SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 3544

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DATE	D-PG	OFFICIAL STATUS
05/19/2025		Introduction and first reading
		Referred to Human Services

A bill for an act

relating to human services; modifying rights and protections for residents of certain long-term care settings; modifying rights and protections for clients receiving home care services and rights and protections for home and community-based services recipients; requiring training; prohibiting certain arbitration provisions; requiring certain notices; authorizing civil actions; appropriating money; amending Minnesota Statutes 2024, sections 144.651, subdivisions 2, 6, 12, 15, 16, 22, 26, 28, 29, by adding subdivisions; 144.652, subdivision 2, by adding a subdivision; 144A.43, by adding subdivisions; 144A.44, subdivision 1, by adding a subdivision; 144A.472, subdivision 1; 144A.474, subdivision 11; 144A.4791, subdivisions 1, 11, by adding a subdivision; 144A.4796, subdivisions 2, 6, 7, by adding a subdivision; 144G.08, by adding subdivisions; 144G.31, subdivision 4; 144G.63, subdivision 7; 144G.90, subdivision 1; 144G.91, subdivisions 4, 5, 10, 12, 13, 15, 17, by adding subdivisions; 245A.07, subdivision 3, as amended; 245D.02, by adding subdivisions; 245D.04; 245D.09, subdivisions 4, 5, by adding a subdivision; 245D.095, subdivision 5; 245D.21, by adding a subdivision; 256.9742, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 144; 144A; 144G.

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

ARTICLE 1

LGBTQIA2S+ AND HIV LONG-TERM CARE BILL OF RIGHTS

Section 1. **TITLE.**

This article may be cited as the LGBTQIA2S+ and HIV long-term care bill of rights.

Sec. 2. **FINDINGS AND PURPOSE.**

(a) LGBTQIA2S+ older people and older people living with HIV fear or face discrimination in nearly all settings, but particularly in long-term care settings, where they may be subject to a wide array of discriminatory acts and mistreatment.

(b) Discriminatory acts and mistreatment may include facilities and their staff forcing residents to wear clothing contrary to their gender identity; refusing to use a resident's chosen name or pronouns; imposing traumatic detransitions; restricting medical decision-making to a resident's biological family against that resident's wishes; refusing to accept health care power of attorney from a resident's spouse or partner; disregarding residents' rooming and visitation preferences; imposing discriminatory restrictions on visitation; and wrongfully discharging or refusing to admit residents based on sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status.

(c) LGBTQIA2S+ residents and residents living with HIV may endure inadequate care because staff lack the training and experience to provide sensitive, culturally competent services. Additionally, staff may lack medical understanding of the medications and treatments certain residents require, particularly those living with HIV, those who access gender-affirming care, and those with particular medical needs related to an intersex variation.

(d) Residents in long-term care facilities are uniquely vulnerable to mistreatment and abuse because of the inherent imbalance of power between residents and staff. Often residents are socially isolated from friends and family and must rely heavily on facility staff for basic needs like bathing, dressing, feeding, and medication administration. Residents may have physical or mental disabilities that impede their ability to draw attention to or report mistreatment or may not feel safe doing so.

(e) Discrimination against LGBT individuals in long-term care facilities is not always addressed, according to "Stories from the Field: LGBT Older Adults in Long-Term Care Facilities," a 2011 study published by the National Senior Citizens Law Center (now Justice in Aging). In that study, 43 percent of respondents reported personally witnessing or experiencing instances of mistreatment of LGBT seniors in a long-term care facility, including verbal or physical harassment from other residents; being refused admission or readmission or being abruptly discharged; verbal or physical harassment from staff; staff refusal to accept health care power of attorney from the resident's spouse or partner; discriminatory restrictions on visitation; and staff refusal to refer to a transgender resident by the resident's chosen name or pronouns. Eighty-one percent of respondents believed that other residents would discriminate against an LGBT elder in a long-term care facility; 89 percent of respondents believed that staff would discriminate against an LGBT elder in a long-term care facility; and 53 percent believed that staff discrimination would rise to the level of abuse or neglect.

(f) Despite existing protections, LGBTQIA2S+ older people and older people living with HIV may fear that they may still face discrimination. This article rectifies this by

establishing affirmative requirements for long-term care facilities, prohibiting specific discriminatory acts in long-term care settings, and providing information and remedies to ensure that residents living with HIV know their rights and have the means to enforce them.

(g) It is the purpose of this article to expand, clarify, confirm, and create greater consistency in the rights and protections of long-term care residents against discrimination on the basis of the resident's actual or perceived sex, including sexual orientation, gender identity, and sex characteristics, including intersex traits, or HIV status.

Sec. 3. **[144.505] TRAINING IN LGBTQIA2S+ AND HIV CULTURAL COMPETENCY.**

Subdivision 1. **Training required.** (a) All boarding care homes and supervised living facilities must meet the training requirements in this section for LGBTQIA2S+ and HIV cultural competency:

(1) supervisors of direct-care staff must have at least four hours of initial training on the topics listed in subdivision 2 within six months of the employment start date and must have at least two hours of training on the topics listed in subdivision 2 for every two years of employment thereafter;

(2) direct-care staff must have at least four hours of initial training on the topics listed in subdivision 2 within six months of the employment start date and must have at least four hours of training on the topics listed in subdivision 2 for every two years of employment thereafter; and

(3) non-direct-care staff must have at least two hours of initial training on the topics listed in subdivision 2 within six months of the employment start date and must have at least two hours of training on the topics listed in subdivision 2 for every two years of employment thereafter.

(b) A boarding care home or supervised living facility must implement a schedule to train existing staff on the content specified in subdivision 2.

Subd. 2. **Content.** At a minimum, the training must address:

(1) the terms and language commonly used by members of the LGBTQIA2S+ community and people living with HIV, including but not limited to sexual orientation, gender identity, gender expression, intersex status, and HIV status, and using definitions from the National Institute of Allergy and Infectious Diseases HIV Language Guide;

(2) the health and social challenges historically experienced by members of the LGBTQIA2S+ community and people living with HIV, including discrimination when seeking or receiving care and the physical and mental health effects associated with this discrimination;

(3) best practices for communicating with or about the LGBTQIA2S+ community and people living with HIV, including using an individual's chosen name and pronouns;

(4) strategies to create a safe, affirming environment for LGBTQIA2S+ community members and people living with HIV, including suggested changes to policies and procedures of the facility, forms, signage, communication between residents and family members, activities, in-house services, and staff training;

(5) information on why people with a diverse sexual orientation, gender identity, gender expression, intersex status, or two-spirit identity, or people living with HIV may hide their identities;

(6) information on the unique needs of people with a diverse sexual orientation, gender identity, gender expression, intersex status, or two-spirit identity, or of people living with HIV;

(7) an overview of the rights and protections for people with a diverse sexual orientation, gender identity, gender expression, intersex status, or two-spirit identity, and for people living with HIV;

(8) how to respectfully ask questions about, and respond to questions and concerns relating to, sexual orientation, gender identity, and gender expression, and information on why these questions are important for long-term care facilities;

(9) basic information about HIV, transmission of HIV, the history of HIV, the stigma and discrimination experienced by people living with HIV, and common myths about HIV, and the role of facility staff in creating a respectful and inclusive environment for residents living with HIV; and

(10) how to provide stigma-free care, respect the rights of residents living with HIV, and use appropriate language when discussing HIV.

Subd. 3. **Forms of training; other requirements.** The training required under this section may be in person or online. A staff person who completes in-person training must obtain proof that the staff person completed the training in the form of a certificate signed by the staff person and the staff person's supervisor. Online training must include controls to ensure the full training is completed, use of a personal identification number or personal

identification information to confirm the identity of the staff person participating in the training, and a printable certificate that verifies the staff person completed the training. A staff person who completes online training must print and sign the certificate, and have the certificate signed by the staff person's supervisor.

Subd. 4. **Training provider.** The training required under this section must be provided by an entity:

(1) whose mission and work demonstrate a belief in the reality and authenticity of LGBTQIA2S+ identities and HIV, including but not limited to an understanding that gender identity is a spectrum, an understanding that individuals can and should be allowed to transition genders if it is their choice, an understanding that HIV causes AIDS, and a belief that all members of the LGBTQIA2S+ community and those living with HIV deserve equal protection under the law;

(2) with expertise in identifying and addressing the legal and social challenges faced by LGBTQIA2S+ individuals and individuals living with HIV as they age and those faced by LGBTQIA2S+ residents and residents living with HIV in long-term care facilities; and

(3) that has a commitment to advancing quality of care for LGBTQIA2S+ residents and residents living with HIV in the state.

Subd. 5. **Approval of training program.** The commissioner must establish a process for the commissioner to review and approve a facility's proposed training program under this section. The commissioner must approve a facility's proposed training program within 90 days after the facility requests approval if:

(1) the facility submits with the request for approval, a statement of the qualifications and training experience of the individual or entity providing the training; the proposed method of providing the training, either in person or online; an outline of the training; and copies of the materials used in the training; and

(2) the training meets the requirements in subdivisions 1 to 4.

Subd. 6. **Documentation of training.** The boarding care home or supervised living facility must retain evidence in the employee record of each staff person having completed the training required by this section.

Sec. 4. Minnesota Statutes 2024, section 144.651, subdivision 2, is amended to read:

Subd. 2. **Definitions.** (a) For the purposes of this section, the following terms have the meanings given.

(b) "Gender expression" means an individual's gender-related appearance and behavior, whether or not these are stereotypically associated with the sex the individual was assigned at birth.

(c) "Gender identity" has the meaning given in section 363A.03, subdivision 50.

(d) "Gender nonconforming" means having a gender expression that does not conform to stereotypical expectations of an individual's gender.

(e) "Gender transition" means a process by which an individual begins to live according to that individual's gender identity rather than the sex the individual was assigned at birth. This process may include changing the individual's clothing, appearance, name, or identification documents, or undergoing medical treatments.

