of this subdivision, a resident affirmatively  
2.19 objects when the resident orally, visually, or through the use of auxiliary aids or services  
2.20 declines electronic monitoring. The resident's response must be documented on the  
2.21 notification and consent form.

2.22 (b) Prior to a resident's legal representative consenting on behalf of a resident, the resident  
2.23 must be asked by the resident's legal representative if the resident wants electronic monitoring  
2.24 to be conducted. The resident's legal representative must explain to the resident:

2.25 (1) the type of electronic monitoring device to be used;

2.26 (2) the standard conditions that may be placed on the electronic monitoring device's use,  
2.27 including those listed in subdivision 5;

2.28 (3) with whom the recording may be shared under this section; and

2.29 (4) the resident's ability to decline all recording.

2.30 (c) A resident or roommate may consent to electronic monitoring with any conditions  
2.31 of the resident's or roommate's choosing, including the list of standard conditions provided  
2.32 in subdivision 5. A resident or roommate may request that the electronic monitoring device

3.1 be turned off or the visual or audio recording component of the electronic monitoring device  
3.2 be blocked at any time.

3.3 (d) Prior to implementing electronic monitoring, a resident must obtain the written  
3.4 consent of any other resident residing in the room or private living space on the notification  
3.5 and consent form prescribed by the commissioner. Except as otherwise provided in this  
3.6 subdivision, a roommate must consent in writing to electronic monitoring in the resident's  
3.7 room or private living space. If the roommate has not affirmatively objected to the electronic  
3.8 monitoring in accordance with this subdivision and the roommate's physician determines  
3.9 that the roommate lacks the ability to understand and appreciate the nature and consequences  
3.10 of electronic monitoring, the roommate's legal representative may consent on behalf of the  
3.11 roommate.

3.12 (e) Any resident conducting electronic monitoring must obtain consent from any new  
3.13 roommate before the resident may resume authorized electronic monitoring. If a new  
3.14 roommate does not consent to electronic monitoring and the resident conducting the electronic  
3.15 monitoring does not remove the electronic monitoring device, the facility must remove the  
3.16 electronic monitoring device.

3.17 (f) Copies of all completed notification and consent forms must be submitted to the  
3.18 facility, and the facility must keep the notification and consent forms on file in a location  
3.19 separate from the resident's clinical record.

3.20 **Subd. 4. Withdrawal of consent; refusal of roommate to consent.** (a) Consent may  
3.21 be withdrawn by the resident or roommate at any time and the withdrawal of consent must  
3.22 be documented on the facility's copy of the initial notification and consent form submitted  
3.23 to it according to subdivision 5. If a roommate withdraws consent and the resident conducting  
3.24 the electronic monitoring does not remove or disable the electronic monitoring device, the  
3.25 facility must remove the electronic monitoring device.

3.26 (b) If a resident of a facility who is residing in a shared room wants to conduct electronic  
3.27 monitoring and another resident living in or moving into the same shared room refuses to  
3.28 consent to the use of an electronic monitoring device, the facility shall make a reasonable  
3.29 attempt to accommodate the resident who wants to conduct electronic monitoring. A facility  
3.30 has met the requirement to make a reasonable attempt to accommodate a resident who wants  
3.31 to conduct electronic monitoring when upon notification that a roommate has not consented  
3.32 to the use of an electronic monitoring device in the resident's room, the facility offers to  
3.33 move either resident to another shared room that is available at the time of the request. If a  
3.34 resident chooses to reside in a private room in a facility in order to accommodate the use

4.1 of an electronic monitoring device, the resident must pay the private room rate. If a facility  
4.2 is unable to accommodate a resident due to lack of space, the facility must reevaluate the  
4.3 request every two weeks until the request is fulfilled. A facility is not required to provide  
4.4 a private room or a single-bed room to a resident who is not a private-pay resident.

4.5 Subd. 5. **Notice; form requirements.** (a) Electronic monitoring may begin only after  
4.6 the resident who intends to install an electronic monitoring device completes a notification  
4.7 and consent form prescribed by the commissioner and submits the form to the facility and  
4.8 the ombudsperson for long-term care.

4.9 (b) The notification and consent form must include, at a minimum, the following  
4.10 information:

4.11 (1) the resident's signed consent to electronic monitoring or the signature of the resident's  
4.12 legal representative, if applicable. If a person other than the resident signs the consent form,  
4.13 the form must document the following:

4.14 (i) the date the resident was asked if the resident wants electronic monitoring to be  
4.15 conducted;

4.16 (ii) who was present when the resident was asked; and

4.17 (iii) an acknowledgment that the resident did not affirmatively object;

4.18 (2) the resident's roommate's signed consent or the signature of the roommate's legal  
4.19 representative, if applicable. If a roommate's legal representative signs the consent form,  
4.20 the form must document the following:

4.21 (i) the date the roommate was asked if the roommate consents to electronic monitoring;

4.22 (ii) who was present when the roommate was asked; and

4.23 (iii) an acknowledgment that the roommate did not affirmatively object;

4.24 (3) the type of electronic monitoring device to be used;

4.25 (4) any installation needs, such as mounting of a device to a wall or ceiling;

4.26 (5) the proposed date of installation for scheduling purposes;

4.27 (6) a list of standard conditions or restrictions that the resident or a roommate may elect  
4.28 to place on the use of the electronic monitoring device, including, but not limited to:

4.29 (i) prohibiting audio recording;

4.30 (ii) prohibiting video recording;

- 5.1 (iii) prohibiting broadcasting of audio or video;
- 5.2 (iv) turning off the electronic monitoring device or blocking the visual recording  
5.3 component of the electronic monitoring device for the duration of an exam or procedure by  
5.4 a health care professional;
- 5.5 (v) turning off the electronic monitoring device or blocking the visual recording  
5.6 component of the electronic monitoring device while dressing or bathing is performed; and
- 5.7 (vi) turning off the electronic monitoring device for the duration of a visit with a spiritual  
5.8 advisor, ombudsman, attorney, financial planner, intimate partner, or other visitor;
- 5.9 (7) any other condition or restriction elected by the resident or roommate on the use of  
5.10 an electronic monitoring device;
- 5.11 (8) a signature box for documenting that the resident or roommate has withdrawn consent;  
5.12 and
- 5.13 (9) a statement of the circumstances under which a recording may be disseminated under  
5.14 subdivision 9.
- 5.15 (c) A copy of the completed notification and consent form must be provided to the  
5.16 resident and the resident's roommate, if applicable. The facility must retain the form as  
5.17 described in subdivision 3, paragraph (f).
- 5.18 (d) The commissioner shall prescribe the notification and consent form required in this  
5.19 section no later than January 1, 2019, and shall make the form available on the department's  
5.20 Web site.
- 5.21 (e) Beginning January 1, 2019, facilities must make the notification and consent form  
5.22 available to the residents and inform residents of their option to conduct electronic monitoring  
5.23 of their rooms or private living spaces.
- 5.24 (f) Any resident, legal representative of a resident, or other person conducting electronic  
5.25 monitoring of a resident's room prior to enactment of this section must comply with the  
5.26 requirements of this section by January 1, 2019.
- 5.27 Subd. 6. **Cost and installation.** (a) A resident choosing to conduct electronic monitoring  
5.28 must do so at the resident's own expense, including paying purchase, installation,  
5.29 maintenance, and removal costs.
- 5.30 (b) If a resident chooses to install an electronic monitoring device that uses Internet  
5.31 technology for visual or audio monitoring, that resident may be responsible for contracting  
5.32 with an Internet service provider.

6.1 (c) The facility shall make a reasonable attempt to accommodate the resident's installation  
6.2 needs, including allowing access to the facility's telecommunications or equipment room.  
6.3 A facility has the burden of proving that a requested accommodation is not reasonable.

6.4 (d) All electronic monitoring device installations and supporting services must be  
6.5 UL-listed.

6.6 Subd. 7. **Notice to visitors.** (a) A facility shall post a sign at each facility entrance  
6.7 accessible to visitors that states "Security cameras and audio devices may be present to  
6.8 record persons and activities."

6.9 (b) The facility is responsible for installing and maintaining the signage required in this  
6.10 subdivision.

6.11 Subd. 8. **Obstruction of electronic monitoring devices.** (a) A person must not knowingly  
6.12 hamper, obstruct, tamper with, or destroy an electronic monitoring device installed in a  
6.13 resident's room or private living space without the permission of the resident or the resident's  
6.14 legal representative.

6.15 (b) It is not a violation of this subdivision if a person turns off the electronic monitoring  
6.16 device or blocks the visual recording component of the electronic monitoring device at the  
6.17 direction of the resident or the resident's legal representative, or if consent has been  
6.18 withdrawn.

6.19 Subd. 9. **Dissemination of recordings.** (a) A facility may not access any video or audio  
6.20 recording created through electronic monitoring without the written consent of the resident  
6.21 or the resident's legal representative. If a resident consents to access to a recording by the  
6.22 facility, the resident is deemed to have consented to access to an employee under paragraph  
6.23 (c).

6.24 (b) Except as required under other law, a recording or copy of a recording made as  
6.25 provided in this section may only be disseminated for the purpose of addressing health,  
6.26 safety, or welfare concerns of a resident or residents.

6.27 (c) An employee of a facility who is the subject of proposed corrective or disciplinary  
6.28 action based upon evidence obtained by electronic monitoring must be given access to that  
6.29 evidence for purposes of defending against the proposed action. The recording or a copy  
6.30 of the recording must be treated confidentially by the employee and must not be further  
6.31 disseminated to any other person except as required under other law. Any copy of the  
6.32 recording must be returned to the facility or resident who provided the copy when it is no  
6.33 longer needed for purposes of defending against a proposed action.

7.1 Subd. 10. **Liability.** (a) A facility is not civilly or criminally liable for the inadvertent  
 7.2 or intentional disclosure of a recording by a resident or a resident's legal representative for  
 7.3 any purpose not authorized by this section.

7.4 (b) A facility is not civilly or criminally liable for a violation of a resident's right to  
 7.5 privacy arising out of any electronic monitoring conducted as provided in this section.

7.6 Subd. 11. **Resident protections.** A facility must not:

7.7 (1) refuse to admit a potential resident or remove a resident because the facility disagrees  
 7.8 with the potential resident's or the resident's decisions regarding electronic monitoring;

7.9 (2) retaliate or discriminate against any resident for consenting or refusing to consent  
 7.10 to electronic monitoring under this section; or

7.11 (3) prevent the installation or use of an electronic monitoring device by a resident who  
 7.12 has provided the facility with notice and consent as required under this section.

7.13 **EFFECTIVE DATE.** This section is effective January 1, 2019.

7.14 Sec. 2. Minnesota Statutes 2016, section 144.651, subdivision 2, is amended to read:

7.15 Subd. 2. **Definitions.** (a) For the purposes of this section and section 144.6511, the terms  
 7.16 defined in this subdivision have the meanings given them.

7.17 (b) "Patient" means:

7.18 (1) a person who is admitted to an acute care inpatient facility for a continuous period  
 7.19 longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or  
 7.20 mental health of that person;

7.21 (2) a minor who is admitted to a residential program as defined in section 253C.01;

7.22 (3) for purposes of subdivisions 1, 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also  
 7.23 means a person who receives health care services at an outpatient surgical center or at a  
 7.24 birth center licensed under section 144.615. "Patient" also means a minor who is admitted  
 7.25 to a residential program as defined in section 253C.01; and

7.26 (4) for purposes of subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any  
 7.27 person who is receiving mental health treatment on an outpatient basis or in a community  
 7.28 support program or other community-based program.

7.29 (c) "Resident" means a person who is admitted to, resides in, or receives services from:

7.30 (1) a nonacute care facility including extended care facilities;

8.1 (2) a nursing homes, and home;

8.2 (3) a boarding care homes home for care required because of prolonged mental or physical  
8.3 illness or disability, recovery from injury or disease, or advancing age; and

8.4 (4) for purposes of all subdivisions except subdivisions 28 and 29 1 to 27, "resident"  
8.5 also means a person who is admitted to and 30 to 34, a facility licensed as a board and  
8.6 lodging facility under Minnesota Rules, parts 4625.0100 to 4625.2355, or a supervised  
8.7 living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which operates  
8.8 a rehabilitation program licensed under Minnesota Rules, parts 9530.6405 9530.6510 to  
8.9 9530.6590.

