

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

S.F. No. 4409

(SENATE AUTHORS: ABELER)

DATE
03/31/2022

D-PG

OFFICIAL STATUS
Introduction and first reading
Referred to Human Services Reform Finance and Policy

1.1 A bill for an act
1.2 relating to long-term care; appropriating money to the commissioner of health and
1.3 the commissioner of human services for long-term care protection and support
1.4 activities and a temporary staffing pool.

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

1.6 Section 1. **COMMISSIONER OF HEALTH; LONG-TERM CARE PROTECTION**
1.7 **AND SUPPORT ACTIVITIES; APPROPRIATIONS.**

1.8 **Subdivision 1. COVID-19 testing and vaccinations in long-term care**
1.9 **facilities.** \$2,108,000 in fiscal year 2021 is appropriated from the general fund to the
1.10 commissioner of health for:

1.11 (1) contracts for teams to provide COVID-19 test specimen collection and vaccination
1.12 services to long-term care facilities; and

1.13 (2) activities of staff at the State Emergency Operations Center to support COVID-19
1.14 testing and vaccination in long-term care facilities, including but not limited to scheduling
1.15 and logistics management of specimen collection and vaccination teams and laboratory
1.16 services, monitoring contract performance, providing technical assistance and coordination
1.17 support to long-term care facilities seeking testing or vaccinations, and acting as liaisons
1.18 to long-term care stakeholders.

1.19 **Subd. 2. COVID-19 testing for certain Department of Health staff.** \$333,000 in fiscal
1.20 year 2021 is appropriated from the general fund to the commissioner of health to conduct
1.21 COVID-19 tests, in a manner consistent with federal testing requirements for nursing
1.22 facilities, on Department of Health regulatory staff who are required to enter long-term care
1.23 facilities to perform regulatory functions.

2.1 Subd. 3. **Nurse triage line.** \$480,000 in fiscal year 2021 is appropriated from the general
2.2 fund to the commissioner of health for a contract for a nurse triage line that reports
2.3 COVID-19 test results to residents and staff of certain long-term care facilities and responds
2.4 to questions from these facilities.

2.5 Subd. 4. **Staffing support to prevent COVID-19 transmission in long-term care**
2.6 **facilities.** \$631,000 in fiscal year 2021 is appropriated from the general fund to the
2.7 commissioner of health for contracts with infection control nurses and health care worker
2.8 monitoring staff for activities to prevent COVID-19 transmission in long-term care facilities.
2.9 Activities include but are not limited to assessing the infrastructure and capacity of long-term
2.10 care facilities to prevent COVID-19 transmission, providing technical assistance to prevent
2.11 transmission, contacting health care workers exposed to COVID-19, and assisting with
2.12 communications with health care workers exposed to COVID-19.

2.13 Subd. 5. **Infection control strike teams.** \$888,000 in fiscal year 2021 is appropriated
2.14 from the general fund to the commissioner of health to establish and deploy four five-person
2.15 infection control strike teams to long-term care facilities in the state experiencing an outbreak
2.16 of COVID-19 to provide targeted infection control support and advice to these facilities.
2.17 Infection control strike teams must be equipped with protocols for infection prevention and
2.18 control, methods to identify staffing solutions, local communication plans, and protocols
2.19 to assess facility needs and assist with supply procurement. Infection control strike teams
2.20 must coordinate with local public health departments and regional health care coalitions on
2.21 staffing and acquiring personal protective equipment.

2.22 Subd. 6. **Appropriation availability; cancellation.** The appropriations under this section
2.23 are onetime appropriations and are available until 60 days after the expiration of the
2.24 peacetime emergency declared under Minnesota Statutes, section 12.31, due to COVID-19,
2.25 or June 30, 2021, whichever occurs earlier. Any unexpended amounts that are not obligated
2.26 by that date cancel to the general fund.

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

2.28 Sec. 2. **COMMISSIONER OF HUMAN SERVICES; TEMPORARY STAFFING**
2.29 **POOL; APPROPRIATION.**

2.30 (a) \$2,000,000 in fiscal year 2021 is appropriated from the general fund to the
2.31 commissioner of human services to contract with third-party staffing entities, for the
2.32 contracted third-party staffing entities to recruit, hire, train, and employ a temporary staffing
2.33 pool. These temporary staff, at the request of the commissioner, may be deployed to
2.34 long-term care facilities and other group residential facilities and programs experiencing a

3.1 COVID-19-related staffing crisis on or after the effective date of this section. These
3.2 temporary staff must be provided at no cost to the facility or program receiving the temporary
3.3 staff.