(f) "Harass" or "harassment" means acting in a manner that is unwanted, unwelcome, or uninvited; that demeans, threatens, or offends the individual; and that results in a hostile environment for the individual. Harass or harassment includes acts such as requiring an individual to show identity documents in order to gain entrance to a restroom or other area of a facility that is available to other individuals of the same gender identity as the individual.

(g) "HIV" means the human immunodeficiency virus.

(h) "LGBTQIA2S+" means an individual who identifies as lesbian, gay, bisexual, transgender, gender expansive, queer, intersex, asexual, or two-spirit.

(i) "Patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center or at a birth center licensed under section 144.615. "Patient" also means a minor who is admitted to a residential program as defined in section 253C.01. For purposes of subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving mental health treatment on an outpatient basis or in a community support program or other community-based program.

(j) "Resident" means a person who is admitted to a nonacute care facility including extended care facilities, nursing homes, and boarding care homes for care required because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care home under sections

144.50 to 144.56, or a supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which operates a rehabilitation program licensed under chapter 245G or 245I, or Minnesota Rules, parts 9530.6510 to 9530.6590.

(k) "Sexual orientation" has the meaning given in section 363A.03, subdivision 44.

(l) "Transgender" is an umbrella term for an individual whose gender identity or gender expression is different from cultural expectations based on the sex the individual was assigned at birth.

Sec. 5. Minnesota Statutes 2024, section 144.651, is amended by adding a subdivision to read:

Subd. 4a. **Nondiscrimination notice.** Residents must be provided with the following notice when residents are provided with the statement of rights under subdivision 4:

"[Name of provider] will not discriminate against residents, and does not permit discrimination against residents, including but not limited to bullying, abuse, or harassment, on the basis of actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status, or based on association with another individual on account of that individual's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status. You may file a complaint with the Office of Health Facility Complaints or the Office of Ombudsman for Long-Term Care if you believe that you have experienced this kind of discrimination."

Sec. 6. Minnesota Statutes 2024, section 144.651, is amended by adding a subdivision to read:

Subd. 5a. **Chosen name and pronouns; gender identity.** A resident has the right to be free from having others repeatedly, knowingly, and willfully refuse to use the resident's chosen name or pronouns after being reasonably informed of the resident's chosen name and pronouns. The facility and facility staff must not refuse to use a resident's chosen name and pronouns based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, or two-spirit identity. A resident has the right to have the resident's oral or written attestation of the resident's gender identity accepted by a facility and facility staff, and a facility or facility staff must not require a resident to provide proof of the resident's gender identity using any form of identification.

Sec. 7. Minnesota Statutes 2024, section 144.651, subdivision 6, is amended to read:

Subd. 6. **Appropriate health care and personal care.** (a) Patients and residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning. ~~This right is~~

(b) Residents have the right to health care and personal care, including medication, that is appropriate to the resident's organs and bodily needs and have the right to not be provided with medical care or personal care that, to a similarly situated, reasonable person, unduly demeans the resident's dignity or causes avoidable discomfort. A facility must not refuse or willfully fail to provide any health care, personal care, or reasonable accommodation to a resident based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status.

(c) Transgender residents have the right to be provided with access to any assessments, therapies, and treatments that are recommended by the resident's health care provider, including but not limited to transgender-related medical care, hormone therapy, and supportive counseling.

(d) The rights in this subdivision are limited where the service is not reimbursable by public or private resources.

Sec. 8. Minnesota Statutes 2024, section 144.651, subdivision 12, is amended to read:

Subd. 12. **Right to refuse care.** Competent patients and residents shall have the right to refuse treatment based on the information required in subdivision 9. LGBTQIA2S+ residents, residents living with HIV, and residents receiving treatment for HIV have the right to refuse to be examined, observed, or treated by facility staff when the primary purpose is educational or informational rather than therapeutic, and this refusal shall not diminish the resident's ability to access care for diagnosis or treatment. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a patient or resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician, advanced practice registered nurse, or physician assistant in the patient's or resident's medical record.

Sec. 9. Minnesota Statutes 2024, section 144.651, is amended by adding a subdivision to read:

Subd. 14a. **Reasonable action to prevent discrimination or harassment.** A facility must take reasonable actions within the facility's control to prevent discrimination or harassment against a resident by all individuals present in the facility, including but not limited to staff, contractors, and other residents, based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status, when the facility knows or should know about the discrimination or harassment.

Sec. 10. Minnesota Statutes 2024, section 144.651, subdivision 15, is amended to read:

Subd. 15. **Treatment privacy.** Patients and residents shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Persons not directly involved in providing personal care, medical care, social support, or administrative support to a transgender resident, gender-nonconforming resident, resident living with HIV, or resident receiving treatment for HIV must not be present during case discussions, physical examinations, treatment, or personal care for that resident without the resident's express permission. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient or resident safety or assistance. A facility must use doors, curtains, screens, or other effective visual barriers to provide bodily privacy to transgender residents, gender-nonconforming residents, residents living with HIV, and residents receiving treatment for HIV whenever the residents are partially or fully unclothed.

Sec. 11. Minnesota Statutes 2024, section 144.651, subdivision 16, is amended to read:

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

(b) Residents have the right to have the facility not disclose any personally identifiable information regarding whether a resident is LGBTQIA2S+, a resident's gender transition status, or a resident's HIV status or perceived HIV status. A facility must take appropriate steps to minimize the likelihood of inadvertent or accidental disclosure of this information to other residents, visitors, or staff, except to the minimum extent necessary for staff to perform their duties.

Sec. 12. Minnesota Statutes 2024, section 144.651, subdivision 22, is amended to read:

Subd. 22. **Personal property.** Patients and residents may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients or residents, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. Residents have the right to wear clothing, accessories, and cosmetics and engage in grooming practices that are permitted for any other resident and a facility and facility staff must not limit these rights based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, or two-spirit identity. The facility must either maintain a central locked depository or provide individual locked storage areas in which residents may store their valuables for safekeeping. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

Sec. 13. Minnesota Statutes 2024, section 144.651, subdivision 26, is amended to read:

Subd. 26. **Right to associate.** (a) Residents may meet with and receive visitors and participate in activities of commercial, religious, political, as defined in section 203B.11 and community groups without interference at their discretion if the activities do not infringe on the right to privacy of other residents or are not programmatically contraindicated. This includes:

(1) the right to join with other individuals within and outside the facility to work for improvements in long-term care;

(2) the right to visitation by an individual the patient has appointed as the patient's health care agent under chapter 145C;

(3) the right to visitation and health care decision making by an individual designated by the patient under paragraph (c).

(b) Upon admission to a facility where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or

the legal guardian or conservator of the patient or resident, shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility to callers and visitors who may seek to communicate with the patient or resident. To the extent possible, the legal guardian or conservator of a patient or resident shall consider the opinions of the patient or resident regarding the disclosure of the patient's or resident's presence in the facility.

(c) Upon admission to a facility, the patient or resident, or the legal guardian or conservator of the patient or resident, must be given the opportunity to designate a person who is not related who will have the status of the patient's next of kin with respect to visitation and making a health care decision. A designation must be included in the patient's health record. With respect to making a health care decision, a health care directive or appointment of a health care agent under chapter 145C prevails over a designation made under this paragraph. The unrelated person may also be identified as such by the patient or by the patient's family.

(d) A resident has the right to associate with other residents or visitors, including the right to consensual sexual relations or to displays of physical affection, unless the restriction is uniformly applied to all residents in a nondiscriminatory manner. A resident living with HIV or perceived to be living with HIV must not be isolated by facility staff due to the resident's actual or perceived HIV status, including but not limited to limiting the resident to the resident's room, limiting areas of the facility where the resident is permitted to go, or limiting the restrooms the resident is permitted to use.

Sec. 14. Minnesota Statutes 2024, section 144.651, is amended by adding a subdivision to read:

Subd. 26a. **Restrooms.** A resident has the right to use any restroom that is available for use by other residents of the same gender identity as the resident, regardless of whether the resident is making a gender transition, has taken or is taking hormones, has undergone gender affirmation surgery, or presents as gender nonconforming. A resident has the right to not be harassed for seeking to use or using a restroom that is available for use by other residents of the same gender identity as the resident.

Sec. 15. Minnesota Statutes 2024, section 144.651, subdivision 28, is amended to read:

Subd. 28. **Married residents; sharing a room.** (a) Residents, if married, shall be assured privacy for visits by their spouses and, if both spouses are residents of the facility, they shall

be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical records.

(b) Two consenting residents shall be permitted to share a room.

(c) If rooms are assigned by gender, a transgender resident or LGBTQIA2S+ resident must not be reassigned to a room or be refused a room assignment other than in accordance with the resident's gender identity, unless so requested by the resident or required by federal law.

Sec. 16. Minnesota Statutes 2024, section 144.651, subdivision 29, is amended to read:

Subd. 29. **Admissions, transfers, and discharges.** Residents shall not be arbitrarily transferred or discharged. Residents shall not be denied admission, transferred, refused a transfer, or discharged based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status. Residents must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days before discharge from the facility and seven days before transfer to another room within the facility. This notice shall include the resident's right to contest the proposed action, with the address and telephone number of the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12). The resident, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the facility's control, such as a determination by utilization review, the accommodation of newly admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare, or nonpayment for stay unless prohibited by the public program or programs paying for the resident's care, as documented in the medical record. Facilities shall make a reasonable effort to accommodate new residents without disrupting room assignments.

Sec. 17. Minnesota Statutes 2024, section 144.652, subdivision 2, is amended to read:

Subd. 2. **Correction order; emergencies.** (a) A substantial violation of the rights of any patient or resident as defined in section 144.651, shall be grounds for issuance of a correction order pursuant to section 144.653 or 144A.10.