8.10 (d) "Health care facility" or "facility" means:

8.11 (1) an acute care inpatient facility;

8.12 (2) a residential program as defined in section 253C.01;

8.13 (3) for the purposes of subdivisions 1, 4 to 9, 12, 13, 15, 16, and 18 to 20, an outpatient  
8.14 surgical center or a birth center licensed under section 144.615;

8.15 (4) for the purposes of subdivisions 1, 3 to 16, 18, 20, and 30, a setting in which outpatient  
8.16 mental health services are provided, or a community support program or other  
8.17 community-based program providing mental health treatment;

8.18 (5) a nonacute care facility, including extended care facilities;

8.19 (6) a nursing home;

8.20 (7) a boarding care home for care required because of prolonged mental or physical  
8.21 illness or disability, recovery from injury or disease, or advancing age; or

8.22 (8) for the purposes of subdivisions 1 to 27 and 30 to 34, a facility licensed as a board  
8.23 and lodging facility under Minnesota Rules, chapter 4625, or a supervised living facility  
8.24 under Minnesota Rules, chapter 4665, and which operates a rehabilitation program licensed  
8.25 under Minnesota Rules, parts 9530.6410 to 9530.6590.

8.26 (e) "Interested person" has the meaning given under section 626.5572, subdivision 12a.

8.27 Sec. 3. Minnesota Statutes 2016, section 144.651, subdivision 14, is amended to read:

8.28 Subd. 14. **Freedom from maltreatment.** (a) Patients and residents shall be free from  
8.29 maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means  
8.30 conduct described in section 626.5572, subdivision 15, or the intentional and nontherapeutic  
8.31 infliction of physical pain or injury, or any persistent course of conduct intended to produce



9.1 mental or emotional distress. Patients and residents have the right to notification from the  
 9.2 facility and lead investigative agency regarding a report of alleged maltreatment, disposition  
 9.3 of a report, and appeal rights, as provided under section 626.557, subdivision 9c.

9.4 (b) Every patient and resident shall also be free from nontherapeutic chemical and  
 9.5 physical restraints, except in fully documented emergencies, or as authorized in writing  
 9.6 after examination by a patient's or resident's physician for a specified and limited period of  
 9.7 time, and only when necessary to protect the resident from self-injury or injury to others.

9.8 Sec. 4. Minnesota Statutes 2016, section 144.651, subdivision 16, is amended to read:

9.9 Subd. 16. **Confidentiality of records.** Patients and residents shall be assured confidential  
 9.10 treatment of their personal, financial, and medical records, and may approve or refuse their  
 9.11 release to any individual outside the facility. Residents shall be notified when personal  
 9.12 records are requested by any individual outside the facility and may select someone to  
 9.13 accompany them when the records or information are the subject of a personal interview.  
 9.14 Patients and residents have a right to access their own records and written information from  
 9.15 those records. Copies of records and written information from the records shall be made  
 9.16 available in accordance with this subdivision and sections 144.291 to 144.298. This right  
 9.17 does not apply to complaint investigations and inspections by the Department of Health,  
 9.18 where required by third-party payment contracts, or where otherwise provided by law.

9.19 Sec. 5. Minnesota Statutes 2016, section 144.651, subdivision 20, is amended to read:

9.20 Subd. 20. **Grievances.** (a) Patients and residents shall be encouraged and assisted,  
 9.21 throughout their stay in a facility or their course of treatment, to understand and exercise  
 9.22 their rights as patients, residents, and citizens. Patients and residents may voice grievances,  
 9.23 assert the rights granted under this section personally, or have these rights asserted by an  
 9.24 interested person, and recommend changes in policies and services to facility staff and  
 9.25 others of their choice, free from restraint, interference, coercion, discrimination, retaliation,  
 9.26 or reprisal, including threat of discharge. ~~Notice of the grievance procedure of the facility~~  
 9.27 ~~or program, as well as addresses and telephone numbers for the Office of Health Facility~~  
 9.28 ~~Complaints and the area nursing home ombudsman pursuant to the Older Americans Act,~~  
 9.29 ~~section 307(a)(12) shall be posted in a conspicuous place.~~

9.30 (b) Patients and residents have the right to complain about services that are provided,  
 9.31 services that are not being provided, and the lack of courtesy or respect to the patient or  
 9.32 resident or the patient's or resident's property. The facility must investigate and attempt

10.1 resolution of the complaint or grievance. The patient or resident has the right to be informed  
 10.2 of the name of the individual who is responsible for handling grievances.

10.3 (c) Notice must be posted in a conspicuous place of the facility's or program's grievance  
 10.4 procedure, as well as telephone numbers and, where applicable, addresses for the common  
 10.5 entry point defined in section 626.5572, subdivision 5, the protection and advocacy agency,  
 10.6 and the area nursing home ombudsman pursuant to the Older Americans Act, section  
 10.7 307(a)(12).

10.8 (d) Every acute care inpatient facility, every residential program as defined in section  
 10.9 253C.01, every nonacute care facility, and every facility employing more than two people  
 10.10 that provides outpatient mental health services shall have a written internal grievance  
 10.11 procedure that, at a minimum, sets forth the process to be followed; specifies time limits,  
 10.12 including time limits for facility response; provides for the patient or resident to have the  
 10.13 assistance of an advocate; requires a written response to written grievances; and provides  
 10.14 for a timely decision by an impartial decision maker if the grievance is not otherwise resolved.  
 10.15 Compliance by hospitals, residential programs as defined in section 253C.01 which are  
 10.16 hospital-based primary treatment programs, and outpatient surgery centers with section  
 10.17 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed  
 10.18 to be compliance with the requirement for a written internal grievance procedure.

10.19 Sec. 6. Minnesota Statutes 2016, section 144.651, is amended by adding a subdivision to  
 10.20 read:

10.21 Subd. 34. **Retaliation prohibited.** (a) A facility or person must not retaliate against a  
 10.22 patient, resident, employee, or interested person who:

10.23 (1) files a complaint or grievance or asserts any rights on behalf of the patient or resident;

10.24 (2) submits a maltreatment report, whether mandatory or voluntary, on behalf of the  
 10.25 patient or resident under section 626.557, subdivision 3, 4, or 4a;

10.26 (3) advocates on behalf of the patient or resident for necessary or improved care and  
 10.27 services or enforcement of rights under this section or other law; or

10.28 (4) contracts to receive services from a service provider of the resident's choice.

10.29 (b) There is a rebuttable presumption that adverse action is retaliatory if taken against  
 10.30 a patient, resident, employee, or interested person within 90 days of a patient, resident,  
 10.31 employee, or interested person filing a grievance submitting a maltreatment report, or  
 10.32 otherwise advocating on behalf of a patient or resident.

11.1 (c) For purposes of this section, "adverse action" means any action taken by a facility  
 11.2 or person against the patient, resident, employee, or interested person that includes but is  
 11.3 not limited to:

11.4 (1) discharge or transfer from the facility;

11.5 (2) discharge from or termination of employment;

11.6 (3) demotion or reduction in remuneration for services;

11.7 (4) restriction or prohibition of access either to the facility or to the patient or resident;

11.8 (5) any restriction of any of the rights set forth in state or federal law;

11.9 (6) any restriction of access to or use of amenities or services;

11.10 (7) termination of a services or lease agreement, or both;

11.11 (8) a sudden increase in costs for services not already contemplated at the time of the  
 11.12 action taken;

11.13 (9) removal, tampering with, or deprivation of technology, communication, or electronic  
 11.14 monitoring devices of the patient or resident;

11.15 (10) reporting maltreatment in bad faith; or

11.16 (11) making any oral or written communication of false information about a person  
 11.17 advocating on behalf of the patient or resident.

11.18 Sec. 7. Minnesota Statutes 2016, section 144.651, is amended by adding a subdivision to  
 11.19 read:

11.20 Subd. 35. **Electronic monitoring.** A patient, resident, or interested person has the right  
 11.21 to install and use electronic monitoring, provided the requirements of section 144.6502 are  
 11.22 met.

11.23 Sec. 8. **[144.6511] DECEPTIVE MARKETING AND BUSINESS PRACTICES.**

11.24 (a) Deceptive marketing and business practices are prohibited.

11.25 (b) For the purposes of this section, it is a deceptive practice for a facility to:

11.26 (1) make any false, fraudulent, deceptive, or misleading statements in marketing,  
 11.27 advertising, or any other oral or written description or representation of care or services,  
 11.28 whether in oral, written, or electronic form;

12.1 (2) arrange for or provide health care or services that are inferior to, substantially different  
 12.2 from, or substantially more expensive than those offered, promised, marketed, or advertised;

12.3 (3) fail to deliver any care or services the provider or facility promised or represented  
 12.4 that the facility was able to provide;

12.5 (4) fail to inform the patient or resident in writing of any limitations to care services  
 12.6 available prior to executing a contract for admission;

12.7 (5) fail to fulfill a written or oral promise that the facility shall continue the same services  
 12.8 and the same lease terms if a private pay resident converts to the elderly waiver program;

12.9 (6) fail to disclose and clearly explain the purpose of a nonrefundable community fee  
 12.10 or other fee prior to contracting for services with a patient or resident;

12.11 (7) advertise or represent, orally or in writing, that the facility is or has a special care  
 12.12 unit, such as for dementia or memory care, without complying with training and disclosure  
 12.13 requirements under sections 144D.065 and 325F.72, and any other applicable law; or

12.14 (8) define the terms "facility," "contract of admission," "admission contract," "admission  
 12.15 agreement," "legal representative," or "responsible party" to mean anything other than the  
 12.16 meanings of those terms under section 144.6501.

12.17 Sec. 9. Minnesota Statutes 2016, section 144A.44, is amended to read:

12.18 **144A.44 HOME CARE BILL OF RIGHTS.**

12.19 Subdivision 1. **Statement of rights.** (a) For the purposes of this section, "provider"  
 12.20 includes home care providers licensed under this chapter, housing with service establishments  
 12.21 registered under chapter 144D, and individuals or organizations exempt from home care  
 12.22 licensure by section 144A.471, subdivision 8. For the purposes of this section, "services"  
 12.23 means home care services as defined in section 144A.43, subdivision 3; supportive services  
 12.24 as defined in section 144D.01, subdivision 5; and health-related services as defined in section  
 12.25 144D.01, subdivision 6. For the purposes of this section, "service plan" includes a housing  
 12.26 with services contract and a lease agreement with a housing with services establishment.

12.27 (b) All providers must comply with this section. No provider may require or request a  
 12.28 person to waive any of the rights listed in this section at any time or for any reason, including  
 12.29 as a condition of initiating services or entering into a contract or lease.

12.30 (c) A person who receives home care services has ~~these rights~~ the right to:

12.31 (1) ~~the right to~~ receive written information in plain language about rights before receiving  
 12.32 services, including what to do if rights are violated;

13.1 (2) ~~the right to~~ receive care and services according to a suitable and up-to-date plan with  
 13.2 reasonable regularity and continuity of staff, ~~and~~ subject to accepted health care, medical  
 13.3 or nursing standards, and to take an active part in developing, modifying, and evaluating  
 13.4 the plan and services;

13.5 (3) ~~the right to~~ be told before receiving services the type and disciplines of staff who  
 13.6 will be providing the services, the frequency of visits proposed to be furnished, other choices  
 13.7 that are available for addressing ~~home care~~ the person's needs, and the potential consequences  
 13.8 of refusing these services;

13.9 (4) ~~the right to~~ be told in advance of any changes to the service plan recommended  
 13.10 ~~changes by the provider in the service plan~~ and to take an active part in any decisions about  
 13.11 changes to the service plan;

13.12 (5) ~~the right to~~ refuse services or treatment;

13.13 (6) ~~the right to~~ know, before receiving services or during the initial visit, any limits to  
 13.14 the services available from a ~~home care~~ provider;

13.15 (7) ~~the right to~~ be told before services are initiated what the provider charges for the  
 13.16 services; to what extent payment may be expected from health insurance, public programs,  
 13.17 or other sources, if known; and what charges the client may be responsible for paying;

13.18 (8) ~~the right to~~ know that there may be other services available in the community,  
 13.19 including other home care services and providers, and to know where to find information  
 13.20 about these services;

13.21 (9) ~~the right to~~ choose freely among available providers and to change providers after  
 13.22 services have begun, within the limits of health insurance, long-term care insurance, medical  
 13.23 assistance, or other health or public programs;

13.24 (10) ~~the right to~~ have personal, financial, and medical information kept private, and to  
 13.25 be advised of the provider's policies and procedures regarding disclosure of such information;

13.26 (11) ~~the right to~~ access the client's own records and written information from those  
 13.27 records in accordance with sections 144.291 to 144.298;

13.28 (12) ~~the right to~~ be served by people who are properly trained and competent to perform  
 13.29 their duties;

13.30 (13) ~~the right to~~ be treated with courtesy and respect, and to have the client's property  
 13.31 treated with respect;

14.1 (14) ~~the right to~~ be free from physical and verbal abuse, neglect, financial exploitation,  
 14.2 and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment  
 14.3 of Minors Act;

14.4 (15) ~~the right to~~ reasonable, advance notice of changes in services or charges;

