

**SENATE  
STATE OF MINNESOTA  
NINETY-SECOND SESSION**

**S.F. No. 4309**

(SENATE AUTHORS: REST)

DATE  
03/28/2022

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Introduction and first reading  
Referred to Aging and Long-Term Care Policy

OFFICIAL STATUS

1.1 A bill for an act  
1.2 relating to state government; establishing a legislative task force to examine the  
1.3 aging demographics in the state and issues affecting healthy aging in the community  
1.4 to determine the necessity for a state department on aging; requiring a report;  
1.5 appropriating money.

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

1.7 Section 1. LEGISLATIVE TASK FORCE ON AGING.

1.8 Subdivision 1. Establishment. A legislative task force is established to examine whether  
1.9 a state department on aging is necessary to:

1.10 (1) develop plans for the aging and workforce demographics;

1.11 (2) develop and guide restructuring of state and local policy, programs, and funding that  
1.12 is aimed at healthy aging in the community;

1.13 (3) coordinate public, private, and independent sector endeavors for renovating  
1.14 system-based solutions that cover all major areas of the aging life experience, such as health,  
1.15 human services, housing, transportation, consumer affairs, employment and economic  
1.16 security, and business development;

1.17 (4) focus state resources on aging visibility and developing priorities for an aging  
1.18 demographic;

1.19 (5) develop measurable outcomes to address aging priorities while accounting for  
1.20 infrastructure differences such as transportation, Internet, and cellphone service across urban  
1.21 and rural localities;

2.1 (6) support an aging population through statewide and local endeavors for people to  
2.2 remain in their communities; and

2.3 (7) ensure all aging-related policies are inclusive of race, ethnicity, culture, geography,  
2.4 sexual orientation, abilities, and other characteristics that reflect the full population of the  
2.5 state.

2.6 Subd. 2. **Duties.** The task force review shall include but is not limited to:

2.7 (1) all current aging-related governmental functions, programs, and services across all  
2.8 state departments;

2.9 (2) the potential for public and private savings resulting from developing a state  
2.10 department on aging that leads and implements aging policies across all state agencies and  
2.11 departments;

2.12 (3) current public strategies to plan and execute policies and funding statewide including:

2.13 (i) redefining work and retirement;

2.14 (ii) supporting caregivers of all ages;

2.15 (iii) sustaining neighborhoods and communities;

2.16 (iv) improving delivery systems for health care and long-term care services; and

2.17 (v) integrating the Minnesota Age Friendly Council;

2.18 (4) the necessity for planning and economic development for aging in the state to address:

2.19 (i) recognition of longevity and the impact it has on economics, the workforce, advancing  
2.20 technology and innovations, and perception of what it means to age;

2.21 (ii) creating and integrating housing, land-use, transportation, economic, social service,  
2.22 and health systems that support a high quality of life for individuals of all ages and abilities;

2.23 (iii) a multigenerational plan to reduce statewide risk of social isolation, poverty, declining  
2.24 health, and poor economic well-being;

2.25 (iv) long-term and sustainable systems change that will address transportation needs at  
2.26 the scale needed for an aging population;

2.27 (v) developing markets for financial products that allow older adults to safely access the  
2.28 equity in their homes;

2.29 (vi) increasing the availability of affordable rental housing;

2.30 (vii) increasing coordination between health services and housing supports; and

3.1 (viii) integrating aging in the community across the range of state and federal programs;  
3.2 and

3.3 (5) coordinating the review of aging issues across all state agencies, Tribal nations, cities,  
3.4 counties, businesses, and neighborhoods.

3.5 Subd. 3. **Membership.** (a) The task force shall include the following members:

3.6 (1) two members from the house of representatives, one appointed by the speaker of the  
3.7 house and one appointed by the minority leader;

3.8 (2) two members from the senate, one appointed by the majority leader and one appointed  
3.9 by the minority leader;

3.10 (3) the chair of the Minnesota Board on Aging, or a designee;

3.11 (4) the chair of the Minnesota Council on Disabilities, or a designee;

3.12 (5) the chair of the Minnesota Indian Affairs Council, or a designee; and

3.13 (6) the director of the University of Minnesota Center for Healthy Aging and Innovation.

3.14 (b) The speaker of the house and the senate majority leader shall appoint a chair and a  
3.15 vice-chair for the membership of the task force. The chair and the vice-chair shall rotate  
3.16 after each meeting.

3.17 Subd. 4. **Report.** The task force shall submit a report with recommendations to the chairs  
3.18 and ranking minority members of the legislative committees with jurisdiction over health  
3.19 and human services finance and policy and state government by May 30, 2026.

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

3.21 Sec. 2. **APPROPRIATION; LEGISLATIVE COORDINATING COMMISSION.**

3.22 \$..... in fiscal year 2023 is appropriated from the general fund to the Legislative  
3.23 Coordinating Commission to carry out the purposes in section 1.