(b) The issuance or nonissuance of a correction order shall not preclude, diminish, enlarge, or otherwise alter private action by or on behalf of a patient or resident to enforce any unreasonable violation of the patient's or resident's rights.

(c) Notwithstanding paragraph (a), a substantial violation of the rights of a resident related to the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status shall be grounds for issuance of a correction order and imposition of a fine under section 144.653 or 144A.10. Notwithstanding section 144.653, subdivisions 5 and 6, or 144A.10, subdivisions 5 and 6, the commissioner must immediately impose a fine for a violation described in this paragraph without first providing the facility with an opportunity to correct the violation or issuing a notice of noncompliance.

(d) Compliance with the provisions of section 144.651 shall not be required whenever emergency conditions, as documented by the attending physician, advanced practice registered nurse, or physician assistant in a patient's medical record or a resident's care record, indicate immediate medical treatment, including but not limited to surgical procedures, is necessary and it is impossible or impractical to comply with the provisions of section 144.651 because delay would endanger the patient's or resident's life, health, or safety.

Sec. 18. Minnesota Statutes 2024, section 144.652, is amended by adding a subdivision to read:

Subd. 3. **Civil action.** A resident injured by a violation of a right listed in section 144.651 based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status may bring a civil action to recover damages and costs and reasonable attorney fees.

Sec. 19. **[144A.045] TRAINING IN LGBTQIA2S+ AND HIV CULTURAL COMPETENCY.**

Subdivision 1. **Training required.** (a) All nursing homes must meet the training requirements in this section for LGBTQIA2S+ and HIV cultural competency:

(1) supervisors of direct-care staff must have at least four hours of initial training on the topics listed in section 144.505, subdivision 2, within six months of the employment start date, and must have at least two hours of training on the topics listed in section 144.505, subdivision 2, for every two years of employment thereafter;

(2) direct-care staff must have at least four hours of initial training on the topics listed in section 144.505, subdivision 2, within six months of the employment start date, and must have at least four hours of training on the topics listed in section 144.505, subdivision 2, for every two years of employment thereafter; and

(3) non-direct-care staff must have at least two hours of initial training on the topics listed in section 144.505, subdivision 2, within six months of the employment start date, and must have at least two hours of training on the topics listed in section 144.505, subdivision 2, for every two years of employment thereafter.

(b) A nursing home must implement a schedule to train existing staff on the topics listed in section 144.505, subdivision 2.

Subd. 2. **Forms of training; other requirements.** The training required under this section may be in person or online and must satisfy the requirements in section 144.505, subdivision 3. A staff person who completes in-person training or online training must comply with the requirements for in-person training or online training, as applicable, in section 144.505, subdivision 3.

Subd. 3. **Training provider.** The training required under this section must be provided by an entity that meets the requirements in section 144.505, subdivision 4.

Subd. 4. **Approval of training program.** The commissioner must establish a process for the commissioner to review and approve a nursing home's proposed training program under this section. The commissioner must approve a nursing home's proposed training program within 90 days after the nursing home requests approval if:

(1) the nursing home submits with the request for approval, a statement of the qualifications and training experience of the individual or entity providing the training; the proposed method of providing the training, either in person or online; an outline of the training; and copies of the materials used in the training; and

(2) the training meets the requirements in subdivisions 1 to 3.

Subd. 5. **Documentation of training.** The nursing home must retain evidence in the employee record of each staff person having completed the training required by this section.

Sec. 20. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 24a. **Gender expression.** "Gender expression" has the meaning given in section 144.651, subdivision 2.

Sec. 21. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 24b. **Gender identity.** "Gender identity" has the meaning given in section 363A.03, subdivision 50.

Sec. 22. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 24c. **Gender nonconforming.** "Gender nonconforming" has the meaning given in section 144.651, subdivision 2.

Sec. 23. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 24d. **Gender transition.** "Gender transition" has the meaning given in section 144.651, subdivision 2.

Sec. 24. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 25a. **Harass or harassment.** "Harass" or "harassment" has the meaning given in section 144.651, subdivision 2.

Sec. 25. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 25b. **HIV.** "HIV" has the meaning given in section 144.651, subdivision 2.

Sec. 26. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 28a. **LGBTQIA2S+.** "LGBTQIA2S+" has the meaning given in section 144.651, subdivision 2.

Sec. 27. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 63a. **Sexual orientation.** "Sexual orientation" has the meaning given in section 363A.03, subdivision 44.

Sec. 28. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 70a. **Transgender.** "Transgender" has the meaning given in section 144.651, subdivision 2.

Sec. 29. Minnesota Statutes 2024, section 144G.31, subdivision 4, is amended to read:

Subd. 4. **Fine amounts.** (a) Fines and enforcement actions under this subdivision may be assessed based on the level and scope of the violations described in subdivisions 2 and 3 as follows and, except as provided in clause (6), may be imposed immediately with no opportunity to correct the violation prior to imposition:

(1) Level 1, no fines or enforcement;

(2) Level 2, a fine of $500 per violation, in addition to any enforcement mechanism authorized in section 144G.20 for widespread violations;

(3) Level 3, a fine of $3,000 per violation, in addition to any enforcement mechanism authorized in section 144G.20;

(4) Level 4, a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in section 144G.20; ~~and~~

(5) for maltreatment violations for which the licensee was determined to be responsible for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of $1,000 per incident. A fine of $5,000 per incident may be imposed if the commissioner determines the licensee is responsible for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury~~.~~; and

(6) for a substantial violation of a resident's rights in section 144G.90 related to the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status, or a substantial violation of a resident's rights in section 144G.565, a fine of $1,000 per incident. The commissioner must immediately impose a fine for a violation described in this clause without first providing the facility with an opportunity to correct the violation.

(b) When a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Sec. 30. **[144G.565] DENIAL OF ADMISSION, TRANSFER, DISCHARGE, OR EVICTION ON CERTAIN GROUNDS PROHIBITED.**

An assisted living facility must not refuse to admit an individual to a facility, transfer a resident within the facility or to another facility, refuse to transfer a resident within the facility or to another facility, or discharge or evict a resident based in whole or in part on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status.

Sec. 31. Minnesota Statutes 2024, section 144G.63, subdivision 7, is amended to read:

Subd. 7. **Verification and documentation of orientation and training.** The assisted living facility shall retain evidence in the employee record of each staff person having completed the orientation and training required by this section and section 144G.65.

Sec. 32. **[144G.65] TRAINING IN LGBTQIA2S+ AND HIV CULTURAL COMPETENCY.**

Subdivision 1. **Training required.** (a) All assisted living facilities must meet the training requirements in this section for LGBTQIA2S+ and HIV cultural competency:

(1) supervisors of direct-care staff must have at least four hours of initial training on the topics listed in section 144.505, subdivision 2, within six months of the employment start date, and must have at least two hours of training on the topics listed in section 144.505, subdivision 2, for every two years of employment thereafter;

(2) direct-care staff must have at least four hours of initial training on the topics listed in section 144.505, subdivision 2, within six months of the employment start date, and must have at least four hours of training on the topics listed in section 144.505, subdivision 2, for every two years of employment thereafter; and

(3) non-direct-care staff must have at least two hours of initial training on the topics listed in section 144.505, subdivision 2, within six months of the employment start date, and must have at least two hours of training on the topics listed in section 144.505, subdivision 2, for every two years of employment thereafter.

(b) An assisted living facility must implement a schedule to train existing staff on the topics listed in section 144.505, subdivision 2.

Subd. 2. **Forms of training; other requirements.** The training required under this section may be in person or online and must satisfy the requirements in section 144.505, subdivision 3. A staff person who completes in-person training or online training must

comply with the requirements for in-person training or online training, as applicable, in section 144.505, subdivision 3.

Subd. 3. **Training provider.** The training required under this section must be provided by an entity that meets the requirements in section 144.505, subdivision 4.

Subd. 4. **Approval of training program.** The commissioner must establish a process for the commissioner to review and approve a facility's proposed training program under this section. The commissioner must approve a facility's proposed training program within 90 days after the facility requests approval if:

(1) the facility submits with the request for approval, a statement of the qualifications and training experience of the individual or entity providing the training; the proposed method of providing the training, either in person or online; an outline of the training; and copies of the materials used in the training; and

(2) the training meets the requirements in subdivisions 1 to 3.

Sec. 33. Minnesota Statutes 2024, section 144G.90, subdivision 1, is amended to read:

Subdivision 1. **Assisted living bill of rights; nondiscrimination notice; notification to resident.** (a) An assisted living facility must provide the resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand.

(b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse:

"If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."

(c) The notice must also contain the following statement regarding nondiscrimination:

"[Name of provider] will not discriminate against residents, and does not permit discrimination against residents, including but not limited to bullying, abuse, or harassment, on the basis of actual or perceived sexual orientation, gender identity, gender expression,

intersex status, two-spirit identity, or actual or perceived HIV status, or based on association with another individual on account of that individual's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status. You may file a complaint with the Office of Health Facility Complaints or the Office of Ombudsman for Long-Term Care if you believe that you have experienced this kind of discrimination."

~~(c)~~ (d) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, email, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint.

~~(d)~~ (e) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record.

Sec. 34. Minnesota Statutes 2024, section 144G.91, subdivision 4, is amended to read:

Subd. 4. **Appropriate care and services.** (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.

(b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.

(c) Residents have the right to health care and personal care, including medication, that is appropriate to the resident's organs and bodily needs and have the right to not be provided with medical care or personal care that, to a similarly situated, reasonable person, unduly demeans the resident's dignity or causes avoidable discomfort. A facility must not refuse or willfully fail to provide any health care, personal care, or reasonable accommodation to a resident based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status.

(d) Transgender residents have the right to be provided with access to any assessments, therapies, and treatments that are recommended by the resident's health care provider, including but not limited to transgender-related medical care, hormone therapy, and supportive counseling.