14.5 (16) ~~the right to~~ know the provider's reason for termination of services or of a service  
 14.6 plan;

14.7 (17) ~~the right to~~ at least ~~ten~~ 30 days' advance notice of the termination of a service or  
 14.8 service plan by a provider, except in cases where:

14.9 (i) the client engages in conduct that significantly alters the terms of the service plan  
 14.10 with the ~~home care~~ provider;

14.11 (ii) the client, person who lives with the client, or others create an abusive or unsafe  
 14.12 work environment for the person providing ~~home care~~ services; or

14.13 (iii) an emergency or a significant change in the client's condition has resulted in service  
 14.14 needs that exceed the current service plan and that cannot be safely met by the ~~home care~~  
 14.15 provider;

14.16 (18) ~~the right to~~ a coordinated transfer when there will be a change in the provider of  
 14.17 services;

14.18 (19) ~~the right to~~ complain to staff and others of their choice about services that are  
 14.19 provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's  
 14.20 property, and the right to recommend changes in policies and services, free from retaliation,  
 14.21 including the threat of termination of services or a service plan;

14.22 (20) ~~the right to~~ know how to contact an individual associated with the ~~home care~~ provider  
 14.23 who is responsible for handling problems and to have the ~~home care~~ provider investigate  
 14.24 and attempt to resolve the grievance or complaint;

14.25 (21) ~~the right to~~ know the name and address of the state or county agency to contact for  
 14.26 additional information or assistance; ~~and~~

14.27 (22) ~~the right to~~ assert these rights personally, or have them asserted by the client's  
 14.28 representative or by anyone on behalf of the client, without retaliation;

14.29 (23) notification from the lead investigative agency regarding a report of alleged  
 14.30 maltreatment, disposition of a report, and appeal rights, as provided under section 626.557,  
 14.31 subdivision 9c;

14.32 (24) Internet service at the person's own expense, unless provided by the provider; and

15.1 (25) place an electronic monitoring device in the person's own private space, provided  
 15.2 the requirements of section 144.6502 are met.

15.3 (d) Providers must:

15.4 (1) encourage and assist in the fullest possible exercise of these rights;

15.5 (2) provide the names and telephone numbers of individuals and organizations that  
 15.6 provide advocacy and legal services for clients seeking to assert their rights under this  
 15.7 section;

15.8 (3) make every effort to assist clients in obtaining information regarding whether  
 15.9 Medicare, medical assistance, or housing supports will pay for services;

15.10 (4) make reasonable accommodations for people who have communication disabilities  
 15.11 and those who speak a language other than English; and

15.12 (5) provide all information and notices in plain language and in terms the client can  
 15.13 understand.

15.14 **Subd. 2. Interpretation and enforcement of rights.** ~~These rights are established for~~  
 15.15 ~~the benefit of clients who receive home care services. All home care providers, including~~  
 15.16 ~~those exempted under section 144A.471, must comply with this section. The commissioner~~  
 15.17 ~~shall enforce this section and the home care bill of rights requirement against home care~~  
 15.18 ~~providers exempt from licensure in the same manner as for licensees. A home care provider~~  
 15.19 ~~may not request or require a client to surrender any of these rights as a condition of receiving~~  
 15.20 ~~services. This statement of~~ The rights does provided under this section are established for  
 15.21 the benefit of clients who receive services, do not replace or diminish other rights and  
 15.22 liberties that may exist relative to clients receiving home care services, persons providing  
 15.23 home care services, or providers licensed under sections 144A.43 to 144A.482 or registered  
 15.24 under chapter 144D, and may not be waived. Any oral or written waiver of the rights provided  
 15.25 under this section is void and unenforceable.

15.26 **Subd. 3. Public enforcement of rights.** The commissioner shall enforce this section  
 15.27 and the home care bill of rights requirement against home care providers exempt from  
 15.28 licensure and against housing with service establishments in the same manner as for licensed  
 15.29 home care providers.

15.30 **Subd. 4. Retaliation prohibited.** Providers are subject to the same prohibitions against  
 15.31 retaliation as are health care facilities under section 144.651, subdivision 34.

16.1 Sec. 10. Minnesota Statutes 2016, section 144A.479, subdivision 2, is amended to read:

16.2 Subd. 2. ~~Advertising~~ **Deceptive marketing and business practices.** Home care providers  
 16.3 ~~shall not use false, fraudulent, or misleading advertising in the marketing of services. For~~  
 16.4 ~~purposes of this section, advertising includes any verbal, written, or electronic means of~~  
 16.5 ~~communicating to potential clients about the availability, nature, or terms of home care~~  
 16.6 ~~services are subject to the same prohibitions against deceptive practices as are health care~~  
 16.7 ~~facilities under section 144.6511.~~

16.8 Sec. 11. **[144D.041] DECEPTIVE MARKETING AND BUSINESS PRACTICES.**

16.9 Housing with services establishments are subject to the same prohibitions against  
 16.10 deceptive practices as are health care facilities under section 144.6511.

16.11 Sec. 12. Minnesota Statutes 2017 Supplement, section 256.045, subdivision 3, is amended  
 16.12 to read:

16.13 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

16.14 (1) any person applying for, receiving or having received public assistance, medical  
 16.15 care, or a program of social services granted by the state agency or a county agency or the  
 16.16 federal Food Stamp Act whose application for assistance is denied, not acted upon with  
 16.17 reasonable promptness, or whose assistance is suspended, reduced, terminated, or claimed  
 16.18 to have been incorrectly paid;

16.19 (2) any patient or relative aggrieved by an order of the commissioner under section  
 16.20 252.27;

16.21 (3) a party aggrieved by a ruling of a prepaid health plan;

16.22 (4) except as provided under chapter 245C;

16.23 (i) any individual or facility determined by a lead investigative agency to have maltreated  
 16.24 a vulnerable adult under section 626.557 after they have exercised their right to administrative  
 16.25 reconsideration under section 626.557; and

16.26 (ii) any vulnerable adult who is the subject of a maltreatment investigation under section  
 16.27 626.557 or an interested person as defined in section 626.5572, subdivision 12a, after the  
 16.28 right to administrative reconsideration under section 626.557, subdivision 9d, has been  
 16.29 exercised. An interested person who requests a hearing must indicate in writing that the  
 16.30 vulnerable adult does not object to the request, if competent to do so, and that the person is



17.1 filing the request in the person's capacity as an interested person under section 626.5572,  
17.2 subdivision 12a;

17.3 (5) any person whose claim for foster care payment according to a placement of the  
17.4 child resulting from a child protection assessment under section 626.556 is denied or not  
17.5 acted upon with reasonable promptness, regardless of funding source;

17.6 (6) any person to whom a right of appeal according to this section is given by other  
17.7 provision of law;

17.8 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver  
17.9 under section 256B.15;

17.10 (8) an applicant aggrieved by an adverse decision to an application or redetermination  
17.11 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

17.12 (9) except as provided under chapter 245A, an individual or facility determined to have  
17.13 maltreated a minor under section 626.556, after the individual or facility has exercised the  
17.14 right to administrative reconsideration under section 626.556;

17.15 (10) except as provided under chapter 245C, an individual disqualified under sections  
17.16 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,  
17.17 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the  
17.18 individual has committed an act or acts that meet the definition of any of the crimes listed  
17.19 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section  
17.20 626.556, subdivision 3, or 626.557, subdivision 3. Hearings regarding a maltreatment  
17.21 determination under clause (4) or (9) and a disqualification under this clause in which the  
17.22 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into  
17.23 a single fair hearing. In such cases, the scope of review by the human services judge shall  
17.24 include both the maltreatment determination and the disqualification. The failure to exercise  
17.25 the right to an administrative reconsideration shall not be a bar to a hearing under this section  
17.26 if federal law provides an individual the right to a hearing to dispute a finding of  
17.27 maltreatment;

17.28 (11) any person with an outstanding debt resulting from receipt of public assistance,  
17.29 medical care, or the federal Food Stamp Act who is contesting a setoff claim by the  
17.30 Department of Human Services or a county agency. The scope of the appeal is the validity  
17.31 of the claimant agency's intention to request a setoff of a refund under chapter 270A against  
17.32 the debt;

18.1 (12) a person issued a notice of service termination under section 245D.10, subdivision  
18.2 3a, from residential supports and services as defined in section 245D.03, subdivision 1,  
18.3 paragraph (c), clause (3), that is not otherwise subject to appeal under subdivision 4a;

18.4 (13) an individual disability waiver recipient based on a denial of a request for a rate  
18.5 exception under section 256B.4914; or

18.6 (14) a person issued a notice of service termination under section 245A.11, subdivision  
18.7 11, that is not otherwise subject to appeal under subdivision 4a.

18.8 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),  
18.9 is the only administrative appeal to the final agency determination specifically, including  
18.10 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested  
18.11 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or  
18.12 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged  
18.13 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case  
18.14 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),  
18.15 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A  
18.16 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only  
18.17 available when there is no district court action pending. If such action is filed in district  
18.18 court while an administrative review is pending that arises out of some or all of the events  
18.19 or circumstances on which the appeal is based, the administrative review must be suspended  
18.20 until the judicial actions are completed. If the district court proceedings are completed,  
18.21 dismissed, or overturned, the matter may be considered in an administrative hearing.

18.22 (c) For purposes of this section, bargaining unit grievance procedures are not an  
18.23 administrative appeal.

18.24 (d) The scope of hearings involving claims to foster care payments under paragraph (a),  
18.25 clause (5), shall be limited to the issue of whether the county is legally responsible for a  
18.26 child's placement under court order or voluntary placement agreement and, if so, the correct  
18.27 amount of foster care payment to be made on the child's behalf and shall not include review  
18.28 of the propriety of the county's child protection determination or child placement decision.

18.29 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to  
18.30 whether the proposed termination of services is authorized under section 245D.10,  
18.31 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements  
18.32 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,  
18.33 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of  
18.34 termination of services, the scope of the hearing shall also include whether the case

19.1 management provider has finalized arrangements for a residential facility, a program, or  
19.2 services that will meet the assessed needs of the recipient by the effective date of the service  
19.3 termination.

19.4 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor  
19.5 under contract with a county agency to provide social services is not a party and may not  
19.6 request a hearing under this section, except if assisting a recipient as provided in subdivision  
19.7 4.

19.8 (g) An applicant or recipient is not entitled to receive social services beyond the services  
19.9 prescribed under chapter 256M or other social services the person is eligible for under state  
19.10 law.

19.11 (h) The commissioner may summarily affirm the county or state agency's proposed  
19.12 action without a hearing when the sole issue is an automatic change due to a change in state  
19.13 or federal law.

19.14 (i) Unless federal or Minnesota law specifies a different time frame in which to file an  
19.15 appeal, an individual or organization specified in this section may contest the specified  
19.16 action, decision, or final disposition before the state agency by submitting a written request  
19.17 for a hearing to the state agency within 30 days after receiving written notice of the action,  
19.18 decision, or final disposition, or within 90 days of such written notice if the applicant,  
19.19 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision  
19.20 13, why the request was not submitted within the 30-day time limit. The individual filing  
19.21 the appeal has the burden of proving good cause by a preponderance of the evidence.

19.22 Sec. 13. Minnesota Statutes 2017 Supplement, section 256.045, subdivision 4, is amended  
19.23 to read:

19.24 Subd. 4. **Conduct of hearings.** (a) All hearings held pursuant to subdivision 3, 3a, 3b,  
19.25 or 4a shall be conducted according to the provisions of the federal Social Security Act and  
19.26 the regulations implemented in accordance with that act to enable this state to qualify for  
19.27 federal grants-in-aid, and according to the rules and written policies of the commissioner  
19.28 of human services. County agencies shall install equipment necessary to conduct telephone  
19.29 hearings. A state human services judge may schedule a telephone conference hearing when  
19.30 the distance or time required to travel to the county agency offices will cause a delay in the  
19.31 issuance of an order, or to promote efficiency, or at the mutual request of the parties. Hearings  
19.32 may be conducted by telephone conferences unless the applicant, recipient, former recipient,  
19.33 person, or facility contesting maltreatment objects. A human services judge may grant a  
19.34 request for a hearing in person by holding the hearing by interactive video technology or

20.1 in person. The human services judge must hear the case in person if the person asserts that  
20.2 either the person or a witness has a physical or mental disability that would impair the  
20.3 person's or witness's ability to fully participate in a hearing held by interactive video  
20.4 technology. The hearing shall not be held earlier than five days after filing of the required  
20.5 notice with the county or state agency. The state human services judge shall notify all  
20.6 interested persons of the time, date, and location of the hearing at least five days before the  
20.7 date of the hearing. Interested persons may be represented by legal counsel or other  
20.8 representative of their choice, including a provider of therapy services, at the hearing and  
20.9 may appear personally, testify and offer evidence, and examine and cross-examine witnesses.  
20.10 The applicant, recipient, former recipient, person, or facility contesting maltreatment shall  
20.11 have the opportunity to examine the contents of the case file and all documents and records  
20.12 to be used by the county or state agency at the hearing at a reasonable time before the date  
20.13 of the hearing and during the hearing. In hearings under subdivision 3, paragraph (a), clauses  
20.14 (4), (9), and (10), either party may subpoena the private data relating to the investigation  
20.15 prepared by the agency under section 626.556 or 626.557 that is not otherwise accessible  
20.16 under section 13.04, provided the identity of the reporter may not be disclosed.