3.4 (b) Members of the temporary staffing pool described in this section are not state
3.5 employees.

3.6 (c) The commissioner must coordinate the activities described in this section with the
3.7 commissioner of health, the commissioner of the Minnesota Housing Finance Agency, and
3.8 the State Emergency Operations Center to appropriately prioritize locations to deploy
3.9 contracted temporary staff for up to 14 days. The commissioner must give priority for
3.10 deploying staff to facilities and programs with the most significant staffing crises.

3.11 (d) A facility or program may seek assistance from the temporary staffing pool only
3.12 after the facility or program has used all resources available to obtain temporary staff but
3.13 is unable to meet the facility's or program's temporary staffing needs.

3.14 (e) As a condition of receiving staffing assistance from the temporary staffing pool, a
3.15 facility or program must provide employees a total of at least 80 hours of paid leave, prorated
3.16 for part-time employees, to be used if the employee must isolate or quarantine due to
3.17 COVID-19 infection or exposure, except as provided in paragraph (f). Paid leave provided
3.18 under this paragraph must be paid at the employee's regular salary or wages.

3.19 (f) An employee who has exhausted emergency paid sick leave provided under the
3.20 federal Families First Coronavirus Response Act is not entitled to paid leave under paragraph
3.21 (e). A facility or program shall not require an employee to use the employee's existing paid
3.22 or unpaid leave in lieu of the paid leave provided under paragraph (e), unless the facility or
3.23 program:

3.24 (1) already provides additional paid leave that is for the purpose of the paid leave provided
3.25 under paragraph (e);

3.26 (2) compensates the employee in an amount equal to or greater than the employee's
3.27 regular salary or wages; and

3.28 (3) provides paid leave that is in addition to the regular amount of paid leave provided
3.29 to the employee under the facility's or program's regular leave policies or applicable collective
3.30 bargaining agreement.

3.31 (g) Facilities and programs eligible to obtain temporary staff from the temporary staffing
3.32 pool include:

3.33 (1) nursing facilities;

- 4.1 (2) registered housing with services establishments, including those subject to assisted
4.2 living title protection and those not subject to assisted living title protection;
- 4.3 (3) intermediate care facilities for persons with developmental disabilities;
- 4.4 (4) adult foster care or community residential settings;
- 4.5 (5) licensed substance use disorder treatment facilities;
- 4.6 (6) unlicensed county-based substance use disorder treatment facilities;
- 4.7 (7) licensed facilities for adults with mental illness;
- 4.8 (8) licensed detoxification programs;
- 4.9 (9) licensed withdrawal management programs;
- 4.10 (10) licensed children's residential facilities;
- 4.11 (11) licensed child foster residence settings;
- 4.12 (12) unlicensed, tribal-certified facilities that perform functions similar to the licensed
4.13 facilities listed in this paragraph;
- 4.14 (13) boarding care homes;
- 4.15 (14) board and lodging establishments serving people with disabilities or disabling
4.16 conditions;
- 4.17 (15) board and lodging establishments with special services;
- 4.18 (16) supervised living facilities;
- 4.19 (17) supportive housing;
- 4.20 (18) sober homes;
- 4.21 (19) community-based halfway houses for people exiting the correctional system;
- 4.22 (20) shelters serving people experiencing homelessness;
- 4.23 (21) drop-in centers for people experiencing homelessness;
- 4.24 (22) homeless outreach services for unsheltered individuals;
- 4.25 (23) shelters for people experiencing domestic violence; and
- 4.26 (24) temporary isolation spaces for people who test positive for COVID-19.
- 4.27 (h) Notwithstanding any other law to the contrary, the commissioner may allocate funding
4.28 to maintain and extend existing contracts for temporary staffing entered into using

5.1 coronavirus relief funds awarded under 2020 Legislative Advisory Commission order
5.2 numbers 49 and 87. The commissioner may also allocate funding to enter into new contracts
5.3 with eligible entities under Minnesota Statutes, section 12.36, and may allocate funding for
5.4 the costs of training, testing, and personal protective equipment needed for temporary staff
5.5 deployed in the temporary staffing pool. The commissioner may use up to 6.5 percent of
5.6 this appropriation for the commissioner's costs related to administration of this program.

5.7 (i) This is a onetime appropriation and is available until June 30, 2021, or 60 days after
5.8 the expiration of the peacetime emergency declared under Minnesota Statutes, section 12.31,
5.9 due to COVID-19, whichever occurs earlier. Any unexpended amounts that are not obligated
5.10 by that date cancel to the general fund.

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