Sec. 35. Minnesota Statutes 2024, section 144G.91, subdivision 5, is amended to read:

Subd. 5. **Refusal of care or services.** Residents have the right to refuse care or assisted living services and to be informed by the facility of the medical, health-related, or psychological consequences of refusing care or services. LGBTQIA2S+ residents, residents living with HIV, and residents receiving treatment for HIV have the right to refuse to be examined, observed, or treated by facility staff when the primary purpose is educational or informational rather than therapeutic, and this refusal shall not diminish the resident's ability to access care for diagnosis or treatment.

Sec. 36. Minnesota Statutes 2024, section 144G.91, is amended by adding a subdivision to read:

Subd. 7a. **Chosen name and pronouns; gender identity.** A resident has the right to be free from having others repeatedly, knowingly, and willfully refuse to use the resident's chosen name or pronouns after being reasonably informed of the resident's chosen name and pronouns. The facility and facility staff must not refuse to use a resident's chosen name and pronouns based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, or two-spirit identity. A resident has the right to have the resident's oral or written attestation of the resident's gender identity accepted by a facility and facility staff, and a facility or facility staff must not require a resident to provide proof of the resident's gender identity using any form of identification.

Sec. 37. Minnesota Statutes 2024, section 144G.91, is amended by adding a subdivision to read:

Subd. 8a. **Reasonable action to prevent discrimination or harassment.** A facility must take reasonable actions within the facility's control to prevent discrimination or harassment against a resident by all individuals present in the facility, including but not limited to staff, contractors, and other residents, based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status, when the facility knows or should know about the discrimination or harassment.

Sec. 38. Minnesota Statutes 2024, section 144G.91, subdivision 10, is amended to read:

Subd. 10. **Individual autonomy.** (a) Residents have the right to individual autonomy, initiative, and independence in making life choices, including establishing a daily schedule and choosing with whom to interact. A facility must not, based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status, restrict a resident's right to associate with other residents or visitors, including the right to consensual sexual relations or to displays of physical affection, unless the restriction is uniformly applied to all residents in a nondiscriminatory manner.

(b) Residents have the right to wear clothing, accessories, and cosmetics and engage in grooming practices that are permitted to any other resident and a facility and facility staff must not limit these rights based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, or two-spirit identity.

Sec. 39. Minnesota Statutes 2024, section 144G.91, subdivision 12, is amended to read:

Subd. 12. **Visitors and social participation.** (a) Residents have the right to meet with or receive visits at any time by the resident's family, guardian, conservator, health care agent, attorney, advocate, or religious or social work counselor, or any person of the resident's choosing. ~~This right~~ A resident living with HIV or perceived to be living with HIV must not be isolated by facility staff due to the resident's actual or perceived HIV status, including but not limited to limiting the resident to the resident's unit, limiting areas of the facility where the resident is permitted to go, or limiting which restrooms the resident is permitted to use. The rights in this paragraph may be restricted in certain circumstances if necessary for the resident's health and safety and if documented in the resident's service plan.

(b) Residents have the right to engage in community life and in activities of their choice. This includes the right to participate in commercial, religious, social, community, and political activities without interference and at their discretion if the activities do not infringe on the rights of other residents.

Sec. 40. Minnesota Statutes 2024, section 144G.91, is amended by adding a subdivision to read:

Subd. 12a. **Restrooms.** A resident has the right to use any restroom that is available for use by other residents of the same gender identity as the resident, regardless of whether the resident is making a gender transition, has taken or is taking hormones, has undergone gender affirmation surgery, or presents as gender nonconforming. A resident has the right

to not be harassed for seeking to use or using a restroom that is available for use by other residents of the same gender identity as the resident.

Sec. 41. Minnesota Statutes 2024, section 144G.91, subdivision 13, is amended to read:

Subd. 13. **Personal and treatment privacy.** (a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan.

(b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan.

(c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Persons not directly involved in providing personal care, medical care, social support, or administrative support to a transgender resident, gender-nonconforming resident, resident living with HIV, or resident receiving treatment for HIV must not be present during case discussions, physical examinations, treatment, or personal care for that resident without the resident's express permission. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. A facility must use doors, curtains, screens, or other effective visual barriers to provide bodily privacy to transgender residents, gender-nonconforming residents, residents living with HIV, and residents receiving treatment for HIV whenever the residents are partially or fully unclothed.

Sec. 42. Minnesota Statutes 2024, section 144G.91, subdivision 15, is amended to read:

Subd. 15. **Confidentiality of records.** (a) Residents have the right to have personal, financial, health, and medical information kept private, to approve or refuse release of information to any outside party, and to be advised of the assisted living facility's policies and procedures regarding disclosure of the information. Residents must be notified when personal records are requested by any outside party.

(b) Residents have the right to access their own records.

(c) Residents have the right to have the facility not disclose any personally identifiable information regarding whether a resident is LGBTQIA2S+, a resident's gender transition status, or a resident's HIV status or perceived HIV status. A facility must take appropriate steps to minimize the likelihood of inadvertent or accidental disclosure of this information to other residents, visitors, or staff, except to the minimum extent necessary for staff to perform their duties.

Sec. 43. Minnesota Statutes 2024, section 144G.91, subdivision 17, is amended to read:

Subd. 17. **Right to choose roommate; room and unit assignments.** (a) Residents have the right to choose a roommate if sharing a unit, and two consenting residents shall be permitted to share a room.

(b) If units or rooms are assigned by gender, a transgender resident or LGBTQIA2S+ resident must not be reassigned to a room or unit or be refused a room or unit assignment other than in accordance with the resident's gender identity, unless so requested by the resident or required by federal law.

Sec. 44. **[144G.915] CIVIL ACTION.**

A resident injured by a violation of a right listed in section 144G.91 based on the resident's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status may bring a civil action to recover damages and costs and reasonable attorney fees.

Sec. 45. Minnesota Statutes 2024, section 256.9742, is amended by adding a subdivision to read:

Subd. 7. **Training.** The ombudsman and representatives of the office must complete LGBTQIA2S+ and HIV cultural competency training within six months after appointment or the employment start date and every two years thereafter. Initial training completed by the ombudsman and representatives of the office must address at least the topics listed in section 144.505, subdivision 2, and subsequent trainings must at least address the topics listed in section 144.505, subdivision 2, clauses (3) and (5). The ombudsman must implement a schedule to train the current ombudsman and existing representatives of the office on at least the topics listed in section 144.505, subdivision 2.

Sec. 46. **APPROPRIATIONS; TRAINING IN LGBTQIA2S+ AND HIV CULTURAL COMPETENCY.**

(a) $..... in fiscal year 2026 and $..... in fiscal year 2027 are appropriated from the general fund to the commissioner of health for grants to eligible organizations to develop and provide LGBTQIA2S+ and HIV cultural competency training under Minnesota Statutes, sections 144.505, 144A.045, and 144G.65.

(b) $..... in fiscal year 2026 and $..... in fiscal year 2027 are appropriated from the general fund to the commissioner of human services for a grant to an eligible organization to develop and provide LGBTQIA2S+ and HIV cultural competency training under Minnesota Statutes, section 256.9742, subdivision 7.

ARTICLE 2

LGBTQIA2S+ AND HIV HOME AND COMMUNITY-BASED SERVICES BILL OF RIGHTS

Section 1. **TITLE.**

This article may be cited as the LGBTQIA2S+ and HIV home and community-based services bill of rights.

Sec. 2. Minnesota Statutes 2024, section 144A.43, is amended by adding a subdivision to read:

Subd. 2f. **Gender-affirming care.** "Gender-affirming care" has the meaning given in section 62Q.585, subdivision 3.

Sec. 3. Minnesota Statutes 2024, section 144A.43, is amended by adding a subdivision to read:

Subd. 2g. **Gender expression.** "Gender expression" has the meaning given in section 144.651, subdivision 2.

Sec. 4. Minnesota Statutes 2024, section 144A.43, is amended by adding a subdivision to read:

Subd. 2h. **Gender identity.** "Gender identity" has the meaning given in section 363A.03, subdivision 50.

Sec. 5. Minnesota Statutes 2024, section 144A.43, is amended by adding a subdivision to read:

Subd. 2i. **HIV.** "HIV" means the human immunodeficiency virus.

Sec. 6. Minnesota Statutes 2024, section 144A.43, is amended by adding a subdivision to read:

Subd. 5a. **LGBTQIA2S+.** "LGBTQIA2S+" has the meaning given in section 144.651, subdivision 2.

Sec. 7. Minnesota Statutes 2024, section 144A.43, is amended by adding a subdivision to read:

Subd. 27a. **Sexual orientation.** "Sexual orientation" has the meaning given in section 363A.03, subdivision 44.

Sec. 8. Minnesota Statutes 2024, section 144A.43, is amended by adding a subdivision to read:

Subd. 34a. **Transgender.** "Transgender" has the meaning given in section 144.651, subdivision 2.