20.17 (b) The private data obtained by subpoena in a hearing under subdivision 3, paragraph  
20.18 (a), clause (4), (9), or (10), must be subject to a protective order which prohibits its disclosure  
20.19 for any other purpose outside the hearing provided for in this section without prior order of  
20.20 the district court. Disclosure without court order is punishable by a sentence of not more  
20.21 than 90 days imprisonment or a fine of not more than \$1,000, or both. These restrictions on  
20.22 the use of private data do not prohibit access to the data under section 13.03, subdivision  
20.23 6. Except for appeals under subdivision 3, paragraph (a), clauses (4), (5), (9), and (10), upon  
20.24 request, the county agency shall provide reimbursement for transportation, child care,  
20.25 photocopying, medical assessment, witness fee, and other necessary and reasonable costs  
20.26 incurred by the applicant, recipient, or former recipient in connection with the appeal. All  
20.27 evidence, except that privileged by law, commonly accepted by reasonable people in the  
20.28 conduct of their affairs as having probative value with respect to the issues shall be submitted  
20.29 at the hearing and such hearing shall not be "a contested case" within the meaning of section  
20.30 14.02, subdivision 3. The agency must present its evidence prior to or at the hearing, and  
20.31 may not submit evidence after the hearing except by agreement of the parties at the hearing,  
20.32 provided the petitioner has the opportunity to respond.

20.33 (c) In hearings under subdivision 3, paragraph (a), clauses (4), (9), and (10), involving  
20.34 determinations of maltreatment or disqualification made by more than one county agency,  
20.35 by a county agency and a state agency, or by more than one state agency, the hearings may

21.1 be consolidated into a single fair hearing upon the consent of all parties and the state human  
 21.2 services judge.

21.3 (d) For hearings under subdivision 3, paragraph (a), clause (4), item (i), or (10), involving  
 21.4 a vulnerable adult, the human services judge shall notify the vulnerable adult who is the  
 21.5 subject of the maltreatment determination and an interested person, as defined in section  
 21.6 626.5572, subdivision 12a, if known, ~~a guardian of the vulnerable adult appointed under~~  
 21.7 ~~section 524.5-310, or a health care agent designated by the vulnerable adult in a health care~~  
 21.8 ~~directive that is currently effective under section 145C.06 and whose authority to make~~  
 21.9 ~~health care decisions is not suspended under section 524.5-310, of the hearing.~~ If the human  
 21.10 services judge is not reasonably able to determine the address of the vulnerable adult or an  
 21.11 interested person, the human services judge is not required to send a hearing notice under  
 21.12 this paragraph. The notice must be sent by certified mail and inform the vulnerable adult  
 21.13 of the right to file a signed written statement in the proceedings. ~~A guardian or health care~~  
 21.14 ~~agent~~ An interested person who prepares or files a written statement for the vulnerable adult  
 21.15 must indicate in the statement that the person is ~~the vulnerable adult's guardian or health~~  
 21.16 ~~care agent~~ an interested person and sign the statement in that capacity. The vulnerable adult,  
 21.17 ~~the guardian, or the health care agent~~ or interested person may file a written statement with  
 21.18 the human services judge hearing the case no later than five business days before  
 21.19 commencement of the hearing. The human services judge shall include the written statement  
 21.20 in the hearing record and consider the statement in deciding the appeal. This ~~subdivision~~  
 21.21 ~~paragraph~~ does not limit, prevent, or excuse the vulnerable adult from being called as a  
 21.22 witness testifying at ~~the~~ a hearing under subdivision 3, paragraph (a), clause (4), item (i),  
 21.23 or grant the vulnerable adult, ~~the guardian, or health care agent~~ or interested person a right  
 21.24 to participate in the proceedings or appeal the human services judge's decision in the case.

21.25 (e) The lead investigative agency must consider including the vulnerable adult victim  
 21.26 of maltreatment as a witness in ~~the~~ a hearing under subdivision 3, paragraph (a), clause (4).  
 21.27 If the lead investigative agency determines that participation in the hearing would endanger  
 21.28 the well-being of the vulnerable adult or not be in the best interests of the vulnerable adult,  
 21.29 the lead investigative agency shall inform the human services judge of the basis for this  
 21.30 determination, which must be included in the final order. ~~If the human services judge is not~~  
 21.31 ~~reasonably able to determine the address of the vulnerable adult, the guardian, or the health~~  
 21.32 ~~care agent, the human services judge is not required to send a hearing notice under this~~  
 21.33 ~~subdivision.~~

22.1 Sec. 14. Minnesota Statutes 2016, section 325F.71, is amended to read:

22.2 **325F.71 SENIOR CITIZENS, VULNERABLE ADULTS, AND ~~DISABLED~~**  
 22.3 **PERSONS WITH DISABILITIES; ADDITIONAL CIVIL PENALTY FOR**  
 22.4 **DECEPTIVE ACTS.**

22.5 Subdivision 1. **Definitions.** For the purposes of this section, the following words have  
 22.6 the meanings given them:

22.7 (a) "Senior citizen" means a person who is 62 years of age or older.

22.8 (b) "~~Disabled~~ Person with a disability" means a person who has an impairment of physical  
 22.9 or mental function or emotional status that substantially limits one or more major life  
 22.10 activities.

22.11 (c) "Major life activities" means functions such as caring for one's self, performing  
 22.12 manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

22.13 (d) "Vulnerable adult" has the meaning given in section 626.5572, subdivision 21.

22.14 Subd. 2. **Supplemental civil penalty.** (a) In addition to any liability for a civil penalty  
 22.15 pursuant to sections 325D.43 to 325D.48, regarding deceptive trade practices; 325F.67,  
 22.16 regarding false advertising; and 325F.68 to 325F.70, regarding consumer fraud; a person  
 22.17 who engages in any conduct prohibited by those statutes, and whose conduct is perpetrated  
 22.18 against one or more senior citizens, vulnerable adults, or ~~disabled~~ persons with a disability,  
 22.19 is liable for an additional civil penalty not to exceed \$10,000 for each violation, if one or  
 22.20 more of the factors in paragraph (b) are present.

22.21 (b) In determining whether to impose a civil penalty pursuant to paragraph (a), and the  
 22.22 amount of the penalty, the court shall consider, in addition to other appropriate factors, the  
 22.23 extent to which one or more of the following factors are present:

22.24 (1) whether the defendant knew or should have known that the defendant's conduct was  
 22.25 directed to one or more senior citizens, vulnerable adults, or ~~disabled~~ persons with a  
 22.26 disability;

22.27 (2) whether the defendant's conduct caused one or more senior citizens, vulnerable adults,  
 22.28 or ~~disabled~~ persons with a disability to suffer: loss or encumbrance of a primary residence,  
 22.29 principal employment, or source of income; substantial loss of property set aside for  
 22.30 retirement or for personal or family care and maintenance; substantial loss of payments  
 22.31 received under a pension or retirement plan or a government benefits program; or assets  
 22.32 essential to the health or welfare of the senior citizen, vulnerable adult, or ~~disabled~~ person  
 22.33 with a disability;

23.1 (3) whether one or more senior citizens, vulnerable adults, or ~~disabled~~ persons with a  
 23.2 disability are more vulnerable to the defendant's conduct than other members of the public  
 23.3 because of age, poor health or infirmity, impaired understanding, restricted mobility, or  
 23.4 disability, and actually suffered physical, emotional, or economic damage resulting from  
 23.5 the defendant's conduct; ~~or~~

23.6 (4) whether the defendant's conduct caused senior citizens, vulnerable adults, or ~~disabled~~  
 23.7 persons with a disability to make an uncompensated asset transfer that resulted in the person  
 23.8 being found ineligible for medical assistance; or

23.9 (5) whether the defendant provided or arranged for health care or services that are inferior  
 23.10 to, substantially different than, or substantially more expensive than offered, promised,  
 23.11 marketed, or advertised.

23.12 Subd. 3. **Restitution to be given priority.** Restitution ordered pursuant to the statutes  
 23.13 listed in subdivision 2 shall be given priority over imposition of civil penalties designated  
 23.14 by the court under this section.

23.15 Subd. 4. **Private remedies.** A person injured by a violation of this section may bring a  
 23.16 civil action and recover damages, together with costs and disbursements, including costs  
 23.17 of investigation and reasonable attorney's fees, and receive other equitable relief as  
 23.18 determined by the court.

23.19 Sec. 15. Minnesota Statutes 2016, section 609.2231, subdivision 8, is amended to read:

23.20 Subd. 8. **Vulnerable adults.** (a) As used in this subdivision, "vulnerable adult" has the  
 23.21 meaning given in section 609.232, subdivision 11.

23.22 (b) Whoever assaults ~~and inflicts demonstrable bodily harm on~~ a vulnerable adult,  
 23.23 knowing or having reason to know that the person is a vulnerable adult, is guilty of a gross  
 23.24 misdemeanor.

23.25 **EFFECTIVE DATE.** This section is effective August 1, 2018, and applies to crimes  
 23.26 committed on or after that date.

23.27 Sec. 16. Minnesota Statutes 2016, section 626.557, subdivision 3, is amended to read:

23.28 Subd. 3. **Timing of report.** (a) A mandated reporter who has reason to believe that a  
 23.29 vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable  
 23.30 adult has sustained a physical injury which is not reasonably explained shall ~~immediately~~  
 23.31 report the information to the common entry point as soon as possible but in no event longer  
 23.32 than 24 hours. If an individual is a vulnerable adult solely because the individual is admitted

24.1 to a facility, a mandated reporter is not required to report suspected maltreatment of the  
24.2 individual that occurred prior to admission, unless:

24.3 (1) the individual was admitted to the facility from another facility and the reporter has  
24.4 reason to believe the vulnerable adult was maltreated in the previous facility; or

24.5 (2) the reporter knows or has reason to believe that the individual is a vulnerable adult  
24.6 as defined in section 626.5572, subdivision 21, paragraph (a), clause (4).

24.7 (b) A person not required to report under the provisions of this section may voluntarily  
24.8 report as described above.

24.9 (c) Nothing in this section requires a report of known or suspected maltreatment, if the  
24.10 reporter knows or has reason to know that a report has been made to the common entry  
24.11 point.

24.12 (d) Nothing in this section shall preclude a reporter from also reporting to a law  
24.13 enforcement agency.

24.14 (e) A mandated reporter who knows or has reason to believe that an error under section  
24.15 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this  
24.16 subdivision. If the reporter or a facility, at any time believes that an investigation by a lead  
24.17 investigative agency will determine or should determine that the reported error was not  
24.18 neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c),  
24.19 clause (5), the reporter or facility may provide to the common entry point or directly to the  
24.20 lead investigative agency information explaining how the event meets the criteria under  
24.21 section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency  
24.22 shall consider this information when making an initial disposition of the report under  
24.23 subdivision 9c.

24.24 Sec. 17. Minnesota Statutes 2016, section 626.557, subdivision 4, is amended to read:

24.25 Subd. 4. **Reporting.** (a) Except as provided in paragraph (b), a mandated reporter shall  
24.26 immediately make an oral report to the common entry point. The common entry point may  
24.27 accept electronic reports submitted through a Web-based reporting system established by  
24.28 the commissioner. Use of a telecommunications device for the deaf or other similar device  
24.29 shall be considered an oral report. The common entry point may not require written reports.  
24.30 To the extent possible, the report must be of sufficient content to identify the vulnerable  
24.31 adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of  
24.32 previous maltreatment, the name and address of the reporter, the time, date, and location of  
24.33 the incident, and any other information that the reporter believes might be helpful in



25.1 investigating the suspected maltreatment. The common entry point must provide a method  
 25.2 for the reporter to electronically submit evidence to support the maltreatment report, including  
 25.3 but not limited to uploading photographs, videos, or documents. A mandated reporter may  
 25.4 disclose not public data, as defined in section 13.02, and medical records under sections  
 25.5 144.291 to 144.298, to the extent necessary to comply with this subdivision.

