

1.1 moves to amend H.F. No. 3308 as follows:

1.2 Page 6, after line 19, insert:

1.3 "Sec. 5. Minnesota Statutes 2016, section 144A.53, subdivision 1, is amended to read:

1.4 Subdivision 1. **Powers.** The director may:

1.5 (a) Promulgate by rule, pursuant to chapter 14, and within the limits set forth in
1.6 subdivision 2, the methods by which complaints against health facilities, health care
1.7 providers, home care providers, or residential care homes, or administrative agencies are
1.8 to be made, reviewed, investigated, and acted upon; provided, however, that a fee may not
1.9 be charged for filing a complaint.

1.10 (b) Recommend legislation and changes in rules to the state commissioner of health,
1.11 governor, administrative agencies or the federal government.

1.12 (c) Investigate, upon a complaint or upon initiative of the director, any action or failure
1.13 to act by a health care provider, home care provider, residential care home, or a health
1.14 facility.

1.15 (d) Request and receive access to relevant information, records, incident reports, or
1.16 documents in the possession of an administrative agency, a health care provider, a home
1.17 care provider, a residential care home, or a health facility, and issue investigative subpoenas
1.18 to individuals and facilities for oral information and written information, including privileged
1.19 information which the director deems necessary for the discharge of responsibilities. For
1.20 purposes of investigation and securing information to determine violations, the director
1.21 need not present a release, waiver, or consent of an individual. The identities of patients or
1.22 residents must be kept private as defined by section 13.02, subdivision 12.

1.23 (e) Enter and inspect, at any time, a health facility or residential care home and be
1.24 permitted to interview staff; provided that the director shall not unduly interfere with or

2.1 disturb the provision of care and services within the facility or home or the activities of a
2.2 patient or resident unless the patient or resident consents.

2.3 (f) Issue correction orders and assess civil fines for all licensing violations or maltreatment
2.4 determinations, including licensing violations or maltreatment determinations identified in
2.5 the appeals or review process following final disposition of a maltreatment report or issuance
2.6 of a citation for a licensing violation. Correction orders shall be issued and civil penalties
2.7 shall be assessed pursuant to section 144.653 or any other law which provides for the issuance
2.8 of correction orders to health facilities or home care provider, or under section 144A.45. A
2.9 facility's or home's refusal to cooperate in providing lawfully requested information may
2.10 also be grounds for a correction order.

2.11 (g) Recommend the certification or decertification of health facilities pursuant to Title
2.12 XVIII or XIX of the United States Social Security Act.

2.13 (h) Assist patients or residents of health facilities or residential care homes in the
2.14 enforcement of their rights under Minnesota law.

2.15 (i) Work with administrative agencies, health facilities, home care providers, residential
2.16 care homes, and health care providers and organizations representing consumers on programs
2.17 designed to provide information about health facilities to the public and to health facility
2.18 residents."

2.19 Page 6, after line 33, insert:

2.20 "Sec. 7. Minnesota Statutes 2016, section 144A.53, is amended by adding a subdivision
2.21 to read:

2.22 Subd. 6. **Training and operations panel.** (a) The director shall establish a training and
2.23 operations panel within the Office of Health Facility Complaints to examine and make
2.24 recommendations, on an ongoing basis, on continual improvements to the operation of the
2.25 office. The training and operations panel shall be composed of office staff, including
2.26 investigators and intake and triage staff; one or more representatives of the commissioner's
2.27 office; and employees from any other divisions in the Department of Health with relevant
2.28 knowledge or expertise. The training and operations panel may also consult with employees
2.29 from other agencies in state government with relevant knowledge or expertise.

2.30 (b) The training and operations panel shall examine and make recommendations to the
2.31 director and the commissioner regarding introducing or refining office systems, procedures,
2.32 and staff training in order to improve office and staff efficiency; enhance communications
2.33 between the office, health care facilities, home care providers, and residents or clients; and

3.1 provide for appropriate, effective protection for vulnerable adults through rigorous
3.2 investigations and enforcement of laws. Panel duties include but are not limited to:

3.3 (1) developing the office's training processes to adequately prepare and support
3.4 investigators in performing their duties;

3.5 (2) developing clear, consistent internal policies for conducting investigations as required
3.6 by federal law, including policies to ensure staff meet the deadlines in state and federal laws
3.7 for triaging, investigating, and making final dispositions of cases involving maltreatment,
3.8 and procedures for notifying the vulnerable adult, reporter, and facility of any delays in
3.9 investigations; communicating these policies to staff in a clear, timely manner; and
3.10 developing procedures to evaluate and modify these internal policies on an ongoing basis;