Sec. 9. Minnesota Statutes 2024, section 144A.44, subdivision 1, is amended to read:

Subdivision 1. **Statement of rights.** (a) A client who receives home care services in the community or in an assisted living facility licensed under chapter 144G has these rights:

(1) receive oral and written information, in plain language and in a language the client understands, about rights before receiving services, including what to do if rights are violated;

(2) receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services;

(3) receive HIV-related treatment as prescribed, gender-affirming care, gender-affirming mental health care, and medical and nonmedical care that is appropriate to a client's organs and bodily needs; not have the client's dignity demeaned or cause the client avoidable discomfort; and not have medical or nonmedical care denied or curtailed because of the client's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status;

(4) be told before receiving services the type and disciplines of staff who will be providing the services, whether the staff who will provide the services completed the required LGBTQIA2S+ and HIV cultural competency training, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services;

~~(4)~~ (5) be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan;

~~(5)~~ (6) refuse services or treatment, including experimental HIV treatment or gender-affirming care;

~~(6)~~ (7) know, before receiving services or during the initial visit, any limits to the services available from a home care provider;

~~(7)~~ (8) be told before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources, if known; ~~and~~ what charges the client may be responsible for paying; and whether charges and payments may be impacted by the client's sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status;

~~(8)~~ (9) know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services;

~~(9)~~ (10) choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, other health programs, or public programs;

~~(10)~~ (11) have personal, financial, and medical information, including but not limited to information on the client's sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or HIV status, kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information;

~~(11)~~ (12) access the client's own records and written information from those records in accordance with sections 144.291 to 144.298;

~~(12)~~ (13) be served by people who are properly trained, have completed the training required under section 144A.4796, and are competent to perform their duties;

~~(13)~~ (14) be treated with courtesy and respect, to be free from having others repeatedly, knowingly, and willfully refuse to use the client's chosen name and pronouns after being

reasonably informed of the client's chosen name and pronouns, and to have the client's property treated with respect;

~~(14)~~ (15) be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;

(16) be free from discrimination based on race; color; religion; sex; gender identity; gender expression; two-spirit identity; intersex status; actual or perceived sexual orientation; marital status; medical condition, including actual or perceived HIV status; military or veteran status; national origin; ancestry; disability; genetic information; age; receipt of HIV-related treatment; or receipt of gender-affirming care or gender-affirming mental health care;

(17) be free from discrimination based on private and personal items belonging to the client, including but not limited to photographs, letters, mail, clothing, toiletries, and décor; and be free to wear clothing, accessories, and cosmetics of the client's choosing;

(18) be free to have visitors of the client's choice; to restrict or prohibit visitors, including members of the client's biological family; to have the client's visitors be free from discrimination as provided in clause (16); and to have consensual sexual relations;

(19) be free to have privacy, with or without visitors, at times of the client's choosing;

~~(15)~~ (20) reasonable, advance notice of changes in services or charges;

~~(16)~~ (21) know the provider's reason for termination of services;

~~(17)~~ (22) at least ten calendar days' advance notice of the termination of a service by a home care provider, except at least 30 calendar days' advance notice of the service termination shall be given by a home care provider for services provided to a client residing in an assisted living facility as defined in section 144G.08, subdivision 7. This clause does not apply in cases where:

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

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

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

~~(18)~~ (23) a coordinated transfer when there will be a change in the provider of services;

~~(19)~~ (24) complain to staff and others of the client's choice about services that are provided, or fail to be provided, discrimination experienced by the client, and the lack of courtesy or respect to the client or the client's property and the right to recommend changes in policies and services, free from retaliation including the threat of termination of services;

~~(20)~~ (25) know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint;

~~(21)~~ (26) know the name and address of the state or county agency to contact for additional information or assistance;

~~(22)~~ (27) assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation; and

~~(23)~~ (28) place an electronic monitoring device in the client's or resident's space in compliance with state requirements.

(b) When providers violate the rights in this section, they are subject to the fines and license actions in sections 144A.474, subdivision 11, and 144A.475.

(c) Providers must do all of the following:

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

(2) provide the names and telephone numbers of individuals and organizations that provide advocacy and legal services for clients and residents seeking to assert their rights;

(3) make every effort to assist clients or residents in obtaining information regarding whether Medicare, medical assistance, other health programs, or public programs will pay for services;

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

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

(d) No provider may require or request a client or resident to waive any of the rights listed in this section at any time or for any reasons, including as a condition of initiating services or entering into an assisted living contract.

Sec. 10. Minnesota Statutes 2024, section 144A.44, is amended by adding a subdivision to read:

Subd. 3. **Civil action.** A client injured by a violation of this section, based on the client's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status, may bring a civil action to recover damages and costs and reasonable attorney fees.

Sec. 11. Minnesota Statutes 2024, section 144A.472, subdivision 1, is amended to read:

Subdivision 1. **License applications.** Each application for a home care provider license must include information sufficient to show that the applicant meets the requirements of licensure, including:

(1) the applicant's name, email address, physical address, and mailing address, including the name of the county in which the applicant resides and has a principal place of business;

(2) the initial license fee in the amount specified in subdivision 7;

(3) the email address, physical address, mailing address, and telephone number of the principal administrative office;

(4) the email address, physical address, mailing address, and telephone number of each branch office, if any;

(5) the names, email and mailing addresses, and telephone numbers of all owners and managerial officials;

(6) documentation of compliance with the background study requirements of section 144A.476 for all persons involved in the management, operation, or control of the home care provider;

(7) documentation of a background study as required by section 144.057 for any individual seeking employment, paid or volunteer, with the home care provider;

(8) evidence of workers' compensation coverage as required by sections 176.181 and 176.182;

(9) documentation of liability coverage, if the provider has it;

(10) identification of the license level the provider is seeking;

(11) documentation that identifies the managerial official who is in charge of day-to-day operations and attestation that the person has reviewed and understands the home care provider regulations;

(12) documentation that the applicant has designated one or more owners, managerial officials, or employees as an agent or agents, which shall not affect the legal responsibility of any other owner or managerial official under this chapter;

(13) the signature of the officer or managing agent on behalf of an entity, corporation, association, or unit of government;

(14) verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures and keep them current:

(i) requirements in chapter 260E, reporting of maltreatment of minors, and section 626.557, reporting of maltreatment of vulnerable adults;

(ii) conducting and handling background studies on employees;

(iii) orientation, training, and competency evaluations of home care staff, and a process for evaluating staff performance;

(iv) handling complaints from clients, family members, or client representatives regarding staff or services provided by staff;

(v) conducting initial evaluation of clients' needs and the providers' ability to provide those services;

(vi) conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate;

(vii) orientation to and implementation of the home care client bill of rights;

(viii) infection control practices;

(ix) reminders for medications, treatments, or exercises, if provided; and

(x) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; ~~and~~

(15) for an applicant with 25 or more employees, the name of the applicant's chief diversity officer; and

~~(15)~~ (16) other information required by the department.

Sec. 12. Minnesota Statutes 2024, section 144A.474, subdivision 11, is amended to read:

Subd. 11. **Fines.** (a) Fines and enforcement actions under this subdivision may be assessed based on the level and scope of the violations described in paragraph (b) and, except as provided in clause (7), imposed immediately with no opportunity to correct the violation first as follows:

(1) Level 1, no fines or enforcement;

(2) Level 2, a fine of $500 per violation, in addition to any of the enforcement mechanisms authorized in section 144A.475 for widespread violations;

(3) Level 3, a fine of $3,000 per incident, in addition to any of the enforcement mechanisms authorized in section 144A.475;

(4) Level 4, a fine of $5,000 per incident, in addition to any of the enforcement mechanisms authorized in section 144A.475;

(5) for maltreatment violations for which the licensee was determined to be responsible for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of $1,000. A fine of $5,000 may be imposed if the commissioner determines the licensee is responsible for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury; ~~and~~

(6) the fines in clauses (1) to (4) are increased and immediate fine imposition is authorized for both surveys and investigations conducted~~.~~; and

(7) for a substantial violation of a client's rights in section 144A.44 related to the client's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status, a fine of $1,000 per incident. The commissioner must immediately impose a fine for a violation described in this clause without first providing the home care provider with an opportunity to correct the violation.

When a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

(b) Correction orders for violations are categorized by both level and scope and fines shall be assessed as follows:

(1) level of violation:

(i) Level 1 is a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety;

(ii) Level 2 is a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death;

(iii) Level 3 is a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death; and

(iv) Level 4 is a violation that results in serious injury, impairment, or death;

(2) scope of violation:

(i) isolated, when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally;

(ii) pattern, when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly but is not found to be pervasive; and

(iii) widespread, when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients.

(c) If the commissioner finds that the applicant or a home care provider has not corrected violations by the date specified in the correction order or conditional license resulting from a survey or complaint investigation, the commissioner shall provide a notice of noncompliance with a correction order by email to the applicant's or provider's last known email address. The noncompliance notice must list the violations not corrected.

(d) For every violation identified by the commissioner, the commissioner shall issue an immediate fine pursuant to paragraph (a), clause (6). The license holder must still correct the violation in the time specified. The issuance of an immediate fine can occur in addition to any enforcement mechanism authorized under section 144A.475. The immediate fine may be appealed as allowed under this subdivision.

(e) The license holder must pay the fines assessed on or before the payment date specified. If the license holder fails to fully comply with the order, the commissioner may issue a second fine or suspend the license until the license holder complies by paying the fine. A timely appeal shall stay payment of the fine until the commissioner issues a final order.

(f) A license holder shall promptly notify the commissioner in writing when a violation specified in the order is corrected. If upon reinspection the commissioner determines that a violation has not been corrected as indicated by the order, the commissioner may issue a second fine. The commissioner shall notify the license holder by mail to the last known

address in the licensing record that a second fine has been assessed. The license holder may appeal the second fine as provided under this subdivision.

(g) A home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14.

(h) When a fine has been assessed, the license holder may not avoid payment by closing, selling, or otherwise transferring the licensed program to a third party. In such an event, the license holder shall be liable for payment of the fine.

(i) In addition to any fine imposed under this section, the commissioner may assess a penalty amount based on costs related to an investigation that results in a final order assessing a fine or other enforcement action authorized by this chapter.

(j) Fines collected under paragraph (a), clauses (1) to (4), shall be deposited in a dedicated special revenue account. On an annual basis, the balance in the special revenue account shall be appropriated to the commissioner to implement the recommendations of the advisory council established in section 144A.4799.

(k) Fines collected under paragraph (a), clause (5), shall be deposited in a dedicated special revenue account and appropriated to the commissioner to provide compensation according to subdivision 14 to clients subject to maltreatment. A client may choose to receive compensation from this fund, not to exceed $5,000 for each substantiated finding of maltreatment, or take civil action. This paragraph expires July 31, 2021.