25.6 (b) A boarding care home that is licensed under sections 144.50 to 144.58 and certified  
 25.7 under Title 19 of the Social Security Act, a nursing home that is licensed under section  
 25.8 144A.02 and certified under Title 18 or Title 19 of the Social Security Act, or a hospital  
 25.9 that is licensed under sections 144.50 to 144.58 and has swing beds certified under Code  
 25.10 of Federal Regulations, title 42, section 482.66, may submit a report electronically to the  
 25.11 common entry point instead of submitting an oral report. ~~The report may be a duplicate of~~  
 25.12 ~~the initial report the facility submits electronically to the commissioner of health to comply~~  
 25.13 ~~with the reporting requirements under Code of Federal Regulations, title 42, section 483.13.~~  
 25.14 The commissioner of health may modify these reporting requirements to include items  
 25.15 required under paragraph (a) that are not currently included in the electronic reporting form.

25.16 (c) All reports must be directed to the common entry point, including reports from  
 25.17 federally licensed facilities, vulnerable adults, and interested persons.

25.18 Sec. 18. Minnesota Statutes 2016, section 626.557, subdivision 9, is amended to read:

25.19 Subd. 9. **Common entry point designation.** (a) Each county board shall designate a  
 25.20 common entry point for reports of suspected maltreatment, for use until the commissioner  
 25.21 of human services establishes a common entry point. Two or more county boards may  
 25.22 jointly designate a single common entry point. The commissioner of human services shall  
 25.23 establish a common entry point effective July 1, 2015. The common entry point is the unit  
 25.24 responsible for receiving the report of suspected maltreatment under this section.

25.25 (b) The common entry point must be available 24 hours per day to take calls from  
 25.26 reporters of suspected maltreatment. The common entry point staff must receive training  
 25.27 on how to screen and dispatch reports efficiently and in accordance with this section. The  
 25.28 common entry point shall use a standard intake form that includes:

25.29 (1) the time and date of the report;

25.30 (2) the name, address, and telephone number of the person reporting;

25.31 (3) the time, date, and location of the incident;

25.32 (4) the names of the persons involved, including but not limited to, perpetrators, alleged  
 25.33 victims, and witnesses;

- 26.1 (5) whether there was a risk of imminent danger to the alleged victim;
- 26.2 (6) a description of the suspected maltreatment;
- 26.3 (7) the disability, if any, of the alleged victim;
- 26.4 (8) the relationship of the alleged perpetrator to the alleged victim;
- 26.5 (9) whether a facility was involved and, if so, which agency licenses the facility;
- 26.6 (10) any action taken by the common entry point;
- 26.7 (11) whether law enforcement has been notified;
- 26.8 (12) whether the reporter wishes to receive notification of the initial and final reports;
- 26.9 and
- 26.10 (13) if the report is from a facility with an internal reporting procedure, the name, mailing
- 26.11 address, and telephone number of the person who initiated the report internally.
- 26.12 (c) The common entry point is not required to complete each item on the form prior to
- 26.13 dispatching the report to the appropriate lead investigative agency.
- 26.14 (d) The common entry point shall immediately report to a law enforcement agency any
- 26.15 incident in which there is reason to believe a crime has been committed.
- 26.16 (e) If a report is initially made to a law enforcement agency or a lead investigative agency,
- 26.17 those agencies shall take the report on the appropriate common entry point intake forms
- 26.18 and immediately forward a copy to the common entry point.
- 26.19 (f) The common entry point ~~staff must receive training on how to screen and dispatch~~
- 26.20 ~~reports efficiently and in accordance with this section~~ cross-reference multiple complaints
- 26.21 to the lead investigative agency concerning:
- 26.22 (1) the same alleged perpetrator, facility, or licensee;
- 26.23 (2) the same vulnerable adult; or
- 26.24 (3) the same incident.
- 26.25 (g) The commissioner of human services shall maintain a centralized database for the
- 26.26 collection of common entry point data, lead investigative agency data including maltreatment
- 26.27 report disposition, and appeals data. The common entry point shall have access to the
- 26.28 centralized database and must log the reports into the database and immediately identify
- 26.29 and locate prior reports of abuse, neglect, or exploitation.

27.1 (h) When appropriate, the common entry point staff must refer calls that do not allege  
27.2 the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might  
27.3 resolve the reporter's concerns.

27.4 (i) A common entry point must be operated in a manner that enables the commissioner  
27.5 of human services to:

27.6 (1) track critical steps in the reporting, evaluation, referral, response, disposition, and  
27.7 investigative process to ensure compliance with all requirements for all reports;

27.8 (2) maintain data to facilitate the production of aggregate statistical reports for monitoring  
27.9 patterns of abuse, neglect, or exploitation;

27.10 (3) serve as a resource for the evaluation, management, and planning of preventative  
27.11 and remedial services for vulnerable adults who have been subject to abuse, neglect, or  
27.12 exploitation;

27.13 (4) set standards, priorities, and policies to maximize the efficiency and effectiveness  
27.14 of the common entry point; and

27.15 (5) track and manage consumer complaints related to the common entry point, including  
27.16 tracking and cross-referencing multiple complaints concerning:

27.17 (i) the same alleged perpetrator, facility, or licensee;

27.18 (ii) the same vulnerable adult; and

27.19 (iii) the same incident.

27.20 (j) The commissioners of human services and health shall collaborate on the creation of  
27.21 a system for referring reports to the lead investigative agencies. This system shall enable  
27.22 the commissioner of human services to track critical steps in the reporting, evaluation,  
27.23 referral, response, disposition, investigation, notification, determination, and appeal processes.

27.24 Sec. 19. Minnesota Statutes 2016, section 626.557, subdivision 9a, is amended to read:

27.25 Subd. 9a. **Evaluation and referral of reports made to common entry point.** (a) The  
27.26 common entry point must screen the reports of alleged or suspected maltreatment for  
27.27 immediate risk and make all necessary referrals as follows:

27.28 (1) if the common entry point determines that there is an immediate need for emergency  
27.29 adult protective services, the common entry point agency shall immediately notify the  
27.30 appropriate county agency;

28.1 (2) if the common entry point determines an immediate need exists for response by law  
 28.2 enforcement, including the urgent need to secure a crime scene, interview witnesses, remove  
 28.3 the alleged perpetrator, or safeguard the vulnerable adult's property, or if the report contains  
 28.4 suspected criminal activity against a vulnerable adult, the common entry point shall  
 28.5 immediately notify the appropriate law enforcement agency;

28.6 (3) the common entry point shall refer all reports of alleged or suspected maltreatment  
 28.7 to the appropriate lead investigative agency as soon as possible, but in any event no longer  
 28.8 than two working days;

28.9 (4) if the report contains information about a suspicious death, the common entry point  
 28.10 shall immediately notify the appropriate law enforcement agencies, the local medical  
 28.11 examiner, and the ombudsman for mental health and developmental disabilities established  
 28.12 under section 245.92. Law enforcement agencies shall coordinate with the local medical  
 28.13 examiner and the ombudsman as provided by law; and

28.14 (5) for reports involving multiple locations or changing circumstances, the common  
 28.15 entry point shall determine the county agency responsible for emergency adult protective  
 28.16 services and the county responsible as the lead investigative agency, using referral guidelines  
 28.17 established by the commissioner.

28.18 (b) If the lead investigative agency receiving a report believes the report was referred  
 28.19 by the common entry point in error, the lead investigative agency shall immediately notify  
 28.20 the common entry point of the error, including the basis for the lead investigative agency's  
 28.21 belief that the referral was made in error. The common entry point shall review the  
 28.22 information submitted by the lead investigative agency and immediately refer the report to  
 28.23 the appropriate lead investigative agency.

28.24 Sec. 20. Minnesota Statutes 2016, section 626.557, subdivision 9b, is amended to read:

28.25 Subd. 9b. **Response to reports.** Law enforcement is the primary agency to conduct  
 28.26 investigations of any incident in which there is reason to believe a crime has been committed.  
 28.27 Law enforcement shall initiate a response immediately. If the common entry point notified  
 28.28 a county agency for emergency adult protective services, law enforcement shall cooperate  
 28.29 with that county agency when both agencies are involved and shall exchange data to the  
 28.30 extent authorized in subdivision 12b, paragraph ~~(g)~~ (k). County adult protection shall initiate  
 28.31 a response immediately. Each lead investigative agency shall complete the investigative  
 28.32 process for reports within its jurisdiction. A lead investigative agency, county, adult protective  
 28.33 agency, licensed facility, or law enforcement agency shall cooperate with other agencies in  
 28.34 the provision of protective services, coordinating its investigations, and assisting another

29.1 agency within the limits of its resources and expertise and shall exchange data to the extent  
 29.2 authorized in subdivision 12b, paragraph ~~(g)~~ (k). The lead investigative agency shall obtain  
 29.3 the results of any investigation conducted by law enforcement officials, and law enforcement  
 29.4 shall obtain the results of any investigation conducted by the lead investigative agency to  
 29.5 determine if criminal action is warranted. The lead investigative agency has the right to  
 29.6 enter facilities and inspect and copy records as part of investigations. The lead investigative  
 29.7 agency has access to not public data, as defined in section 13.02, and medical records under  
 29.8 sections 144.291 to 144.298, that are maintained by facilities to the extent necessary to  
 29.9 conduct its investigation. Each lead investigative agency shall develop guidelines for  
 29.10 prioritizing reports for investigation. Nothing in this subdivision alters the duty of the lead  
 29.11 investigative agency to serve as the agency responsible for investigating reports made under  
 29.12 section 626.557.

29.13 Sec. 21. Minnesota Statutes 2016, section 626.557, subdivision 9c, is amended to read:

29.14 Subd. 9c. **Lead investigative agency; notifications, dispositions, determinations.** (a)  
 29.15 ~~Upon request of the reporter,~~ The lead investigative agency shall notify the reporter that it  
 29.16 has received the report, and provide information on the initial disposition of the report within  
 29.17 five business days of receipt of the report, provided that the notification will not endanger  
 29.18 the vulnerable adult or hamper the investigation.

29.19 (b) The lead investigative agency must provide the following information to the vulnerable  
 29.20 adult or the vulnerable adult's interested person, if known, within five days of receipt of the  
 29.21 report:

29.22 (1) the nature of the maltreatment allegations, including the report of maltreatment as  
 29.23 allowed under law;

29.24 (2) the name of the facility or other location at which alleged maltreatment occurred;

29.25 (3) the name of the alleged perpetrator if the lead investigative agency believes disclosure  
 29.26 of the name is necessary to protect the vulnerable adult;

29.27 (4) protective measures that may be recommended or taken as a result of the maltreatment  
 29.28 report;

29.29 (5) contact information for the investigator or other information as requested and allowed  
 29.30 under law; and

29.31 (6) confirmation of whether the lead investigative agency is investigating the matter  
 29.32 and, if so:

30.1 (i) an explanation of the process and estimated timeline for the investigation; and  
 30.2 (ii) a statement that the lead investigative agency will provide an update on the  
 30.3 investigation approximately every three weeks upon request by the vulnerable adult or the  
 30.4 vulnerable adult's interested person and a report when the investigation is concluded.

30.5 (c) The lead investigative agency may assign multiple reports of maltreatment for the  
 30.6 same or separate incidences related to the same vulnerable adult to the same investigator,  
 30.7 as deemed appropriate. Reports related to the same vulnerable adult must, at a minimum,  
 30.8 be cross-referenced.

30.9 (d) Upon conclusion of every investigation it conducts, the lead investigative agency  
 30.10 shall make a final disposition as defined in section 626.5572, subdivision 8.

30.11 ~~(e)~~ (e) When determining whether the facility or individual is the responsible party for  
 30.12 substantiated maltreatment or whether both the facility and the individual are responsible  
 30.13 for substantiated maltreatment, the lead investigative agency shall consider at least the  
 30.14 following mitigating factors:

30.15 (1) whether the actions of the facility or the individual caregivers were in accordance  
 30.16 with, and followed the terms of, an erroneous physician order, prescription, resident care  
 30.17 plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible  
 30.18 for the issuance of the erroneous order, prescription, plan, or directive or knows or should  
 30.19 have known of the errors and took no reasonable measures to correct the defect before  
 30.20 administering care;

30.21 (2) the comparative responsibility between the facility, other caregivers, and requirements  
 30.22 placed upon the employee, including but not limited to, the facility's compliance with related  
 30.23 regulatory standards and factors such as the adequacy of facility policies and procedures,  
 30.24 the adequacy of facility training, the adequacy of an individual's participation in the training,  
 30.25 the adequacy of caregiver supervision, the adequacy of facility staffing levels, and a  
 30.26 consideration of the scope of the individual employee's authority; and

30.27 (3) whether the facility or individual followed professional standards in exercising  
 30.28 professional judgment.