3.11 (3) developing and refining quality control measures for the intake and triage processes,
3.12 through such practices as reviewing a random sample of the triage decisions made in case
3.13 reports or auditing a random sample of the case files to ensure the proper information is
3.14 being collected, the files are being properly maintained, and consistent triage and
3.15 investigations determinations are being made;

3.16 (4) developing and maintaining systems and procedures to accurately determine the
3.17 situations in which the office has jurisdiction over a maltreatment allegation;

3.18 (5) developing and maintaining audit procedures for investigations, to ensure investigators
3.19 obtain and document information necessary to support decisions;

3.20 (6) developing and maintaining procedures to, following a maltreatment determination,
3.21 clearly communicate the appeal or review rights of all parties, upon final disposition;

3.22 (7) continuously upgrading the information on and utility of the office's Web site through
3.23 such steps as providing clear, detailed information about the appeal or review rights of
3.24 vulnerable adults, alleged perpetrators, and providers and facilities; and

3.25 (8) publishing, in coordination with other staff at the Department of Health, the public
3.26 portions of all investigation memoranda prepared by the commissioner of health in the past
3.27 five years under section 626.557, subdivision 12b, and the public portions of all final orders
3.28 in the past five years related to licensing violations under this chapter.

3.29 Sec. 8. Minnesota Statutes 2016, section 626.557, subdivision 5, is amended to read:

3.30 Subd. 5. **Immunity; protection for reporters.** (a) A person who makes a good faith
3.31 report is immune from any civil or criminal liability that might otherwise result from making

4.1 the report, or from participating in the investigation, or for failure to comply fully with the
4.2 reporting obligation under section 609.234 or 626.557, subdivision 7.

4.3 (b) A person employed by a lead investigative agency or a state licensing agency who
4.4 is conducting or supervising an investigation or enforcing the law in compliance with this
4.5 section or any related rule or provision of law is immune from any civil or criminal liability
4.6 that might otherwise result from the person's actions, if the person is acting in good faith
4.7 and exercising due care.

4.8 (c) A person who knows or has reason to know a report has been made to a common
4.9 entry point and who in good faith participates in an investigation of alleged maltreatment
4.10 is immune from civil or criminal liability that otherwise might result from making the report,
4.11 or from failure to comply with the reporting obligation or from participating in the
4.12 investigation.

4.13 (d) The identity of any reporter may not be disclosed, except as provided in ~~subdivision~~
4.14 subdivisions 9c and 12b.

4.15 (e) For purposes of this subdivision, "person" includes a natural person or any form of
4.16 a business or legal entity."

4.17 Page 7, line 6, after the period insert "If a vulnerable adult who is the subject of the
4.18 report, or the vulnerable adult's guardian or health care agent, so inquires, the lead
4.19 investigative agency shall disclose to the person who inquired whether the lead investigative
4.20 agency has received a report from a facility regarding maltreatment of the vulnerable adult."

4.21 Page 12, line 31, after the period insert "In addition, the commissioner of health shall
4.22 publish on the Department of Health Web site the public portions of all investigation
4.23 memoranda prepared by the commissioner according to this subdivision for at least the past
4.24 five year-period. These memoranda must be compiled in a manner that allows consumers
4.25 to search for memoranda by the name of the facility investigated or the physical location
4.26 of the facility investigated."

4.27 Page 15, after line 4, insert:

4.28 "Sec. 14. **REPORT; PROGRESS IN MEETING INVESTIGATION DEADLINES.**

4.29 By September 15, 2018, March 15, 2019, and September 15, 2019, the commissioner
4.30 of health shall report to chairs and ranking minority members of the legislative committees
4.31 with jurisdiction over health care or aging and long-term care, regarding steps taken by the
4.32 commissioner to improve compliance of the Office of Health Facility Complaints with
4.33 deadlines in state and federal law for triaging, investigating, and making final dispositions

5.1 of cases alleging maltreatment of vulnerable adults. In the reports under this section, the
5.2 commissioner must provide data on the office's compliance with deadlines in state and
5.3 federal law, and a plan to improve timeliness in any areas in which it is noncompliant."

5.4 Renumber the sections in sequence and correct the internal references

5.5 Amend the title accordingly