Sec. 13. Minnesota Statutes 2024, section 144A.4791, subdivision 1, is amended to read:

Subdivision 1. **Home care bill of rights; notification to client.** (a) The home care provider shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the date that services are first provided to that client. The provider ~~shall make all reasonable efforts to~~ must provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.

(b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices.

"If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."

The statement should include the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care provider's name, address, email, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint.

(c) The notice must also contain the following statement regarding nondiscrimination:

"[Name of provider] will not discriminate against clients, and does not permit discrimination against clients, including but not limited to bullying, abuse, or harassment, on the basis of actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status, or based on association with another individual on account of that individual's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status. You may file a complaint with the Office of Health Facility Complaints at the Minnesota Department of Health, Office of Ombudsman for Long-Term Care, or Office of Ombudsman for Mental Health and Developmental Disabilities if you believe that you have experienced this kind of discrimination."

The statement must include the contact information for the departments and offices to which complaints may be filed.

~~(c)~~ (d) The home care provider shall obtain written acknowledgment of the client's receipt of the home care bill of rights and the statements required under paragraphs (b) and (c) or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record.

Sec. 14. Minnesota Statutes 2024, section 144A.4791, subdivision 11, is amended to read:

Subd. 11. **Client complaint and investigative process.** (a) The home care provider must have a written policy and system for receiving, investigating, reporting, and attempting to resolve complaints from its clients or clients' representatives, and communicating with clients about how the home care provider will resolve complaints. The policy should clearly identify the process by which clients may file a complaint or concern about home care services and an explicit statement that the home care provider will not discriminate or retaliate against a client for expressing concerns or complaints. A home care provider must

have a process in place to conduct investigations of complaints made by the client or the client's representative about the services in the client's plan that are or are not being provided or other items covered in the client's home care bill of rights. This complaint system must provide reasonable accommodations for any special needs of the client or client's representative if requested. Within seven days after receiving a complaint from a client or client representative, the home care provider must provide the client or client representative with written information on how the home care provider plans to resolve the complaint.

(b) The home care provider must document the complaint, name of the client, investigation, and resolution of each complaint filed. The home care provider must maintain a record of all activities regarding complaints received, including the date the complaint was received, and the home care provider's investigation and resolution of the complaint. This complaint record must be kept for each event for at least two years after the date of entry and must be available to the commissioner for review.

(c) The required complaint system must provide for written notice to each client or client's representative that includes:

(1) the client's right to complain to the home care provider about the services received;

(2) the name or title of the person or persons with the home care provider to contact with complaints;

(3) the method of submitting a complaint to the home care provider; and

(4) a statement that the provider is prohibited against retaliation according to paragraph (d).

(d) A home care provider must not take any action that negatively affects a client in retaliation for a complaint made or a concern expressed by the client or the client's representative.

Sec. 15. Minnesota Statutes 2024, section 144A.4791, is amended by adding a subdivision to read:

Subd. 15. **Arbitration.** No home care provider may include an arbitration provision in a contract for home care services or otherwise require a client or prospective client, as a condition of initiating or continuing home care services, to agree to arbitration to address disputes regarding home care services.

EFFECTIVE DATE. This section is effective July 1, 2025, and applies to contracts entered into on or after that date.

Sec. 16. Minnesota Statutes 2024, section 144A.4796, subdivision 2, is amended to read:

Subd. 2. **Content.** (a) The orientation must contain the following topics:

(1) an overview of sections 144A.43 to 144A.4798;

(2) introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person;

(3) handling of emergencies and use of emergency services;

(4) compliance with and reporting of the maltreatment of minors or vulnerable adults under section 626.557 and chapter 260E;

(5) home care bill of rights under section 144A.44;

(6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point;

(7) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; ~~and~~

(8) review of the types of home care services the employee will be providing and the provider's scope of licensure~~.~~<u>; and</u>

<u>(9) LGBTQIA2S+ and HIV cultural competency according to subdivision 5a.</u>

(b) In addition to the topics listed in paragraph (a), orientation may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics:

(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;

(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or

(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.

Sec. 17. Minnesota Statutes 2024, section 144A.4796, is amended by adding a subdivision to read:

Subd. 5a. **LGBTQIA2S+ and HIV cultural competency training.** (a) A home care provider's employees and contractors must complete LGBTQIA2S+ and HIV cultural competency training. At a minimum, this training must address:

(1) terms and language commonly used by members of the LGBTQIA2S+ community and people living with HIV, including but not limited to sexual orientation, gender identity, gender expression, intersex status, and HIV status;

(2) the health and social challenges historically experienced by members of the LGBTQIA2S+ community and people living with HIV, including discrimination when seeking or receiving care and the physical and mental health effects associated with this discrimination;

(3) best practices for communicating with or about the LGBTQIA2S+ community and people living with HIV, including using an individual's chosen name and pronouns;

(4) strategies to create a safe and affirming environment for LGBTQIA2S+ community members and people living with HIV, including suggested changes to home care policies and procedures, forms, signage, communication between clients and family members, activities, in-house services, and staff training;

(5) information on why people with a diverse sexual orientation, gender identity, gender expression, intersex status, or two-spirit identity, or people living with HIV may hide their identities;

(6) information on the unique needs of people with a diverse sexual orientation, gender identity, gender expression, intersex status, or two-spirit identity, or of people living with HIV;

(7) an overview of the rights and protections for people with a diverse sexual orientation, gender identity, gender expression, intersex status, or two-spirit identity, and of people living with HIV;

(8) how to respectfully ask questions about, and respond to questions and concerns relating to, sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status; and

(9) basic information about HIV, transmission of HIV, the history of HIV, the stigma and discrimination experienced by people living with HIV, and common myths about HIV.

(b) The training required under paragraph (a) must be provided by an entity:

(1) whose mission and work demonstrate a belief in the reality and authenticity of LGBTQIA2S+ identities and HIV, including but not limited to an understanding that gender identity is a spectrum, an understanding that individuals can and should be allowed to transition genders if it is their choice, an understanding that HIV causes AIDS, and a belief that all members of the LGBTQIA2S+ community and those living with HIV deserve equal protection under the law; and

(2) with expertise in identifying and addressing the legal and social challenges faced by LGBTQIA2S+ individuals and individuals living with HIV as they age and those faced by LGBTQIA2S+ individuals and individuals living with HIV who are receiving home care services.

(c) The training required under paragraph (a) may be in person or online. An individual who completes in-person training must obtain proof that the individual completed the training in the form of a certificate signed by the individual and the individual's supervisor. Online training must include controls to ensure the full training is completed, use of a personal identification number or personal identification information to confirm the identity of the individual participating in the training, and a printable certificate that verifies the individual completed the training. An individual who completes online training must print and sign the certificate and have the certificate signed by the individual's supervisor.

(d) An entity providing training under this subdivision must maintain records of the training, including, for each training provided, the name and title of the presenter, date of training, title of training, description of the training's content, and, if applicable, signatures of those who completed the training.

Sec. 18. Minnesota Statutes 2024, section 144A.4796, subdivision 6, is amended to read:

Subd. 6. **Required annual training.** (a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include:

(1) training on reporting of maltreatment of minors under chapter 260E and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided;

(2) review of the home care bill of rights in section 144A.44;

(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and

(4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.

(b) In addition to the topics listed in paragraph (a), annual training may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics:

(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;

(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or

(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.

(c) In addition to the topics listed in paragraph (a), a home care provider's employees and contractors who perform direct home care services must complete, every two years, at least four hours of LGBTQIA2S+ and HIV cultural competency training according to subdivision 5a.

(d) A home care provider's employees and contractors who do not perform direct home care services must complete, every two years, at least two hours of LGBTQIA2S+ and HIV cultural competency training according to subdivision 5a.

Sec. 19. Minnesota Statutes 2024, section 144A.4796, subdivision 7, is amended to read:

Subd. 7. **Documentation.** A home care provider must retain documentation in the employee records of the staff who have satisfied the orientation and training requirements of this section including, for training required under subdivision 5a, certificates of completion.

Sec. 20. Minnesota Statutes 2024, section 245A.07, subdivision 3, as amended by Laws 2025, chapter 20, section 200, is amended to read:

Subd. 3. **License suspension, revocation, or fine.** (a) The commissioner may suspend or revoke a license, or impose a fine if:

(1) a license holder fails to comply fully with applicable laws or rules including but not limited to the requirements of this chapter and chapter 245C;

(2) a license holder, a controlling individual, or an individual living in the household where the licensed services are provided or is otherwise subject to a background study has been disqualified and the disqualification was not set aside and no variance has been granted;

(3) a license holder knowingly withholds relevant information from or gives false or misleading information to the commissioner in connection with an application for a license, in connection with the background study status of an individual, during an investigation, or regarding compliance with applicable laws or rules;

(4) a license holder is excluded from any program administered by the commissioner under section 245.095;

(5) revocation is required under section 245A.04, subdivision 7, paragraph (d); ~~or~~

(6) suspension is necessary under subdivision 2a, paragraph (b), clause (2)~~.~~; or

(7) a license holder under chapter 245D engages in a substantial violation of a service recipient's rights related to the service recipient's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status. The commissioner must immediately impose a fine for a violation described in this clause without first providing the license holder with an opportunity to correct the violation.

A license holder who has had a license issued under this chapter suspended, revoked, or has been ordered to pay a fine must be given notice of the action by certified mail, by personal service, or through the provider licensing and reporting hub. If mailed, the notice must be mailed to the address shown on the application or the last known address of the license holder. The notice must state in plain language the reasons the license was suspended or revoked, or a fine was ordered.