30.29 ~~(d)~~ (f) When substantiated maltreatment is determined to have been committed by an  
 30.30 individual who is also the facility license holder, both the individual and the facility must  
 30.31 be determined responsible for the maltreatment, and both the background study  
 30.32 disqualification standards under section 245C.15, subdivision 4, and the licensing actions  
 30.33 under section 245A.06 or 245A.07 apply.

31.1 ~~(e)~~ (g) The lead investigative agency shall complete its final disposition within 60  
 31.2 calendar days. If the lead investigative agency is unable to complete its final disposition  
 31.3 within 60 calendar days, the lead investigative agency shall notify the following persons  
 31.4 provided that the notification will not endanger the vulnerable adult or hamper the  
 31.5 investigation: (1) the vulnerable adult or ~~the vulnerable adult's guardian or health care agent~~  
 31.6 an interested person, when known, if the lead investigative agency knows them to be aware  
 31.7 of the investigation; and (2) the facility, where applicable. The notice shall contain the  
 31.8 reason for the delay and the projected completion date. If the lead investigative agency is  
 31.9 unable to complete its final disposition by a subsequent projected completion date, the lead  
 31.10 investigative agency shall again notify the vulnerable adult or ~~the vulnerable adult's guardian~~  
 31.11 ~~or health care agent~~ an interested person, when known if the lead investigative agency knows  
 31.12 them to be aware of the investigation, and the facility, where applicable, of the reason for  
 31.13 the delay and the revised projected completion date provided that the notification will not  
 31.14 endanger the vulnerable adult or hamper the investigation. The lead investigative agency  
 31.15 must notify the health care agent of the vulnerable adult only if the health care agent's  
 31.16 authority to make health care decisions for the vulnerable adult is currently effective ~~under~~  
 31.17 ~~section 145C.06~~ and not suspended under section 524.5-310 ~~and the investigation relates~~  
 31.18 ~~to a duty assigned to the health care agent by the principal~~. A lead investigative agency's  
 31.19 inability to complete the final disposition within 60 calendar days or by any projected  
 31.20 completion date does not invalidate the final disposition.

31.21 ~~(f)~~ (h) Within ten calendar days of completing the final disposition, the lead investigative  
 31.22 agency shall provide a copy of the public investigation memorandum under subdivision  
 31.23 12b, paragraph ~~(b)~~ (d), ~~clause (1)~~, when required to be completed under this section, to the  
 31.24 following persons:

31.25 (1) the vulnerable adult, or ~~the vulnerable adult's guardian or health care agent~~ an  
 31.26 interested person, if known, unless the lead investigative agency knows that the notification  
 31.27 would endanger the well-being of the vulnerable adult;

31.28 (2) the reporter, ~~if~~ unless the reporter requested ~~notification~~ otherwise when making the  
 31.29 report, provided this notification would not endanger the well-being of the vulnerable adult;

31.30 (3) the alleged perpetrator, if known;

31.31 (4) the facility; ~~and~~

31.32 (5) the ombudsman for long-term care, or the ombudsman for mental health and  
 31.33 developmental disabilities, as appropriate;

31.34 (6) law enforcement; and

32.1 (7) the county attorney, as appropriate.

32.2 ~~(g)~~ (i) If, as a result of a reconsideration, review, or hearing, the lead investigative agency  
32.3 changes the final disposition, or if a final disposition is changed on appeal, the lead  
32.4 investigative agency shall notify the parties specified in paragraph ~~(f)~~ (h).

32.5 ~~(h)~~ (j) The lead investigative agency shall notify the vulnerable adult who is the subject  
32.6 of the report or ~~the vulnerable adult's guardian or health care agent~~ an interested person, if  
32.7 known, and any person or facility determined to have maltreated a vulnerable adult, of their  
32.8 appeal or review rights under this section or section ~~256.021~~ 256.045.

32.9 ~~(i)~~ (k) The lead investigative agency shall routinely provide investigation memoranda  
32.10 for substantiated reports to the appropriate licensing boards. These reports must include the  
32.11 names of substantiated perpetrators. The lead investigative agency may not provide  
32.12 investigative memoranda for inconclusive or false reports to the appropriate licensing boards  
32.13 unless the lead investigative agency's investigation gives reason to believe that there may  
32.14 have been a violation of the applicable professional practice laws. If the investigation  
32.15 memorandum is provided to a licensing board, the subject of the investigation memorandum  
32.16 shall be notified and receive a summary of the investigative findings.

32.17 ~~(j)~~ (l) In order to avoid duplication, licensing boards shall consider the findings of the  
32.18 lead investigative agency in their investigations if they choose to investigate. This does not  
32.19 preclude licensing boards from considering other information.

32.20 ~~(k)~~ (m) The lead investigative agency must provide to the commissioner of human  
32.21 services its final dispositions, including the names of all substantiated perpetrators. The  
32.22 commissioner of human services shall establish records to retain the names of substantiated  
32.23 perpetrators.

32.24 Sec. 22. Minnesota Statutes 2016, section 626.557, subdivision 9d, is amended to read:

32.25 Subd. 9d. **Administrative reconsideration; review panel.** (a) Except as provided under  
32.26 paragraph ~~(e)~~ (d), any individual or facility which a lead investigative agency determines  
32.27 has maltreated a vulnerable adult, or the vulnerable adult or an interested person acting on  
32.28 behalf of the vulnerable adult, regardless of the lead investigative agency's determination,  
32.29 who contests the lead investigative agency's final disposition of an allegation of maltreatment,  
32.30 may request the lead investigative agency to reconsider its final disposition. The request  
32.31 for reconsideration must be submitted in writing to the lead investigative agency within 15  
32.32 calendar days after receipt of notice of final disposition or, if the request is made by an  
32.33 interested person who is not entitled to notice, within 15 days after receipt of the notice by



33.1 the vulnerable adult or the vulnerable adult's guardian or health care agent. If mailed, the  
 33.2 request for reconsideration must be postmarked and sent to the lead investigative agency  
 33.3 within 15 calendar days of the individual's or facility's receipt of the final disposition. If the  
 33.4 request for reconsideration is made by personal service, it must be received by the lead  
 33.5 investigative agency within 15 calendar days of the individual's or facility's receipt of the  
 33.6 final disposition. An individual who was determined to have maltreated a vulnerable adult  
 33.7 under this section and who was disqualified on the basis of serious or recurring maltreatment  
 33.8 under sections 245C.14 and 245C.15, may request reconsideration of the maltreatment  
 33.9 determination and the disqualification. The request for reconsideration of the maltreatment  
 33.10 determination and the disqualification must be submitted in writing within 30 calendar days  
 33.11 of the individual's receipt of the notice of disqualification under sections 245C.16 and  
 33.12 245C.17. If mailed, the request for reconsideration of the maltreatment determination and  
 33.13 the disqualification must be postmarked and sent to the lead investigative agency within 30  
 33.14 calendar days of the individual's receipt of the notice of disqualification. If the request for  
 33.15 reconsideration is made by personal service, it must be received by the lead investigative  
 33.16 agency within 30 calendar days after the individual's receipt of the notice of disqualification.

33.17 (b) Except as provided under paragraphs (d) and (e) ~~and (f)~~, if the lead investigative  
 33.18 agency denies the request or fails to act upon the request within 15 working days after  
 33.19 receiving the request for reconsideration, the person, including the vulnerable adult or an  
 33.20 interested person acting on behalf of the vulnerable adult, or facility entitled to a fair hearing  
 33.21 under section 256.045, may submit to the commissioner of human services a written request  
 33.22 for a hearing under that statute. ~~The vulnerable adult, or an interested person acting on~~  
 33.23 ~~behalf of the vulnerable adult, may request a review by the Vulnerable Adult Maltreatment~~  
 33.24 ~~Review Panel under section 256.021 if the lead investigative agency denies the request or~~  
 33.25 ~~fails to act upon the request, or if the vulnerable adult or interested person contests a~~  
 33.26 ~~reconsidered disposition.~~ The lead investigative agency shall notify persons who request  
 33.27 reconsideration of their rights under this paragraph. The request must be submitted in writing  
 33.28 to the review panel and a copy sent to the lead investigative agency within 30 calendar days  
 33.29 of receipt of notice of a denial of a request for reconsideration or of a reconsidered  
 33.30 disposition. The request must specifically identify the aspects of the lead investigative  
 33.31 agency determination with which the person is dissatisfied.

33.32 (c) If, as a result of a reconsideration or review, the lead investigative agency changes  
 33.33 the final disposition, it shall notify the parties specified in subdivision 9c, paragraph ~~(f)~~ (h).

33.34 (d) ~~For purposes of this subdivision, "interested person acting on behalf of the vulnerable~~  
 33.35 ~~adult" means a person designated in writing by the vulnerable adult to act on behalf of the~~

34.1 ~~vulnerable adult, or a legal guardian or conservator or other legal representative, a proxy~~  
 34.2 ~~or health care agent appointed under chapter 145B or 145C, or an individual who is related~~  
 34.3 ~~to the vulnerable adult, as defined in section 245A.02, subdivision 13.~~

34.4 (e) If an individual was disqualified under sections 245C.14 and 245C.15, on the basis  
 34.5 of a determination of maltreatment, which was serious or recurring, and the individual has  
 34.6 requested reconsideration of the maltreatment determination under paragraph (a) and  
 34.7 reconsideration of the disqualification under sections 245C.21 to 245C.27, reconsideration  
 34.8 of the maltreatment determination and requested reconsideration of the disqualification  
 34.9 shall be consolidated into a single reconsideration. If reconsideration of the maltreatment  
 34.10 determination is denied and the individual remains disqualified following a reconsideration  
 34.11 decision, the individual may request a fair hearing under section 256.045. If an individual  
 34.12 requests a fair hearing on the maltreatment determination and the disqualification, the scope  
 34.13 of the fair hearing shall include both the maltreatment determination and the disqualification.

34.14 (f) (e) If a maltreatment determination or a disqualification based on serious or recurring  
 34.15 maltreatment is the basis for a denial of a license under section 245A.05 or a licensing  
 34.16 sanction under section 245A.07, the license holder has the right to a contested case hearing  
 34.17 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. As provided for  
 34.18 under section 245A.08, the scope of the contested case hearing must include the maltreatment  
 34.19 determination, disqualification, and licensing sanction or denial of a license. In such cases,  
 34.20 a fair hearing must not be conducted under section 256.045. Except for family child care  
 34.21 and child foster care, reconsideration of a maltreatment determination under this subdivision,  
 34.22 and reconsideration of a disqualification under section 245C.22, must not be conducted  
 34.23 when:

34.24 (1) a denial of a license under section 245A.05, or a licensing sanction under section  
 34.25 245A.07, is based on a determination that the license holder is responsible for maltreatment  
 34.26 or the disqualification of a license holder based on serious or recurring maltreatment;

34.27 (2) the denial of a license or licensing sanction is issued at the same time as the  
 34.28 maltreatment determination or disqualification; and

34.29 (3) the license holder appeals the maltreatment determination or disqualification, and  
 34.30 denial of a license or licensing sanction.

34.31 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment  
 34.32 determination or disqualification, but does not appeal the denial of a license or a licensing  
 34.33 sanction, reconsideration of the maltreatment determination shall be conducted under sections  
 34.34 626.556, subdivision 10i, and 626.557, subdivision 9d, and reconsideration of the

35.1 disqualification shall be conducted under section 245C.22. In such cases, a fair hearing shall  
 35.2 also be conducted as provided under sections 245C.27, 626.556, subdivision 10i, and  
 35.3 626.557, subdivision 9d.

35.4 If the disqualified subject is an individual other than the license holder and upon whom  
 35.5 a background study must be conducted under chapter 245C, the hearings of all parties may  
 35.6 be consolidated into a single contested case hearing upon consent of all parties and the  
 35.7 administrative law judge.

35.8 ~~(g)~~ (f) Until August 1, 2002, an individual or facility that was determined by the  
 35.9 commissioner of human services or the commissioner of health to be responsible for neglect  
 35.10 under section 626.5572, subdivision 17, after October 1, 1995, and before August 1, 2001,  
 35.11 that believes that the finding of neglect does not meet an amended definition of neglect may  
 35.12 request a reconsideration of the determination of neglect. The commissioner of human  
 35.13 services or the commissioner of health shall mail a notice to the last known address of  
 35.14 individuals who are eligible to seek this reconsideration. The request for reconsideration  
 35.15 must state how the established findings no longer meet the elements of the definition of  
 35.16 neglect. The commissioner shall review the request for reconsideration and make a  
 35.17 determination within 15 calendar days. The commissioner's decision on this reconsideration  
 35.18 is the final agency action.

