



March 24, 2022

Rep. Tina Liebling  
Chair, Health Finance & Policy Division  
477 State Office Building  
St. Paul, MN 55155

Rep. Jen Schultz  
473 State Office Building  
St. Paul, MN 55155

CC: Members of the House Health Finance & Policy Division, Patrick McQuillan, Committee Administrator

Dear Chair Liebling and Members of the Health Finance & Policy Division:

On behalf of the Long-Term Care Imperative, which represents over 2,000 providers across the long-term care continuum, we thank you for the opportunity to provide our feedback on legislative proposals being considered during the Friday, March 25 hearing.

First, thank you for taking action on HF4572 (Schultz): Modifying a definition of electronic monitoring; modifying provisions for the home care and assisted living program advisory council; modifying provisions for assisted living licensure. We would like to follow up with the Department of Health and Rep. Schultz, concerning section 35, Subd (2)(b) of the bill which requires that an applicant's assisted living director, managerial official and clinical nurse supervisor have experience in managing residents with dementia or employ a consult. Given our workforce challenges, it will be challenging to ensure there is experience across all three positions. We would respectfully ask for consideration of a change that would require at least one of those three leadership positions to have such experience, instead of all three. We look forward to discussing this potential revision with stakeholders and addressing a small number of technical questions, as the bill moves forward.

The Long-Term Care Imperative would like to note we have a number of concerns with provisions of HF4573 (Schultz). This proposal has several highly technical changes to current state and federal requirements that we are still reviewing. Initial reviews show reporting requirements far more onerous than current federal Medicare requirements and our state reporting requirements. Our concern is with unintended consequences where an ownership change would be in the best interest of the state and residents in a community, yet the new standards would

make it difficult for that transaction to occur. While this is not exhaustive list, here are a few examples where further review is warranted:

- Line 2.8 includes in the definition of Controlling Individual any entity or person that has any ownership interest in “any other legal or business entity”. It appears such other entity could be a business that is unrelated to control of the licensee in question.
- lines 2.11-2.13 requiring all minority interests to be included under this definition--even of indirect ownership we fear will be a high bar that will be operationally cumbersome
- Line 4.17 defines “managing control” but the term is not otherwise used in the bill or in Chapter 144A.
- Line 9.29: we would like to understand the scope of inquiry MDH would be making with respect to the issues overseen by the Department of Human Services.
- Line 10.6: The bill uses the term “provisional license,” which is not currently a licensure category within Chapter 144A.
- Line 7.3: we are unclear what “statistical information required by commissioner” means.

As we continue our review of this legislation and its impact on long-term care providers, we would like to work with Rep. Schultz, MDH, DHS, members of this committee, and stakeholders to ensure that the intended goals of the legislation are better understood and reasonably achieved.

Thank you for the opportunity to provide feedback on your agenda today. We welcome any questions or follow up from you.

Sincerely,

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Vice President of Strategic Initiatives  
Care Providers of Minnesota  
Member, Long Term Care Imperative

Erin Huppert  
Vice President of Advocacy  
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