(b) If the license was suspended or revoked, the notice must inform the license holder of the right to a contested case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The license holder may appeal an order suspending or revoking a license. The appeal of an order suspending or revoking a license must be made in writing

by certified mail, by personal service, or through the provider licensing and reporting hub. If mailed, the appeal must be postmarked and sent to the commissioner within ten calendar days after the license holder receives notice that the license has been suspended or revoked. If a request is made by personal service, it must be received by the commissioner within ten calendar days after the license holder received the order. If the order is issued through the provider hub, the appeal must be received by the commissioner within ten calendar days from the date the commissioner issued the order through the hub. Except as provided in subdivision 2a, paragraph (c), if a license holder submits a timely appeal of an order suspending or revoking a license, the license holder may continue to operate the program as provided in section 245A.04, subdivision 7, paragraphs (i) and (j), until the commissioner issues a final order on the suspension or revocation.

(c)(1) If the license holder was ordered to pay a fine, the notice must inform the license holder of the responsibility for payment of fines and the right to a contested case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The appeal of an order to pay a fine must be made in writing by certified mail, by personal service, or through the provider licensing and reporting hub. If mailed, the appeal must be postmarked and sent to the commissioner within ten calendar days after the license holder receives notice that the fine has been ordered. If a request is made by personal service, it must be received by the commissioner within ten calendar days after the license holder received the order. If the order is issued through the provider hub, the appeal must be received by the commissioner within ten calendar days from the date the commissioner issued the order through the hub.

(2) The license holder shall pay the fines assessed on or before the payment date specified. If the license holder fails to fully comply with the order, the commissioner may issue a second fine or suspend the license until the license holder complies. If the license holder receives state funds, the state, county, or municipal agencies or departments responsible for administering the funds shall withhold payments and recover any payments made while the license is suspended for failure to pay a fine. A timely appeal shall stay payment of the fine until the commissioner issues a final order.

(3) A license holder shall promptly notify the commissioner of human services, in writing, when a violation specified in the order to forfeit a fine is corrected. If upon reinspection the commissioner determines that a violation has not been corrected as indicated by the order to forfeit a fine, the commissioner may issue a second fine. The commissioner shall notify the license holder by certified mail, by personal service, or through the provider licensing and reporting hub that a second fine has been assessed. The license holder may appeal the second fine as provided under this subdivision.

(4) Fines shall be assessed as follows:

(i) the license holder shall forfeit $1,000 for each determination of maltreatment of a child under chapter 260E or the maltreatment of a vulnerable adult under section 626.557 for which the license holder is determined responsible for the maltreatment under section 260E.30, subdivision 4, paragraphs (a) and (b), or 626.557, subdivision 9c, paragraph (c);

(ii) if the commissioner determines that a determination of maltreatment for which the license holder is responsible is the result of maltreatment that meets the definition of serious maltreatment as defined in section 245C.02, subdivision 18, the license holder shall forfeit $5,000;

(iii) the license holder shall forfeit $200 for each occurrence of a violation of law or rule governing matters of health, safety, or supervision, including but not limited to the provision of adequate staff-to-child or adult ratios, and failure to comply with background study requirements under chapter 245C; and

(iv) the license holder shall forfeit $100 for each occurrence of a violation of law or rule other than those subject to a $5,000, $1,000, or $200 fine in items (i) to (iii).

For purposes of this section, "occurrence" means each violation identified in the commissioner's fine order. Fines assessed against a license holder that holds a license to provide home and community-based services, as identified in section 245D.03, subdivision 1, and a community residential setting or day services facility license under chapter 245D where the services are provided, may be assessed against both licenses for the same occurrence, but the combined amount of the fines shall not exceed the amount specified in this clause for that occurrence.

(5) When a fine has been assessed, the license holder may not avoid payment by closing, selling, or otherwise transferring the licensed program to a third party. In such an event, the license holder will be personally liable for payment. In the case of a corporation, each controlling individual is personally and jointly liable for payment.

(d) Except for background study violations involving the failure to comply with an order to immediately remove an individual or an order to provide continuous, direct supervision, the commissioner shall not issue a fine under paragraph (c) relating to a background study violation to a license holder who self-corrects a background study violation before the commissioner discovers the violation. A license holder who has previously exercised the provisions of this paragraph to avoid a fine for a background study violation may not avoid a fine for a subsequent background study violation unless at least 365 days have passed since the license holder self-corrected the earlier background study violation.

Sec. 21. Minnesota Statutes 2024, section 245D.02, is amended by adding a subdivision to read:

Subd. 8d. **Gender-affirming care.** "Gender-affirming care" has the meaning given in section 62Q.585, subdivision 3.

Sec. 22. Minnesota Statutes 2024, section 245D.02, is amended by adding a subdivision to read:

Subd. 8e. **Gender expression.** "Gender expression" has the meaning given in section 144.651, subdivision 2.

Sec. 23. Minnesota Statutes 2024, section 245D.02, is amended by adding a subdivision to read:

Subd. 8f. **Gender identity.** "Gender identity" has the meaning given in section 363A.03, subdivision 50.

Sec. 24. Minnesota Statutes 2024, section 245D.02, is amended by adding a subdivision to read:

Subd. 9a. **HIV.** "HIV" means the human immunodeficiency virus.

Sec. 25. Minnesota Statutes 2024, section 245D.02, is amended by adding a subdivision to read:

Subd. 12a. **LGBTQIA2S+.** "LGBTQIA2S+" has the meaning given in section 144.651, subdivision 2.

Sec. 26. Minnesota Statutes 2024, section 245D.02, is amended by adding a subdivision to read:

Subd. 32b. **Sexual orientation.** "Sexual orientation" has the meaning given in section 363A.03, subdivision 44.

Sec. 27. Minnesota Statutes 2024, section 245D.02, is amended by adding a subdivision to read:

Subd. 34b. **Transgender.** "Transgender" has the meaning given in section 144.651, subdivision 2.

Sec. 28. Minnesota Statutes 2024, section 245D.04, is amended to read:

245D.04 SERVICE RECIPIENT RIGHTS.

Subdivision 1. **License holder responsibility for individual rights of persons served by the program.** The license holder must:

(1) provide each person or each person's legal representative with ~~a~~ an oral and written notice, in plain language and in a language the person understands, that identifies the service recipient rights in subdivisions 2 and 3, and an explanation of those rights within five working days of service initiation and annually thereafter;

(2) make reasonable accommodations to provide this information in other formats or languages as needed to facilitate understanding of the rights by the person and the person's legal representative, if any;

(3) maintain documentation of the person's or the person's legal representative's receipt of a copy and an explanation of the rights; and

(4) ensure the exercise and protection of the person's rights in the services provided by the license holder and as authorized in the support plan.

Subd. 2. **Service-related rights.** A person's service-related rights include the right to:

(1) participate in the development and evaluation of the services provided to the person;

(2) have services and supports identified in the support plan and the support plan addendum provided in a manner that respects and takes into consideration the person's preferences according to the requirements in sections 245D.07 and 245D.071;

(3) receive HIV-related treatment as prescribed, gender-affirming care, gender-affirming mental health care, and medical and nonmedical care that is appropriate to a person's organs and bodily needs; not have the person's dignity demeaned or cause the person avoidable discomfort; and not have medical or nonmedical care denied or curtailed because of the person's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status;

~~(3)~~ (4) refuse or terminate services, including experimental HIV treatment or gender-affirming care, and be informed of the consequences of refusing or terminating services;

~~(4)~~ (5) know, in advance, limits to the services available from the license holder, including the license holder's knowledge, skill, and ability to meet the person's service and support needs;

~~(5)~~ (6) know conditions and terms governing the provision of services, including the license holder's admission criteria and policies and procedures related to temporary service suspension and service termination;

(7) know, in advance, whether the staff who will provide the services completed the required LGBTQIA2S+ and HIV cultural competency training;

~~(6)~~ (8) a coordinated transfer to ensure continuity of care when there will be a change in the provider;

~~(7)~~ (9) know what the charges are for services, regardless of who will be paying for the services, and be notified of changes in those charges and whether charges and payments may be impacted by the person's sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status;

~~(8)~~ (10) know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay; and

~~(9)~~ (11) receive services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the person's support plan or support plan addendum.

Subd. 3. **Protection-related rights.** (a) A person's protection-related rights include the right to:

(1) have personal, financial, service, health, and medical information, including but not limited to information on the person's sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or HIV status, kept private, and be advised of disclosure of this information by the license holder;

(2) access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule;

(3) be free from maltreatment;

(4) be free from restraint, time out, seclusion, restrictive intervention, or other prohibited procedure identified in section 245D.06, subdivision 5, or successor provisions, except for: (i) emergency use of manual restraint to protect the person from imminent danger to self or others according to the requirements in section 245D.061 or successor provisions; or (ii) the use of safety interventions as part of a positive support transition plan under section 245D.06, subdivision 8, or successor provisions;

(5) receive services in a clean and safe environment when the license holder is the owner, lessor, or tenant of the service site;

(6) be treated with courtesy and respect, be free from having others repeatedly, knowingly, and willfully refuse to use the person's chosen name and pronouns after being reasonably informed of the person's chosen name and pronouns, and receive respectful treatment of the person's property;

(7) reasonable observance of cultural and ethnic practice and religion;

(8) be free from ~~bias and harassment regarding~~ discrimination based on race, ~~gender~~ color, age, disability, spirituality, ~~and~~ sex, gender identity, gender expression, two-spirit identity, intersex status, actual or perceived sexual orientation, marital status, medical condition, including actual or perceived HIV status, military or veteran status, national origin, ancestry, genetic information, receipt of HIV-related treatment, or receipt of gender-affirming care or gender-affirming mental health care;

(9) be free from discrimination based on private and personal items belonging to the person, including but not limited to photographs, letters, mail, clothing, toiletries, and décor, and be free to wear clothing, accessories, and cosmetics of the person's choosing;

(10) be free to have visitors of the person's choice; to restrict or prohibit visitors, including members of the person's biological family; to have the person's visitors be free from discrimination as provided in clause (8); and to have consensual sexual relations;

~~(9)~~ (11) be informed of and use the license holder's grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045;

~~(10)~~ (12) know the name, telephone number, and the website, email, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices;

~~(11)~~ (13) assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation;

~~(12)~~ (14) give or withhold written informed consent to participate in any research or experimental treatment;

~~(13)~~ (15) associate with other persons of the person's choice in the community;

~~(14)~~ (16) personal privacy, with or without visitors, at times of the person's choosing, including the right to use the lock on the person's bedroom or unit door;

~~(15)~~ (17) engage in chosen activities; and

~~(16)~~ (18) access to the person's personal possessions at any time, including financial resources.