35.19 ~~(+)~~ (g) For purposes of compliance with the data destruction schedule under subdivision  
 35.20 12b, paragraph ~~(+)~~ (h), when a finding of substantiated maltreatment has been changed as  
 35.21 a result of a reconsideration under this paragraph, the date of the original finding of a  
 35.22 substantiated maltreatment must be used to calculate the destruction date.

35.23 ~~(2)~~ (h) For purposes of any background studies under chapter 245C, when a determination  
 35.24 of substantiated maltreatment has been changed as a result of a reconsideration under this  
 35.25 paragraph, any prior disqualification of the individual under chapter 245C that was based  
 35.26 on this determination of maltreatment shall be rescinded, and for future background studies  
 35.27 under chapter 245C the commissioner must not use the previous determination of  
 35.28 substantiated maltreatment as a basis for disqualification or as a basis for referring the  
 35.29 individual's maltreatment history to a health-related licensing board under section 245C.31.

35.30 Sec. 23. Minnesota Statutes 2016, section 626.557, subdivision 9e, is amended to read:

35.31 Subd. 9e. **Education requirements.** (a) The commissioners of health, human services,  
 35.32 and public safety shall cooperate in the development of a joint program for education of  
 35.33 lead investigative agency investigators in the appropriate techniques for investigation of  
 35.34 complaints of maltreatment. This program must be developed by July 1, 1996. The program

36.1 must include but need not be limited to the following areas: (1) information collection and  
36.2 preservation; (2) analysis of facts; (3) levels of evidence; (4) conclusions based on evidence;  
36.3 (5) interviewing skills, including specialized training to interview people with unique needs;  
36.4 (6) report writing; (7) coordination and referral to other necessary agencies such as law  
36.5 enforcement and judicial agencies; (8) human relations and cultural diversity; (9) the  
36.6 dynamics of adult abuse and neglect within family systems and the appropriate methods  
36.7 for interviewing relatives in the course of the assessment or investigation; (10) the protective  
36.8 social services that are available to protect alleged victims from further abuse, neglect, or  
36.9 financial exploitation; (11) the methods by which lead investigative agency investigators  
36.10 and law enforcement workers cooperate in conducting assessments and investigations in  
36.11 order to avoid duplication of efforts; and (12) data practices laws and procedures, including  
36.12 provisions for sharing data.

36.13 (b) The commissioner of human services shall conduct an outreach campaign to promote  
36.14 the common entry point for reporting vulnerable adult maltreatment. This campaign shall  
36.15 use the Internet and other means of communication.

36.16 (c) The commissioners of health, human services, and public safety shall offer at least  
36.17 annual education to others on the requirements of this section, on how this section is  
36.18 implemented, and investigation techniques.

36.19 (d) The commissioner of human services, in coordination with the commissioner of  
36.20 public safety shall provide training for the common entry point staff as required in this  
36.21 subdivision and the program courses described in this subdivision, at least four times per  
36.22 year. At a minimum, the training shall be held twice annually in the seven-county  
36.23 metropolitan area and twice annually outside the seven-county metropolitan area. The  
36.24 commissioners shall give priority in the program areas cited in paragraph (a) to persons  
36.25 currently performing assessments and investigations pursuant to this section.

36.26 (e) The commissioner of public safety shall notify in writing law enforcement personnel  
36.27 of any new requirements under this section. The commissioner of public safety shall conduct  
36.28 regional training for law enforcement personnel regarding their responsibility under this  
36.29 section.

36.30 (f) Each lead investigative agency investigator must complete the education program  
36.31 specified by this subdivision within the first 12 months of work as a lead investigative  
36.32 agency investigator.

37.1 A lead investigative agency investigator employed when these requirements take effect  
 37.2 must complete the program within the first year after training is available or as soon as  
 37.3 training is available.

37.4 All lead investigative agency investigators having responsibility for investigation duties  
 37.5 under this section must receive a minimum of eight hours of continuing education or  
 37.6 in-service training each year specific to their duties under this section.

37.7 (g) The commissioners of health and human services shall develop and maintain written  
 37.8 guidance for facilities that explains and illustrates the reporting requirements under this  
 37.9 section; the guidance shall also explain and illustrate the reporting requirements under Code  
 37.10 of Federal Regulations, title 42, section 483.12(c), for the benefit of facilities subject to  
 37.11 those requirements.

37.12 Sec. 24. Minnesota Statutes 2016, section 626.557, subdivision 10b, is amended to read:

37.13 Subd. 10b. **Investigations; guidelines.** (a) Each lead investigative agency shall develop  
 37.14 guidelines for prioritizing reports for investigation. When investigating a report, the lead  
 37.15 investigative agency shall conduct the following activities, as appropriate:

37.16 (1) interview of the alleged victim;

37.17 (2) interview of the reporter and others who may have relevant information;

37.18 (3) interview of the alleged perpetrator;

37.19 (4) examination of the environment surrounding the alleged incident;

37.20 (5) review of pertinent documentation of the alleged incident; and

37.21 (6) consultation with professionals.

37.22 (b) The lead investigator must contact the alleged victim or, if known, an interested  
 37.23 person, within five days after initiation of an investigation to provide the investigator's name  
 37.24 and contact information, and communicate with the alleged victim or interested person  
 37.25 approximately every three weeks during the course of the investigation.

37.26 Sec. 25. Minnesota Statutes 2016, section 626.557, subdivision 12b, is amended to read:

37.27 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a  
 37.28 lead investigative agency, the county social service agency shall maintain appropriate  
 37.29 records. Data collected by the county social service agency under this section are welfare  
 37.30 data under section 13.46. Notwithstanding section 13.46, subdivision 1, paragraph (a), data  
 37.31 under this paragraph that are inactive investigative data on an individual who is a vendor

38.1 of services are private data on individuals, as defined in section 13.02. The identity of the  
38.2 reporter may only be disclosed as provided in paragraph ~~(e)~~ (g).

38.3 (b) Data maintained by the common entry point are ~~confidential~~ private data on  
38.4 individuals or ~~protected~~ nonpublic data as defined in section 13.02, provided that the name  
38.5 of the reporter is confidential data on individuals. Notwithstanding section 138.163, the  
38.6 common entry point shall maintain data for three calendar years after date of receipt and  
38.7 then destroy the data unless otherwise directed by federal requirements.

38.8 ~~(b)~~ (c) The commissioners of health and human services shall prepare an investigation  
38.9 memorandum for each report alleging maltreatment investigated under this section. County  
38.10 social service agencies must maintain private data on individuals but are not required to  
38.11 prepare an investigation memorandum. During an investigation by the commissioner of  
38.12 health or the commissioner of human services, data collected under this section are  
38.13 confidential data on individuals or protected nonpublic data as defined in section 13.02,  
38.14 provided that data may be shared with the vulnerable adult or an interested person if both  
38.15 commissioners determine that sharing of the data is needed to protect the vulnerable adult.  
38.16 Upon completion of the investigation, the data are classified as provided in ~~clauses (1) to~~  
38.17 ~~(3) and paragraph (e)~~ paragraphs (d) to (g).

38.18 ~~(1)~~ (d) The investigation memorandum must contain the following data, which are  
38.19 public:

38.20 ~~(i)~~ (1) the name of the facility investigated;

38.21 ~~(ii)~~ (2) a statement of the nature of the alleged maltreatment;

38.22 ~~(iii)~~ (3) pertinent information obtained from medical or other records reviewed;

38.23 ~~(iv)~~ (4) the identity of the investigator;

38.24 ~~(v)~~ (5) a summary of the investigation's findings;

38.25 ~~(vi)~~ (6) statement of whether the report was found to be substantiated, inconclusive,  
38.26 false, or that no determination will be made;

38.27 ~~(vii)~~ (7) a statement of any action taken by the facility;

38.28 ~~(viii)~~ (8) a statement of any action taken by the lead investigative agency; and

38.29 ~~(ix)~~ (9) when a lead investigative agency's determination has substantiated maltreatment,  
38.30 a statement of whether an individual, individuals, or a facility were responsible for the  
38.31 substantiated maltreatment, if known.

39.1 The investigation memorandum must be written in a manner which protects the identity  
 39.2 of the reporter and of the vulnerable adult and may not contain the names or, to the extent  
 39.3 possible, data on individuals or private data or individuals listed in ~~clause (2)~~ paragraph (e).

39.4 ~~(2)~~ (e) Data on individuals collected and maintained in the investigation memorandum  
 39.5 are private data on individuals, including:

39.6 ~~(i)~~ (1) the name of the vulnerable adult;

39.7 ~~(ii)~~ (2) the identity of the individual alleged to be the perpetrator;

39.8 ~~(iii)~~ (3) the identity of the individual substantiated as the perpetrator; and

39.9 ~~(iv)~~ (4) the identity of all individuals interviewed as part of the investigation.

39.10 ~~(3)~~ (f) Other data on individuals maintained as part of an investigation under this section  
 39.11 are private data on individuals upon completion of the investigation.

39.12 ~~(e)~~ (g) After the assessment or investigation is completed, the name of the reporter must  
 39.13 be confidential, except:

39.14 (1) the subject of the report may compel disclosure of the name of the reporter only with  
 39.15 the consent of the reporter ~~or~~;

39.16 (2) upon a written finding by a court that the report was false and there is evidence that  
 39.17 the report was made in bad faith; or

39.18 (3) the mandated reporter may disclose that the individual was the reporter to support a  
 39.19 claim of retaliation that is prohibited under section 144.651, subdivision 34, or 626.557,  
 39.20 subdivisions 4a and 17, or other law.

39.21 This subdivision does not alter disclosure responsibilities or obligations under the Rules  
 39.22 of Criminal Procedure, except that where the identity of the reporter is relevant to a criminal  
 39.23 prosecution, the district court shall do an in-camera review prior to determining whether to  
 39.24 order disclosure of the identity of the reporter.

39.25 ~~(d)~~ (h) Notwithstanding section 138.163, data maintained under this section by the  
 39.26 commissioners of health and human services must be maintained under the following  
 39.27 schedule and then destroyed unless otherwise directed by federal requirements:

39.28 (1) data from reports determined to be false, maintained for three years after the finding  
 39.29 was made;

39.30 (2) data from reports determined to be inconclusive, maintained for four years after the  
 39.31 finding was made;

40.1 (3) data from reports determined to be substantiated, maintained for seven years after  
40.2 the finding was made; and

40.3 (4) data from reports which were not investigated by a lead investigative agency and for  
40.4 which there is no final disposition, maintained for three years from the date of the report.

40.5 ~~(e)~~ (i) The commissioners of health and human services shall annually publish on their  
40.6 Web sites the number and type of reports of alleged maltreatment involving licensed facilities  
40.7 reported under this section, the number of those requiring investigation under this section,  
40.8 and the resolution of those investigations. On a biennial basis, the commissioners of health  
40.9 and human services shall jointly report the following information to the legislature and the  
40.10 governor:

40.11 (1) the number and type of reports of alleged maltreatment involving licensed facilities  
40.12 reported under this section, the number of those requiring investigations under this section,  
40.13 the resolution of those investigations, and which of the two lead agencies was responsible;

40.14 (2) trends about types of substantiated maltreatment found in the reporting period;

40.15 (3) if there are upward trends for types of maltreatment substantiated, recommendations  
40.16 for addressing and responding to them;

40.17 (4) efforts undertaken or recommended to improve the protection of vulnerable adults;

40.18 (5) whether and where backlogs of cases result in a failure to conform with statutory  
40.19 time frames and recommendations for reducing backlogs if applicable;

40.20 (6) recommended changes to statutes affecting the protection of vulnerable adults; and

40.21 (7) any other information that is relevant to the report trends and findings.

40.22 ~~(f)~~ (j) Each lead investigative agency must have a record retention policy.

40.23 ~~(g)~~ (k) Lead investigative agencies, prosecuting authorities, and law enforcement agencies  
40.24 may exchange not public data, as defined in section 13.02, if the agency or authority  
40.25 requesting the data determines that the data are pertinent and necessary to the requesting  
40.26 agency in initiating, furthering, or completing an investigation under this section. Data  
40.27 collected under this section must be made available to prosecuting authorities and law  
40.28 enforcement officials, local county agencies, and licensing agencies investigating the alleged  
40.29 maltreatment under this section. ~~The lead investigative agency shall exchange not public  
40.30 data with the vulnerable adult maltreatment review panel established in section 256.021 if  
40.31 the data are pertinent and necessary for a review requested under that section.~~



41.1 Notwithstanding section 138.17, upon completion of the review, not public data received  
 41.2 by the review panel must be destroyed.

41.3 ~~(h)~~ (l) Each lead investigative agency shall keep records of the length of time it takes to  
 41.4 complete its investigations.

41.5 ~~(i)~~ (m) Notwithstanding paragraph (a) or (b), a lead investigative agency may share  
 41.6 common entry point or investigative data and may notify other affected parties, including  
 41.7 the vulnerable adult and their authorized representative, if the lead investigative agency has  
 41.8 reason to believe maltreatment has occurred and determines the information will safeguard  
 41.9 the well-being of the affected parties or dispel widespread rumor or unrest in the affected  
 41.10 facility.

41.11 ~~(j)~~ (n) Under any notification provision of this section, where federal law specifically  
 41.12 prohibits the disclosure of patient identifying information, a lead investigative agency may  
 41.13 not provide any notice unless the vulnerable adult has consented to disclosure in a manner  
 41.14 which conforms to federal requirements.

41.15 Sec. 26. Minnesota Statutes 2016, section 626.557, subdivision 14, is amended to read:

41.16 Subd. 14. **Abuse prevention plans.** (a) Each facility, except home health agencies and  
 41.17 personal care ~~attendant services providers~~ assistance provider agencies, shall establish and  
 41.18 enforce an ongoing written abuse prevention plan. The plan shall contain an assessment of  
 41.19 the physical plant, its environment, and its population identifying factors which may  
 41.20 encourage or permit abuse, and a statement of specific measures to be taken to minimize  
 41.21 the risk of abuse. The plan shall comply with any rules governing the plan promulgated by  
 41.22 the licensing agency.

41.23 (b) Each facility, including a home health care agency and personal care attendant  
 41.24 services providers, shall develop an individual abuse prevention plan for each vulnerable  
 41.25 adult residing there or receiving services from them. The plan shall contain an individualized  
 41.26 assessment of: (1) the person's susceptibility to abuse by other individuals, including other  
 41.27 vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements  
 41.28 of the specific measures to be taken to minimize the risk of abuse to that person and other  
 41.29 vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

41.30 (c) If the facility, except home health agencies and personal care attendant services  
 41.31 providers, knows that the vulnerable adult has committed a violent crime or an act of physical  
 41.32 aggression toward others, the individual abuse prevention plan must detail the measures to  
 41.33 be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose

42.1 to visitors to the facility and persons outside the facility, if unsupervised. Under this section,  
 42.2 a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression  
 42.3 if it receives such information from a law enforcement authority or through a medical record  
 42.4 prepared by another facility, another health care provider, or the facility's ongoing  
 42.5 assessments of the vulnerable adult.

42.6 (d) The commissioner of health must issue a correction order and may impose an  
 42.7 immediate fine upon a finding that the facility has failed to comply with this subdivision.

42.8 Sec. 27. Minnesota Statutes 2016, section 626.557, subdivision 17, is amended to read:

42.9 Subd. 17. **Retaliation prohibited.** (a) A facility or person shall not retaliate against any  
 42.10 person who reports in good faith, or who the facility or person believes reported, suspected  
 42.11 maltreatment pursuant to this section, or against a vulnerable adult with respect to whom a  
 42.12 report is made, because of the report or presumed report, whether mandatory or voluntary.

42.13 (b) In addition to any remedies allowed under sections 181.931 to 181.935, any facility  
 42.14 or person which retaliates against any person because of a report of suspected maltreatment  
 42.15 is liable to that person for actual damages, punitive damages up to \$10,000, and attorney  
 42.16 fees. A claim of retaliation may be brought upon showing that the claimant has a good faith  
 42.17 reason to believe retaliation as described under this subdivision occurred. The claim may  
 42.18 be brought regardless of whether or not there is confirmation that the name of the mandated  
 42.19 reporter was known.

42.20 (c) There shall be a rebuttable presumption that any adverse action, as defined below,  
 42.21 within 90 days of a report, is retaliatory. For purposes of this ~~clause~~ paragraph, the term  
 42.22 "adverse action" refers to action taken by a facility or person involved in a report against  
 42.23 the person making the report or the person with respect to whom the report was made because  
 42.24 of the report, and includes, but is not limited to:

42.25 (1) discharge or transfer from the facility;

42.26 (2) discharge from or termination of employment;

42.27 (3) demotion or reduction in remuneration for services;

42.28 (4) restriction or prohibition of access of the vulnerable adult to the facility or its residents;

42.29 ~~or~~

42.30 (5) any restriction of rights set forth in section 144.651, 144A.44, or 144A.441;

42.31 (6) any restriction of access to or use of amenities or services;

42.32 (7) termination of services or lease agreement;

43.1 (8) sudden increase in costs for services not already contemplated at the time of the  
 43.2 maltreatment report;

43.3 (9) deprivation of technology, communication, or electronic monitoring devices; and

43.4 (10) filing a maltreatment report in bad faith against the reporter; or

43.5 (11) oral or written communication of false information about the reporter.

43.6 Sec. 28. Minnesota Statutes 2016, section 626.5572, subdivision 6, is amended to read:

43.7 Subd. 6. **Facility.** (a) "Facility" means:

43.8 (1) a hospital or other entity required to be licensed under sections 144.50 to 144.58;

43.9 (2) a nursing home required to be licensed to serve adults under section 144A.02;

43.10 (3) a facility or service required to be licensed under chapter 245A;

43.11 (4) a home care provider licensed or required to be licensed under sections 144A.43 to  
 43.12 144A.482;

43.13 (5) a hospice provider licensed under sections 144A.75 to 144A.755;

43.14 (6) a housing with services establishment registered under chapter 144D, including an  
 43.15 entity operating under chapter 144G, assisted living title protection; or

43.16 (7) a person or organization that offers, provides, or arranges for personal care assistance  
 43.17 services under the medical assistance program as authorized under sections 256B.0625,  
 43.18 subdivision 19a, 256B.0651 to 256B.0654, 256B.0659, or 256B.85.

43.19 (b) For personal care assistance services identified in paragraph (a), clause (7), that are  
 43.20 provided in the vulnerable adult's own home or in another unlicensed location other than  
 43.21 an unlicensed setting listed in paragraph (a), the term "facility" refers to the provider, person,  
 43.22 or organization that offers, provides, or arranges for personal care assistance services, and  
 43.23 does not refer to the vulnerable adult's home or other location at which services are rendered.

43.24 Sec. 29. Minnesota Statutes 2016, section 626.5572, is amended by adding a subdivision  
 43.25 to read:

43.26 Subd. 12a. **Interested person.** "Interested person" means:

43.27 (1) a court-appointed guardian or conservator or other person designated in writing by  
 43.28 the vulnerable adult, including a nominated guardian or conservator, to act on behalf of the  
 43.29 vulnerable adult;

44.1 (2) a proxy or health care agent appointed under chapter 145B or 145C or similar law  
44.2 of another state, provided that the authority of the proxy or health care agent is currently  
44.3 effective under section 145C.06 or similar law; or

44.4 (3) a spouse, parent, adult child and siblings, or next of kin of the vulnerable adult.

44.5 Interested person does not include a person whose authority has been restricted by the  
44.6 vulnerable adult or by a court or who is the alleged or substantiated perpetrator of  
44.7 maltreatment of the vulnerable adult.

44.8 Sec. 30. **CRIMES AGAINST VULNERABLE ADULTS ADVISORY TASK FORCE.**

44.9 Subdivision 1. **Task force established; membership.** (a) The Crimes Against Vulnerable  
44.10 Adults Advisory Task Force consists of the following members:

44.11 (1) the commissioner of the Department of Public Safety or a designee;

44.12 (2) the commissioner of the Department of Human Services or a designee;

44.13 (3) the commissioner of the Department of Health or a designee;

44.14 (4) the attorney general or a designee;

44.15 (5) a representative from the Minnesota Bar Association;

44.16 (6) a representative from the Minnesota judicial branch;

44.17 (7) one member appointed by the Minnesota County Attorneys Association;

44.18 (8) one member appointed by the Minnesota Association of City Attorneys;

44.19 (9) one member appointed by the Minnesota Elder Justice Center;

44.20 (10) one member appointed by the Minnesota Home Care Association;

44.21 (11) one member appointed by Care Providers of Minnesota;

44.22 (12) one member appointed by LeadingAge Minnesota;

44.23 (13) one member appointed by AARP Minnesota; and

44.24 (14) one representative from a union that represents persons working in long-term care  
44.25 settings.

44.26 (b) The advisory task force may appoint additional members that it deems would be  
44.27 helpful in carrying out its duties under subdivision 2.

44.28 (c) The appointing authorities must complete the appointments listed in paragraph (a)  
44.29 by July 1, 2018.

45.1 (d) At its first meeting, the advisory task force shall elect a chair from among the members  
45.2 listed in paragraph (a).

45.3 Subd. 2. **Duties; recommendations and report.** (a) The advisory task force's duties  
45.4 are to review and evaluate laws relating to crimes against vulnerable adults, and any other  
45.5 information the task force deems relevant.

45.6 (b) By December 1, 2018, the advisory task force shall submit a report to the chairs and  
45.7 ranking minority members of the legislative committees with primary jurisdiction over  
45.8 health and human services and criminal policy. The report must contain the task force's  
45.9 findings and recommendations, including discussion of the benefits and problems associated  
45.10 with proposed changes. The report must include draft legislation to implement any  
45.11 recommended changes to statute.

45.12 Subd. 3. **Administrative provisions.** (a) The commissioner of human services shall  
45.13 provide meeting space and administrative support to the advisory task force.

45.14 (b) The commissioners of human services and health, and the attorney general shall  
45.15 provide technical assistance to the advisory task force.

45.16 (c) Advisory task force members shall service without compensation and shall not be  
45.17 reimbursed for expenses.

45.18 Subd. 4. **Expiration.** The advisory task force expires on May 20, 2019.

45.19 Sec. 31. **DIRECTION TO THE COMMISSIONER.**

45.20 The commissioner of health must post every substantiated report of maltreatment of a  
45.21 vulnerable adult at the Web site of the Office of Health Facility Complaints.

45.22 Sec. 32. **REPEALER.**

45.23 Minnesota Statutes 2016, section 256.021, is repealed.

**256.021 VULNERABLE ADULT MALTREATMENT REVIEW PANEL.**

Subdivision 1. **Creation.** (a) The commissioner of human services shall establish a review panel for purposes of reviewing lead investigative agency determinations regarding maltreatment of a vulnerable adult in response to requests received under section 626.557, subdivision 9d, paragraph (b). The panel shall hold quarterly meetings for purposes of conducting reviews under this section.

(b) The review panel consists of:

(1) the commissioners of health and human services or their designees;

(2) the ombudsman for long-term care and ombudsman for mental health and developmental disabilities, or their designees;

(3) a member of the board on aging, appointed by the board; and

(4) a representative from the county human services administrators appointed by the commissioner of human services or the administrator's designee.

Subd. 2. **Review procedure.** (a) If a vulnerable adult or an interested person acting on behalf of the vulnerable adult requests a review under this section, the panel shall review the request at its next quarterly meeting. If the next quarterly meeting is within ten days of the panel's receipt of the request for review, the review may be delayed until the next subsequent meeting. The panel shall review the request and the investigation memorandum and may review any other data on the investigation maintained by the lead investigative agency that are pertinent and necessary to its review of the final disposition. If more than one person requests a review under this section with respect to the same final disposition, the review panel shall combine the requests into one review. The panel shall submit its written request for the case file and other documentation relevant to the review to the supervisor of the investigator conducting the investigation under review.

(b) Within 30 days of the review under this section, the panel shall notify the director or manager of the lead investigative agency and the vulnerable adult or interested person who requested the review as to whether the panel concurs with the final disposition or whether the lead investigative agency must reconsider the final disposition. If the panel determines that the lead investigative agency must reconsider the final disposition, the panel must make specific recommendations to the director or manager of the lead investigative agency. The recommendation must include an explanation of the factors that form the basis of the recommendation to reconsider the final disposition and must specifically identify the disputed facts, the disputed application of maltreatment definitions, the disputed application of responsibility for maltreatment, and the disputed weighing of evidence, whichever apply. Within 30 days the lead investigative agency shall conduct a review and report back to the panel with its determination and the specific rationale for its final disposition. At a minimum, the specific rationale must include a detailed response to each of the factors identified by the panel that formed the basis for the recommendations of the panel.

(c) Upon receiving the report of reconsideration from the lead investigative agency, the panel shall communicate the decision in writing to the vulnerable adult or interested person acting on behalf of the vulnerable adult who requested the review. The panel shall include the specific rationale provided by the lead investigative agency as part of the communication.

Subd. 3. **Report.** By January 15 of each year, the panel shall submit a report to the committees of the legislature with jurisdiction over section 626.557 regarding the number of requests for review it receives under this section, the number of cases where the panel requires the lead investigative agency to reconsider its final disposition, and the number of cases where the final disposition is changed, and any recommendations to improve the review or investigative process.

Subd. 4. **Data.** Data of the review panel created or received as part of a review under this section are private data on individuals as defined in section 13.02.