(b) For a person residing in a residential site licensed according to chapter 245A, or where the license holder is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:

(1) have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person;

(2) receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication;

(3) have use of and free access to common areas in the residence and the freedom to come and go from the residence at will;

(4) choose the person's visitors and time of visits and have privacy for visits with the person's spouse, next of kin, legal counsel, religious adviser, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom;

(5) have access to three nutritionally balanced meals and nutritious snacks between meals each day;

(6) have freedom and support to access food and potable water at any time;

(7) have the freedom to furnish and decorate the person's bedroom or living unit;

(8) a setting that is clean and free from accumulation of dirt, grease, garbage, peeling paint, mold, vermin, and insects;

(9) a setting that is free from hazards that threaten the person's health or safety; and

(10) a setting that meets the definition of a dwelling unit within a residential occupancy as defined in the State Fire Code.

~~(c) Restriction of a person's rights under paragraph (a), clauses (13) to (16), or paragraph (b) is allowed only if determined necessary to ensure the health, safety, and well-being of the person. Any restriction of those rights must be documented in the person's support plan or support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect the person and provide support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner. The documentation must include the following information:~~

~~(1) the justification for the restriction based on an assessment of the person's vulnerability related to exercising the right without restriction;~~

~~(2) the objective measures set as conditions for ending the restriction;~~

~~(3) a schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager; and~~

~~(4) signed and dated approval for the restriction from the person, or the person's legal representative, if any. A restriction may be implemented only when the required approval has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the right must be immediately and fully restored.~~

Subd. 4. **Restriction of a person's rights.** Restriction of a person's rights under subdivision 3, paragraph (a), clauses (15) to (18), or (b), is allowed only if determined necessary to ensure the health, safety, and well-being of the person. Any restriction of those rights must be documented in the person's support plan or support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect the person and provide support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner. The documentation must include the following information:

(1) the justification for the restriction based on an assessment of the person's vulnerability related to exercising the right without restriction;

(2) the objective measures set as conditions for ending the restriction;

(3) a schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and the person's case manager; and

(4) signed and dated approval for the restriction from the person or the person's legal representative, if any. A restriction may be implemented only when the required approval has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the right must be immediately and fully restored.

Subd. 5. **Request to waive rights prohibited.** No provider may require or request a person to waive any of the rights listed in this section at any time, except as provided in subdivision 4, including as a condition of initiating services or entering into a contract.

Subd. 6. **Notice of nondiscrimination.** The notice required under subdivision 1 must also contain the following statement regarding nondiscrimination:

"[Name of license holder] will not discriminate against service recipients, and does not permit discrimination against service recipients, including but not limited to bullying, abuse, or harassment on the basis of actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status, or based on association with another individual on account of that individual's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status. You may file a complaint with the Office of Ombudsman for Long-Term Care or Office of Ombudsman for Mental Health and Developmental Disabilities if you believe that you have experienced this kind of discrimination."

The statement must include the contact information for the department and offices to which complaints may be filed.

Subd. 7. **Arbitration.** No license holder may include an arbitration provision in a contract for home and community-based services or otherwise require a person, as a condition of initiating or continuing home and community-based services, to agree to arbitration to address disputes regarding home and community-based services.

Subd. 8. **Civil action.** A person injured by a violation of this section based on the person's actual or perceived sexual orientation, gender identity, gender expression, intersex status, two-spirit identity, or actual or perceived HIV status may bring a civil action to recover damages and costs and reasonable attorney fees.

Sec. 29. Minnesota Statutes 2024, section 245D.09, subdivision 4, is amended to read:

Subd. 4. **Orientation to program requirements.** Except for a license holder who does not supervise any direct support staff, within 60 calendar days of hire, unless stated otherwise, the license holder must provide and ensure completion of orientation sufficient to create staff competency for direct support staff that combines supervised on-the-job training with review of and instruction in the following areas:

(1) the job description and how to complete specific job functions, including:

(i) responding to and reporting incidents as required under section 245D.06, subdivision 1; and

(ii) following safety practices established by the license holder and as required in section 245D.06, subdivision 2;

(2) the license holder's current policies and procedures required under this chapter, including their location and access, and staff responsibilities related to implementation of those policies and procedures;

(3) data privacy requirements according to sections 13.01 to 13.10 and 13.46, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff responsibilities related to complying with data privacy practices;

(4) the service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights according to the requirements in section 245D.04;

(5) sections 245A.65, 245A.66, and 626.557 and chapter 260E governing maltreatment reporting and service planning for children and vulnerable adults, and staff responsibilities related to protecting persons from maltreatment and reporting maltreatment. This orientation must be provided within 72 hours of first providing direct contact services and annually thereafter according to section 245A.65, subdivision 3;

(6) the principles of person-centered service planning and delivery as identified in section 245D.07, subdivision 1a, and how they apply to direct support service provided by the staff person;

(7) the safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061 or successor provisions, and what constitutes the use of restraints, time out, and seclusion, including chemical restraint;

(8) staff responsibilities related to prohibited procedures under section 245D.06, subdivision 5, or successor provisions, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why such procedures are not safe;

(9) basic first aid;

(10) strategies to minimize the risk of sexual violence, including concepts of healthy relationships, consent, and bodily autonomy of people with disabilities; ~~and~~

(11) LGBTQIA2S+ and HIV cultural competency according to subdivision 5b; and

~~(11)~~ (12) other topics as determined necessary in the person's support plan by the case manager or other areas identified by the license holder.

Sec. 30. Minnesota Statutes 2024, section 245D.09, subdivision 5, is amended to read:

Subd. 5. **Annual training.** (a) A license holder must provide annual training to direct support staff on the topics identified in subdivision 4, clauses (3) to ~~(11)~~ (10) and (12). If

the direct support staff has a first aid certification, annual training under subdivision 4, clause (9), is not required as long as the certification remains current.

(b) In addition to the topics listed in paragraph (a), a license holder's employees, subcontractors, and temporary staff who perform direct home care services must complete, every two years, at least four hours of LGBTQIA2S+ and HIV cultural competency training according to subdivision 5b.

(c) A license holder's employees, subcontractors, and temporary staff who do not perform direct home care services must complete, every two years, at least two hours of LGBTQIA2S+ and HIV cultural competency training according to subdivision 5b.

Sec. 31. Minnesota Statutes 2024, section 245D.09, is amended by adding a subdivision to read:

Subd. 5b. **LGBTQIA2S+ and HIV cultural competency training.** (a) A license holder's employees, subcontractors, and temporary staff must complete cultural competency training with regard to LGBTQIA2S+ and HIV topics.

(b) The training required under paragraph (a):

(1) must satisfy the requirements in section 144A.4796, subdivision 5a;

(2) must, at a minimum, address the topics listed in section 144A.4796, subdivision 5a;

(3) must be provided by an entity that meets the requirements in section 144A.4796, subdivision 5a; and

(4) may be provided in person or online.

An individual who completes in-person training or online training must comply with the requirements for in-person training or online training, as applicable, in section 144A.4796, subdivision 5a.

(c) An entity providing training under this subdivision must maintain records of the training, including, for each training provided, the name and title of the presenter, date of training, title of training, description of the training's content, and, if applicable, signatures of those who completed the training.

Sec. 32. Minnesota Statutes 2024, section 245D.095, subdivision 5, is amended to read:

Subd. 5. **Personnel records.** (a) The license holder must maintain a personnel record of each employee to document and verify staff qualifications, orientation, and training,

including, for training required under section 245D.09, subdivision 5b, certificates of completion. The personnel record must include:

(1) the employee's date of hire, completed application, an acknowledgment signed by the employee that job duties were reviewed with the employee and the employee understands those duties, and documentation that the employee meets the position requirements as determined by the license holder;

(2) documentation of staff qualifications, orientation, training, and performance evaluations as required under section 245D.09, subdivisions 3 to 5, including the date the training was completed, the number of hours per subject area, and the name of the trainer or instructor; and

(3) a completed background study as required under chapter 245C.

(b) For employees hired after January 1, 2014, the license holder must maintain documentation in the personnel record or elsewhere, sufficient to determine the date of the employee's first supervised direct contact with a person served by the program, and the date of first unsupervised direct contact with a person served by the program.

Sec. 33. Minnesota Statutes 2024, section 245D.21, is amended by adding a subdivision to read:

Subd. 3. **Chief diversity officer.** For an applicant with 25 or more employees, the applicant must provide the commissioner with the name of the applicant's chief diversity officer.

Sec. 34. **APPROPRIATIONS.**

(a) $..... in fiscal year 2026 and $..... in fiscal year 2027 are appropriated from the general fund to the commissioner of health for grants to eligible organizations to develop and provide LGBTQIA2S+ and HIV cultural competency training under Minnesota Statutes, section 144A.4796, subdivision 5a.

(b) $..... in fiscal year 2026 and $..... in fiscal year 2027 are appropriated from the general fund to the commissioner of human services for grants to eligible organizations to develop and provide LGBTQIA2S+ and HIV cultural competency training under Minnesota Statutes, section 245D.09, subdivision 5b.

APPENDIX
Article locations for 25-05636

ARTICLE 1	LGBTQIA2S+ AND HIV LONG-TERM CARE BILL OF RIGHTS....	Page.Ln 1.20
ARTICLE 2	LGBTQIA2S+ AND HIV HOME AND COMMUNITY-BASED SERVICES BILL OF RIGHTS.....	Page.Ln 24.11